



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:	26 April 2023
Centre ID:	OSV-0000478
Fieldwork ID:	MON-0039134

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

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
Wednesday 26 April 2023	09:00hrs to 18:00hrs	Arlene Ryan	Lead
Wednesday 26 April 2023	09:00hrs to 18:00hrs	Margo O'Neill	Support

What residents told us and what inspectors observed

Overall residents reported that they felt safe and secure in the centre and that they were supported by staff to live a good life. On the day of inspection, the inspectors were met by the reception staff and the assistant director of nursing. Following an introductory meeting, the inspectors did a walk-around the nursing home with the person in charge.

Inspectors observed residents and staff interactions throughout the day and found them to be respectful, unhurried and friendly. Residents praised the staff and reported that staff were 'fantastic'. Care staff knew residents well and ensured residents' dignity was maintained at all times. Call bells were seen to be answered within acceptable time limits and residents who spoke with inspectors reported they never had to wait too long for help and support from staff.

Most residents had personalised their rooms and bed spaces with pictures and photographs and personal items from home. There was adequate storage in each room for clothing and personal belongings. Each resident had access to a lockable drawer to ensure safe storage of valuable items. The inspector observed that the residents' bedrooms were clean and tidy. Some residents informed the inspectors that their rooms were cleaned on a daily basis and that they were happy with this arrangement. The residents' clothes were laundered off-site and returned to them clean and fresh every two to three days.

Renovation and reconfiguration work was ongoing in two empty rooms in the centre on the day of inspection, to improve residents privacy. This work was part of the centres compliance plan following inspections in November 2021 and July 2022. The project was initially estimated to be completed in November 2022 but had extended to the end of May 2023. The works were being undertaken with minimal disruption to the residents. At the time of inspection room 15 and room 8 on the Cedar and oak units had not yet been completed. Work had started on room 15 on both units. Residents' right to privacy and dignity in room 8 on each unit continued to be negatively impacted. These two rooms were due for renovation and reconfiguration work within the next month.

Inspectors had the opportunity to observe the lunch time meal in the dining room and chat with the residents. The majority of residents who spoke to inspectors reported their dissatisfaction with the food provided to them. Residents described the food as 'bland' 'inedible' and 'bad'. Residents reported the quality and variety of food available overall as 'poor'. Inspectors observed the cook-chill food being provided to residents; the food appeared overcooked, dehydrated, discoloured and some was splitting in consistency. The food did not have an appetising aroma or appearance. The provider was aware of this and had engaged in a tendering process for a new service with the external catering contractor to provide fresh cooked meals on site. This change however had not yet happened and was due to

commence in June 2023.

Written menus were available to residents and pictorial snack menus, however inspectors observed that pictorial menus which could be useful to residents with visual impairments, were not available. Staff were observed to gently assist residents during mealtimes and to encourage them to enjoy their meals. Inspectors observed mealtimes to be mostly a calm and relaxed occasion. However, improvement was required to ensure that residents' right to choice was supported. For example; inspectors observed and were told by three residents, who had been served one of the vegetables, that they did not like this particular vegetable. Although the food had been brought to the dining room in a heated trolley and plated in close proximity to residents, residents had not been offered a choice of side dishes to accompany their meal. This was discussed with the management team on the day of this inspection who committed to reviewing the mealtime experience.

There was a social and recreational programme on offer to residents Monday to Sunday. Two activity staff coordinated the programme and were supported by volunteers. Activities included the 'magic table', art classes, scrabble club, music sessions in the large concert hall, bingo and quiz nights. Residents were observed during the day to be off the units to attend and actively engage in activities in different locations throughout the centre. Residents who chose not to participate in activities and spend time pursuing their own activities reported that their choices were respected. There was also a hairdressing room on site, and the hairdresser attended the centre on a weekly basis. One resident told the inspectors that she looked forward to visiting the hairdresser whenever she could.

There was a chaplain who attended the centre twice a week and mass was held on a weekly basis in the centre. Details of religious services and contact details of the pastoral care staff were available on the notice boards in the centre.

There were open visiting arrangements in place for relatives and friends of residents. Visitors were observed attending the centre over the course of the inspection.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in place, with management systems to promote the delivery of quality care to residents. However, due to recent changes in the management team the person in charge was covering the additional role of Director of Nursing (DON) of the campus

on an interim bases while awaiting the commencement of a new DON. Progress had been made since the last inspection in a number of areas, such as the renovation and reconfiguration of the multi-occupancy bedrooms. However, further improvements were required in, food and nutrition, residents' rights, contracts of care, the statement of purpose, the use of restraints, and premises.

The Royal Hospital Donnybrook is the registered provider for The Royal Hospital Donnybrook. The person in charge was supported in their role by a team of clinical nurse managers (CNM's), registered nurses, health care assistants, an activities team, household, cleaning and maintenance staff. The person in charge had regular input and support from the registered provider and the board of management.

Staffing levels were appropriate for the size and layout of the centre and the number of residents being accommodated at the time. There was an active recruitment process for any staff vacancies and planning was in place for future recruitment. Staff were observed within the designated centre tending to residents' needs in a caring and respectful manner throughout the day of inspection.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were in place to address any issues identified. Although the team were aware of issues in relation to food and nutrition and the quality of meals served within the designated centre, progress to improve the service had been slow and many residents had expressed their dissatisfaction with this. This was also a finding from the previous inspection.

The directory of residents information was available on an electronic record, however multiple reports were required to see all of the information as detailed under Schedule 3 of the regulations.

The Provider had completed an annual report on the risk management of the service provided including an analysis on falls, medication management, fire safety and health and safety. This was in relation to the entire campus and not solely focused on the designated centre. The annual report for the designated centre provided an overview of the centre, the operational performance, COVID 19 pandemic and staff learning and development. However, it did not include a comprehensive review of the quality and safety of care delivered to residents in the centre. Evidence was seen of regular internal review groups which reviewed compliance with the regulations, however this was not summarised in the annual quality and safety review. There was no clear consultation with residents and their families in the review.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration was submitted to the Authority. The

inspectors reviewed all the documentation received to support this application prior to the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there was a sufficient number of staff available, with the appropriate skill mix, to meet the assessed individual needs of residents, given the size and layout of the centre. Planned and actual staff rotas were available and reviewed.

Judgment: Compliant

Regulation 19: Directory of residents

The director of residents and information relating to the residents in line with Regulation 19 was maintained on a computerised database.

Judgment: Compliant

Regulation 21: Records

A selection of staff files reviewed by inspectors showed compliance with Schedule 2 of the regulations (such as An Garda Síochána vetting and references).

Resident files' were maintained for the required amount of time in line with the regulations. There is a policy and standard operating procedure in place to ensure that records are archived appropriately and this was monitored by the administration staff.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and

damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge was working full time in the centre, however on the day of inspection they were covering the additional role of director of nursing for an interim period of time.

The provider had not addressed complaints and concerns relating to food and nutrition provision in a timely manner. This is repeat finding from the previous inspection.

Although the provider had completed an annual report, it did not provide a comprehensive review of the quality and safety of care delivered to residents in the centre, to ensure that care was in accordance with relevant standards set by the Authority under section 8 of the Health Act 2007 and approved by the Minister for Health under section 10 of the Health Act 2007.

The annual report was not prepared in consultation with the residents and their families.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed the terms in writing on which a resident shall reside in the designated centre, this included their room number, however, contracts did not include the occupancy of the rooms in which the resident resides. One contract was signed but the resident details page was missing from the contract.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose and floor plans submitted to the Authority as part of the application to renew registration of the designated centre did not fully meet requirements and therefore required updating and resubmission. For example; discrepancies between rooms sizes in the floor plans and statement of purpose, room sizes missing from some rooms such as the family room and room number

incorrect on floor plans for the Rowan unit.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was not solely employed in carrying out the business of the designated centre. At the time of the inspection they were covering another post and were not available to fulfill their role full time.

Judgment: Substantially compliant

Quality and safety

Residents were supported by staff to live a good life in a safe environment. They were able to choose how they spent their day and were supported to maintain relationships with their families and friends. Residents had access to appropriate social activities over the week and to good quality healthcare. Action was required however to ensure that the quality of the food offered to residents improved and that greater choice of foods was provided. Action was also required to ensure that the use of restraint was monitored in line with national guidance.

Residents had access to a variety of activities over seven days of the week, and were able to choose where and how they spent their time. Residents meetings were held regularly to seek residents' feedback on the service and to identify areas for improvement in the service. Management informed inspectors that they were aware of the recent changes to Regulations 34, complaints procedure, Regulation 20, Information for resident and Regulation 9, Residents' rights. A review of resident literature and engagement with external advocacy agents had begun to ensure that the service was responding to the changes so that residents' rights could be supported. Inspectors observed that there were signs up to raise awareness regarding advocacy services.

Inspectors reviewed care records for residents who had additional support needs relating to responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and saw that they gave staff clear guidance on what may cause the resident to demonstrate such behaviours and on how to support residents in a dignified manner if these behaviours occurred. Action was required however to ensure that the restrictive practices used in the centre were implemented and reviewed in accordance with national policy.

The person in charge had arrangements in place to ensure that all residents had

access to fresh water at all times. All residents had their nutritional needs assessed and there was a system in place to ensure that catering and care staff were aware of residents' individual needs. Inspectors observed that there were sufficient staff available to provide support and discreet assistance for residents at mealtimes throughout the day. Action was required however 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.

Visiting arrangements had returned to pre-pandemic arrangements with an open visiting policy in place. Visitors were observed attending the centre throughout the day of inspection.

Inspectors were informed that the centre had implemented the 'National transfer documents and Health Profile for residential care facilities'. This document was provided to receiving facilities to provide a comprehensive handover of information when residents were transferred or discharged from the centre. Copies of discharge letters were maintained in residents' care records and up to date medicines prescriptions were received on residents return to the centre.

Residents communication needs were assessed and care plans developed to inform staff of residents' individual communication needs. There was timely access to speech and language therapists and communication therapy groups were held regularly for residents who required this support. Communication supports such as pictorial books, computer tablets and telephones were available to facilitate residents with communication needs. Staff communicated respectfully and effectively with residents.

Regulation 10: Communication difficulties

Residents were supported to communicate freely. Care plans had been developed to inform staff of residents' individual communication needs and there was access to a team of speech and language therapists. Communication supports, assistive technologies and assessment tools were available to facilitate residents with communication needs for example a pain scale was used by staff to help residents to communicate when in pain.

Judgment: Compliant

Regulation 11: Visits

There was an open visiting policy implemented in the Royal Donnybrook Hospital and visitors were observed attending the centre throughout the day of inspection. There were available areas for residents to receive their visitors in private other than

in their bedrooms

Judgment: Compliant

Regulation 17: Premises

The following issues were identified which did not meet the Schedule 6 requirements:

- Refurbishment and reconfiguration works remained ongoing within the centre.
- One residents' room had insufficient storage for their personal belongings, resulting in items being stored on the window ledge.
- There was inappropriate storage in some of the store rooms. For example, items were stored in cardboard boxes on the floor preventing effective cleaning.
- Improved temperature regulation was required in the medication room to allow for the appropriate storage temperatures for medications. For example; temperature monitoring in these rooms showed regular increases in temperature above 25 degrees Celsius.
- A number of extension leads were in use as there were not enough sockets available, for example, in the Rowan residents' sitting room.
- One toilet had a crack in the toilet seat riser and one of the brackets on a hand rail required repair. Another ensuite had holes in the wall where a cabinet had been removed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The quality and choice of food on offer in the centre was inadequate. Residents reported great dissatisfaction with the food provided to them, reporting that the quality and variety of food available as 'poor'. Inspectors observed the cook-chill food provided to residents; this appeared dehydrated and had an unappetising aroma and appearance. Improvement was required too to ensure that residents' right to choice was supported. For example; although food was brought to the dining room and plated there in the presence of residents, three residents had not been offered a choice of sides to accompany their meal and so were not eating the food provided. Only after inspectors highlighted this was an alternative option offered.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure, visiting arrangements and advocacy services available to residents. A copy of the residents' guide was available in the units within the designated centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of residents' records showed that residents who had been temporarily transferred from the centre had been in a safe manner and with all relevant information about the resident provided to and obtained from the receiving hospital. Copies of discharge letters from discharging facilities were maintained in the residents' care records.

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). There was adequate personal protective equipment throughout and good availability of hand sanitisers.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Further action was required to ensure that restrictive practices used in the centre were implemented in accordance with national policy as published by the Department of Health. For example;

- A significant number of residents had some form of restrictive practice in place. For example, 30 of the 49 residents had bed rails in place.
- Although verbally informed that lesser restrictive alternatives had been

trialled, there was no written records detailing this.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had completed safeguarding training and were aware of what to do if they suspected abuse. Staff who spoke with the inspector said they felt confident to report any concerns that they may have.

The provider was acting as a pension agent for four residents and had the appropriate policies and procedures in place to manage the resident's funds.

Judgment: Compliant

Regulation 9: Residents' rights

On the cedar and oak units work had been completed to renovate a number of multi-occupancy bedrooms to enhance and support residents' right to privacy and dignity. There were plans to renovate the remaining multi-occupancy bedrooms. At the time of inspection room 15 on both units was being renovated; room 8 on both units however had not yet been addressed, this continued to impact on residents' right to privacy and dignity.

Residents were dissatisfied with food choices and quality of food available to them.

Judgment: Substantially 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 14: Persons in charge	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0039134

Date of inspection: 26/04/2023

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> <ul style="list-style-type: none"> • The Person in Charge was full time; the duties involved in temporarily covering the DoN position were minimal and when they arose were in addition to, not instead of, the PIC role. It is the view of RHD that a 'substantially compliant rating would be more appropriate (see feedback). To eliminate any doubt, the acting DoN arrangement was removed after the visit, as per HIQA requirements. • The transition from the cook-chill to fresh cook system in the catering service's contract has advanced. The Office of Government Procurement procedures have now been completed and the new contract has been awarded. , The modifications will take effect on 12th June 2023. <p>* Established a system for ongoing monitoring and review of governance and management practices by conducting internal audits to identify areas for improvement once the new Catering plan is implemented from June 12th. Regular reviews and evaluation of the effectiveness on the recurring issue are expected to resolve with this improvement. Comprehensive plan for evaluation and feedback from residents will be carried out post this change.</p> <ul style="list-style-type: none"> • Prepared Annual report that comprehensively reviews the quality and safety of care delivered to residents in the center to cover all relevant aspects of care to demonstrate compliance with the standards. The report includes an analysis of any identified areas for improvement and the actions taken or planned to address them. <p>*The Annual report was prepared from the feedback, and suggestions Involving residents and their families to ensure that their perspectives are taken into account. We conduct annual resident satisfaction surveys, hold meetings such as Resident forum to actively engage them in the governance and management processes of the center. Their contributions and input has influenced decision-making and improvements in service needs.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • The 'Contract of Resident' is reviewed and modified to reflect the resident's obvious occupation of the room. • Conducted a thorough review of the existing contracts for the provision of services to residents in the designated center. Ensured that the contracts include all necessary details, including the room number and occupancy of the rooms in which the resident resides where this was missing or clearly written. • Implemented a rigorous process to verify the completeness and accuracy of all contract documents by the admission & Finance team. Double-checked by the admission manager that all required pages and sections are present, including the resident details page and all required fields are completed before filing. This process should ensure accountability and minimize the possibility of missing or incomplete information. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • Statement of Purpose and Floor plans updated to fully meet the requirements and Resubmitted on 02nd June 2023 to registration@hiqa.ie 	
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> • The Person in Charge was full time; the duties involved in temporarily covering the DoN position were minimal and when they arose were in addition to, not instead of, the PIC role. To eliminate any doubt, the acting DoN arrangement was removed after the visit, as per HIQA requirements. • The person in charge is not overloaded with duties outside of the designated Centre as there is another ADON working full-time for the hospital who is in charge for the rehabilitations units. ADONs are recognized as filling in for DONs as necessary. The 	

acting role was an interim arrangement.

- Although the PIC was filling in for the DON as necessary, they were available full-time for the designated Center. The service needs were not impacted by this. This arrangement applies when the DON takes holiday.

Regulation 17: Premises

Substantially Compliant

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

- The remaining renovation and reconfiguration work is anticipated to be finished by June 16, 2023. The final room has been under renovation since May 22nd, 2023.
- Arrangement of personal items in bedrooms is based solely on personal preference.
- Maintenance personnel will be installing a bottom shelf on a plinth for the items that had been stored on the floor in cardboard boxes in the storage area. This will help to guarantee that the floor is cleaned effectively. (30 June 2023)
- We are still awaiting due to constraints in financing for air conditioning to keep the temperature in the Clinical room where medications are stored at no higher than 25°C in order to improve temperature restrictions. By 30th July 2023, this is anticipated to be completed.
- Only during the physiotherapy sessions were extension leads used to connect their devices and charge their batteries. These items won't always be stored in this sitting area. The repair crew has now added more sockets at this location.
- Staff reported the broken toilet seat riser to the maintenance team since it needed to be replaced. Likewise with the hand rail bracket. This is now finished. With regards to holes on the walls of ensuite, there have been some shower chair relocations and these holes will be sealed. We also have Glazed shower panels to install in some Rooms (30 June 2023). The ward manager records all of these issues on the monthly environmental audit. The risk, health, and safety manager and the maintenance manager will address the reports, and corrective action plans will be completed as soon as possible based on the priority.

Regulation 18: Food and nutrition

Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The transition from the cook-chill to fresh cook system in the catering service's contract has advanced. The HSE has now approved the necessary paperwork and funding, and the modifications will take effect on 12th June 2023.

* Established a system for ongoing monitoring and review of governance and management practices by conducting internal audits to identify areas for improvement once the new Catering plan is implemented from June 12th. Regular reviews and evaluation of the effectiveness on the recurring issue are expected to resolve with this improvement. Comprehensive plan for evaluation and feedback from residents will be carried out post this change.

- Beginning in June 2023, the Catering Manager and the Ward Manager will conduct Meal-Time Audits to track staff interactions with residents throughout mealtimes. These audits will take place on several occasions in a 3 months duration in each units. In the interim, the catering manager will plan further training for the personnel in this division to improve their communication abilities.

- The residents are always given sufficient amounts of hygienically prepared meals and beverages. There have been criticisms over the cook chill service, which will now terminate on June 11th, 2023.

- The residents are consistently provided with sufficient nourishment to suit their dietary requirements, as recommended by the healthcare staff based on the residents' nutritional assessment and Careplan.

- The Nutrition Steering Group Committee is formulated to meet 3monthly which now will have a Resident Representative also to attend.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- Staff Nurses have conducted assessments on every resident who uses a bedrail and have acquired informed consent. Additionally, this is discussed at the quarterly MDT meetings. The majority of patients who use bedrails are able to communicate their wishes. We want to cut this down as much as we can.

- The Ward managers examine the care plans and amend them to include any alternatives that were tried in place of those that were flagged missing. During the careplan evaluation, this shall be recorded at least every three months. In order to further develop, the Practice Development Coordinator will work with the PIC to coordinate audits with the staff in this section.

- At least every three months, or more frequently as needed, the MDT is involved in examining all areas of the resident's care. The pertinent assessments and routine MDT review notes reflect this. For instance, the OT staff analyzes the use of equipment like chairs (selfpowered or not)/ lap belts etc. atleast three monthly with the ward CNM or RN & signs the assessment form. Lapbelt users have charts for monitoring their activity eventhough this is used as a safety measure using the lapbelt release form as per the policy. When employing bedrails, residents are inspected for safety at least once per

hour.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Unexpected setbacks occurred with the renovation, which is now anticipated to be entirely finished in Cedars & Oaks Units by June 9th, 2023. Even if there were restrictions, the privacy and dignity of the residents were always preserved by the protective foldable screens so that the Residents rights are not or less impacted.
- The long-awaited transition of the catering contract to fresh-cook will start on June 12th, 2023. This is anticipated to improve the people' food options and quality.

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 14(1)	There shall be a person in charge of a designated centre.	Substantially Compliant	Yellow	04/05/2023
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	12/06/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	04/05/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and	Substantially Compliant	Yellow	12/06/2023

	served.			
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	12/06/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	12/06/2023
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	06/06/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and	Substantially Compliant	Yellow	28/07/2023

	safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	28/07/2023
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.	Substantially Compliant	Yellow	09/05/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	02/06/2023

	purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	02/06/2023
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.	Substantially Compliant	Yellow	12/06/2023
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.	Substantially Compliant	Yellow	12/06/2023