

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	The Royal Hospital Donnybrook
<b>Centre ID:</b>	0478
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<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered provider:</b>	Graham Knowles
<b>Person in charge:</b>	Olivia Sinclair
<b>Date of inspection:</b>	2 March 2010
<b>Time inspection took place:</b>	<b>Start:</b> 07:45 hrs <b>Completion:</b> 19:10 hrs
<b>Lead inspector:</b>	Marguerite Gordon
<b>Support inspectors:</b>	Mary O'Donnell; Eileen Kelly
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## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

The Royal Hospital Donnybrook was established in inner city Dublin in 1743 and moved to its current location in Donnybrook in 1804. The hospital is an independent, voluntary charitable organisation. It is set in thirteen acres of grounds and provides day-care, continuing care, respite and rehabilitation services to over two hundred people. There are 78 residential care places for people over 65 years and 76 residents were living there on the day of inspection. A significant number of residents had cognitive impairment or dementia.

The entrance opens onto a large foyer with two corridors leading to the left and the right. A large concert hall faces the entrance, an oratory/ prayer room is to the right and a meeting room to the left. The corridor to the right leads to the coffee shop with a conservatory which is a hive of activity for staff, residents and visitors.

There are three units currently being used for residential care, Oaks, Cedars and Larches and these had been recently renovated. These units were the focus of this inspection. Oak is situated on the ground floor and Cedars and Larches are on the first floor. Larches has 22 places. Oaks and Cedars each accommodate 28 residents. Larches and Oaks have both male and female residents. Cedars accommodates female residents only.

Oaks and Cedars are similar in layout. They have three single rooms and five five-bedded rooms. Larches has six single rooms and four four-bedded rooms. All bedrooms are fitted with ceiling hoists and shared bedrooms have retractable wall mounted laminated screens. All rooms have en suite shower facilities. There is also an assisted bathroom with a Jacuzzi bath. Each unit has a sluice room, a linen room, a clinical room, two nurses' stations and a nurses' office. There is a visitors' sitting room and a large day / dining room. Marmolium floors are provided throughout the units with the exception of the day / dining room which has a pine effect non-slip linoleum floor.

The large dining room maximises natural light with windows provided at two levels. It has an unusual curved white ceiling which reflects the light. There is a server hatch to the adjoining pantry kitchen. The clock above the hatch shows the date, month, year and the time; the bold white letters and numbers feature prominently against a black background.

There are four rectangular tables on castors with lockable brakes. The tables are of variable height, designed to accommodate different sized wheelchairs. One regular round table is used by three residents who are relatively independent. All tables had a floral centre piece.

A side board had a display of fresh spring flowers. There was fish tank and a large wall mounted flat screen television set and DVD player.

There are two car parking areas, one for staff and one for visitors. The extensive grounds were well maintained. There is an enclosed garden which residents could safely access and use. The millennium garden with raised flower beds and the poly tunnel allows residents with an interest in gardening to continue to grow flowers and vegetables.

## Location

The Royal Hospital Donnybrook is situated at the end of a cul-de-sac off Morehampton Road in Donnybrook, Dublin and is a short walk from all local amenities. There is a bus stop and a pedestrian crossing close by.

<b>Date centre was first established:</b>	1 September 1804
<b>Number of residents on the date of inspection</b>	76

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	19	41	14	1

## Management structure

Graham Knowles is the Chief Executive Officer and the Provider for the Royal Hospital Donnybrook. The Senior Management Team includes a Medical Director, Acting Director of Nursing, Financial Controller, Human Resource Manager, and an Allied Health Service Manager who all report to the provider. The Person in Charge, who is also the Acting Director of Nursing, is Olivia Sinclair who reports to the provider. The person in charge is supported by a Clinical Nurse Manager III (CNMIII), a Practice Development Nurse (CNMII), three Clinical Nurse Managers level II (CNMII), and three Clinical Nurse Managers I (CNMI). They report to the person in charge. Nursing staff report to the Clinical Nurse Managers. Care assistants report to the nursing staff. Household staff report to the person in charge.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	11	14	6 plus Contract caterers	1 laundry Contract cleaners 10 hrs per day	1	Security person 24 hrs

1 caretaker on call up to 19:00 hrs

## Summary of findings from this inspection

This was an unannounced inspection carried out over one day and the first inspection made by the Health and Information Quality Authority (the Authority). Inspectors met with residents, relatives, and staff on duty. They observed daily life and reviewed residents' care plans, accident and incident records, fire safety records, staff records and policies.

The three units (Oaks, Cedars, and Larches) had recently undergone extensive renovation to improve accommodation. Inspectors found that the premises, fittings and equipment were clean and well maintained and that there was a good standard of décor throughout.

The provider and person in charge demonstrated a commitment to developing and improving the service and the quality of life for residents. Audits were conducted and used to inform service improvements. There was a proactive approach to residents' participation in the running of the centre. However, inspectors were concerned that the person in charge was acting in the position since the director of nursing retired. There was no process in place to replace the director of nursing and this created vulnerability in the governance of the centre. The provider told inspectors that due to the moratorium on recruitment, attempts to process the recruitment of a director of nursing have been delayed.

Inspectors were satisfied that the medical and other healthcare needs of residents were met to a high standard. The provider employed medical, nursing, physiotherapy, occupational therapy, dietetics, medical social workers, a speech and language therapist and there was access to other disciplines.

Staff members demonstrated a commitment to the provision of quality, person-centred care. Inspectors observed good social interaction amongst residents and between residents and staff. The day was organised to provide choice and variety for all residents including residents with high support needs. 'Friends of the Royal' and volunteers fundraised and organised entertainment and activities.

Significant improvement was required in the following areas:

- there was no assessment of residents' individual social care needs; these were also not addressed in the care plan.
- there was no documentation relating the residents involvement in their care plan
- in-house laundry service required improvement.

The Action Plan at the end of this report identifies areas where improvements were required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and the *National Standards for Residential Care Settings for Older People in Ireland*.

## Residents' and relatives' comments

### Residents

This was an unannounced inspection and the number of relatives interviewed was small. Inspectors joined residents for lunch, spoke with residents throughout the day and with four relatives and listened to their views. Residents expressed a high level of satisfaction with their lives. One resident told inspectors that he was "here five years now and it was like home from home". Another said "I owe nothing, I own nothing but I want for nothing".

Residents were pleased with opportunities to gain new skills and interests. One resident said she had learned to do the crossword recently and that she looked forward to doing it with the group. Another resident told inspectors that she took up art at ninety five years of age and is very proud of her oil paintings; one resident had an easel, paints and self portrait in his room. A resident told inspectors that she was planning to rejoin the residents' committee as "you can air your grievances and it's a great way of getting rid of frustrations"

Residents praised the staff. One said "There is always someone there no matter what I want". Another told inspectors that she gave up using the power chair when she was not well; she was delighted staff were going to retrain her to use it again. A resident who was unable to speak communicated in writing to inspectors that "staff are very patient and help me". Other comments included satisfaction with trips to the coffee shop and the way relatives, and families were made to feel welcome; "Staff here are class A". Residents said they were satisfied with the medical care they received.

Residents praised the food and the choices offered. One respite resident said "I like the food; the choices at lunch and tea are great". Another said she looked forward to the hot breakfasts of egg and sausage as she had decided not to eat bread at the moment. Residents said they enjoyed the option of having meals in the dining room or in their bedroom.

Residents praised the choice of outings. One resident showed inspectors her photograph when she was dressed for an outing to the Phoenix Park visitors' centre.

### Relatives

The relatives who spoke to inspectors were very pleased with the care their family member was receiving. Two relatives told inspectors how they were facilitated by staff to provide assistance at mealtimes to their loved ones. One relative described how being a member of 'The Friends of the Royal Hospital Donnybrook' helped her feel involved in her husband's care. She described how The Friends fundraised and organised many musical and social events for residents.

Relatives told inspectors they were made to feel welcome. Comments included "The lady serving the tea is lovely and friendly and often offers me a cup" and "My sister always liked music and now they bring her down for the sing songs which are great".

A number of residents and relatives said the laundry service needed improvement. One relative said she took home blouses and jumpers because they "get ruined in the laundry here". A resident said the laundry could be better and currently his family took his laundry home.

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.**

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

##### **Leadership and Management**

The management structure was clear. The provider was on site each day, he had spent time working on each unit and was known to staff and residents. Formal weekly meetings were held between the provider and person in charge. The person in charge was supported by a committed multi-disciplinary team which included a medical director. Deputising arrangements were in place when the person in charge was off duty. This was delegated to the CNMIII and or the CNMII. The person in charge and management team demonstrated a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) to inspectors. There was a CNM on each of the three units.

##### **Elder Abuse**

There was a policy on detection and prevention of abuse and staff had received training on elder abuse. Care staff spoken to could give examples of different types of elder abuse and what they would do if they suspected elder abuse.

##### **Fire**

Fire safety was well managed. Each unit had a designated fire marshal that carried out a daily fire safety check on each of the three units who briefed staff daily on emergency exits, break glass units, and location of fire extinguishers. Staff interviewed could outline the procedures to be followed in the event of fire. Fire procedure notices were prominently displayed throughout the building. Fire equipment servicing and fire alarm checks were up-to-date. Fire training, provided by an external consultant was held monthly to ensure that all staff had training each year. All staff had received fire safety training; the most recent took place on 11 November 2009.

Inspectors reviewed documentation and were satisfied that all fire equipment was certified. Equipment was checked twice a year by an external company. A visual inspection was carried out in February 2010. Fire alarms and smoke detectors were serviced in December 2009. Alarms were checked weekly. A decision to change from

the routine check on Wednesday at 11 am was taken when staff erroneously thought a genuine fire alarm was just a routine check on one occasion.

Staff spoken to had a good knowledge of fire safety and knew how to evacuate a wheelchair bound resident in the event of a fire.

### **Continuous Improvement**

Copies of the *National Quality Standards for Residential Care Settings for Older People in Ireland* were available on each unit. The practice development nurse conducted an audit of services and identified improvements required to meet the Standards, gaps and improvement needs identified were actioned. For example, it was identified that some staff did not engage fully with residents, did not offer them choice of clothes and the dining room was found to be too noisy. Changes had been put in place to address these issues. The person in charge participated in the peer review project with the Health Service Executive (HSE). This involved the service being benchmarked against national standards. Staff spoke to inspectors about the gaps in service provision and the plans in place to address them. They outlined the many service improvements made in areas such as medication management and review and communications.

### **Complaints**

There was a comprehensive complaints policy in place. Staff spoken to showed a positive attitude towards managing and learning from complaints. Inspectors reviewed a sample of complaints from the records and found them to be in line with the policy.

### **Financial Arrangements**

Robust arrangements were in place for the management of finances for residents who did not have the capacity to do this independently. Staff did not handle residents' money as all monies were held in the accounts department. Money for day-to-day expenses was taken from petty cash. Outgoings from petty cash were receipted and this was reflected on the individual resident's statement.

### **Risk management**

Risk was managed rigorously. There was a risk management policy which addressed clinical and non-clinical risk. The safety statement was reviewed by inspectors and found to be comprehensive. There was a corporate and local risk register and each unit manager was responsible for identifying and managing hazards identified. Each unit had a health and safety check-sheet. The health and safety planning committee met monthly and two members walked a separate area to identify potential hazards and then addressed these with local managers.

The CNMIII had responsibility for clinical risk and tissue viability. She ensured that all incidents were reported and logged on the Clinical Indemnity Scheme (CIS) database. All residents had clinical risk assessments. Audit reports on the incidence of falls, pressure ulcers and medication errors were reviewed by inspectors.

The incident review committee met to review all incidents. Incidents and accidents were analysed and action plans were developed at unit level. The action plans were reviewed by the committee and feedback given to the unit staff.

### **Some improvements required**

Inspectors reviewed a draft statement of purpose and found it to be at an early draft stage with headings only. It did not contain all the required information.

The residents' information booklet did not contain the information required for a Residents Guide, such as a summary of the statement of purpose.

While the complaints policy and procedures were found to be in line with legislation and good practice, the complaints procedure was not displayed in a prominent position as required under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended).

Inspectors reviewed the emergency plan and found that an arrangement for the evacuation of all residents was not included. The provider acknowledged this deficit and agreed to address this with the Health Safety and Emergency Planning working Group.

The assistant director of nursing was acting as the person in charge since the director of nursing retired. There was no process in place to replace the director of nursing. Vacant senior nursing positions created vulnerability for the governance of the centre.

### **Significant improvements required**

Not all policies were in place as required under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended). For example, there was no policy on residents' personal property and possessions or temporary absence and discharge of residents.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

#### Daily Life

The pace of daily life was relaxed and designed to suit the requirements of individual residents. Residents and staff told inspectors that the morning routine was flexible and there was a choice of times for breakfast, getting up and the option of a hot breakfast. Care was provided to residents in an unhurried way. A resident told inspectors how she was supported to provide her own personal care and how much this meant to her. Residents had a choice as to how they spent their day. A resident told inspectors that he got up early and took a nap in the afternoon, according to his choice. Residents were nicely dressed and well groomed; inspectors heard care staff asking a resident to choose what clothes to wear that day.

#### Dignity Respect and Choice

Inspectors observed that the privacy and dignity of residents was respected and promoted by staff. Screens were drawn by care staff while delivering personal care. Inspectors found that the manner in which residents were addressed by staff was caring, friendly and respectful and that first names were frequently used. A carer told inspectors how a resident had changed her mind about having a shower that day and had decided to have it the following day. Inspectors saw a staff member supporting and empathising with a resident who was tired and upset following a hospital visit the previous day.

#### Activity Provision

There was a comprehensive and timed schedule of activities set out over a seven day period and this was displayed in each of the three units. Inspectors spoke to the activities coordinator who described how he led the activity provision for residents and was supported by volunteers. Inspectors saw that residents with cognitive impairment were supported with activities, for example, participating in Sonas, a sensory programme for people with dementia. Other residents were observed enjoying music and had a hand massage. A carer described to inspectors how talking quietly helped calm a resident who was getting distressed. A multi-sensory room was available to provide stimulation for residents with minimal responses and advanced dementia and sessions were facilitated by the occupational therapist. A hairdresser visited Monday to Friday and residents said were satisfied with the service.

Several residents dropped in and out to the coffee shop which was open to everyone throughout the day. Inspectors saw residents join their visitors there for refreshments. One resident told inspectors that he was not dining in the unit as he was having dinner with his daughter in the coffee shop later on.

### **Links with the Community**

A number of staff took residents on outings in the centre's bus and trips were organised on an ongoing basis. A resident told inspectors how she enjoyed a recent outing to the National Concert Hall. Another said that she was looking forward to the symphony orchestra coming in April. Residents went out to day-care services specific to their individual needs such as day-care service for people who had a stroke or Headway, for residents with acquired brain injury.

### **Religious Services**

There was a pastoral care department where for residents of all religious denominations. Catholic mass was held on the hospital grounds four days a week and a Church of Ireland service one day a week. The oratory was used by all denominations.

### **Mealtimes**

Each of the three units had their own dining room which were bright, spacious and had ample space for residents who used wheelchairs. Inspectors joined the residents for lunch. They found the meal and the dining experience to be of a high standard. Tables were attractively set with napkins, and condiments. The lunch and tea menus was on each table and displayed the regular menu on one side and the menu for those on soft diet on the other side. Inspectors spoke to three residents who chose to dine in their room. They said that they enjoyed their meals. Another resident said he looked forward to meeting up with his friend for a chat at the table. Inspectors saw a relative assisting her dependent husband with his meal. The meal was nicely presented with residents and staff interacting in a relaxed way. Residents who required assistance with their meal were appropriately supported and assistive aids such as special cutlery and plate guards were available.

Each unit had its own kitchenette, which was used throughout the day and night so that residents could have access to a variety of snacks and drinks.

### **Significant improvements required**

Although there was a range of activities provided, clinical staff had little involvement in this. There were no assessments of resident's individual social care needs. Care plans were not in place to address social aspects of care and nursing notes did not document residents' participation in activity provision or other meaningful engagement.

### 3. Healthcare needs

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### Evidence of good practice

##### **Health Promotion**

Health was promoted for both residents and staff. 'Flu and swine 'flu vaccines were offered to all residents and staff. Staff had ready access to a private occupational health service company "Well at work", who come to the centre on a session basis or as needed. The person in charge had benchmarked the sickness absenteeism against national averages and found that the rate was low. Such a service supported a low sick-leave rate resulting in continuity of care.

Residents' independence was promoted. Inspectors saw staff assisting and encouraging residents whilst walking while other residents used assistive aids. There was an outdoor, small secure garden area; one section of this was a sensory garden and residents liked to use this when the weather allowed.

The multi-disciplinary team met each week and residents' care was reviewed. The person in charge told inspectors that plans were in place to involve relatives and residents in discussion about individual resident's health, well being and care at these meetings.

##### **Healthcare Services**

Inspectors were satisfied that healthcare was provided to a high standard. The provider employed a medical director, a medical officer, rotating senior house officer, physiotherapist, a social worker, a speech and language therapist, an occupational therapist and a dietician. A chiropodist was employed by the hospital and reviewed residents every two months. Dental, optical, and audiology services were available by appointment locally. Ophthalmology services were accessed through St. Vincent's Hospital. The medical team provided "on call" medical services out-of-hours.

The seating clinic provided residents with specialist seating specific to their needs. Inspectors noted that variety and quality of seating was exceptional.

Mental health services were provided by the mental health team at St Vincent's Hospital. Four residents were attending this service following a doctor's referral.

Inspectors spoke with the medical director who described initiatives to improve healthcare services such as up-skilling of medical and nursing staff in tracheotomy

care, specifically in changing of tracheotomy tubes, a procedure which currently requires the resident to attend an acute hospital. The centre was providing facilities and appropriate equipment for pin prick tests instead of full blood tests for residents on Warfarin. She explained that the medical team were reviewing all residents' medications, focussing on psychotropic medications.

### **Medication management**

There was a comprehensive medication policy in place which guided practice. Inspectors accompanied a nurse on the medication round and reviewed the medication storage arrangements. They were satisfied that the policy guided practice for safe management and administration of medications.

### **Healthcare Assessments and Care Plans**

Pre-admission assessments were carried out jointly by the medical director and the clinical nurse manager to determine the suitability of a resident to the service and to ensure that all resources are in place when a resident is admitted. Residents had a comprehensive assessment on admission, including risk assessments for falls risk, oral cavity assessment and nutritional risk. These assessments informed the resident's care plan. Inspectors reviewed a number of care plans. Risk assessments and care plans were reviewed every three months or when there was a change in a resident's health status. Care staff recorded the care they provided to residents in a daily flow chart.

Inspectors noted that residents at risk of pressure ulcers were provided with alternating pressure relieving mattresses and cushions. The occupational therapist assessed residents and specialised seating was provided. This was recorded in residents' care plans. An immobile resident with no speech indicated to inspectors through signs that she was very comfortable in her "special chair."

### **Some improvements required**

The nutritional status of residents was not consistently monitored. The policy indicated that residents should be weighed on a monthly basis. Records showed that this did not happen. A nurse said all residents were weighed before the six-weekly wards round. A resident with a Body Mass Index (BMI) of 14 was reviewed by a dietician; the result was that the resident be weighed on a weekly basis. Weight records showed that this resident had only been weighed 10 days previously.

Pain charts were not consistently used to indicate the effectiveness of analgesia administered.

Some problems, such as behaviours that challenge were not consistently recorded in the resident's care plan. For example, inspectors observed that a resident who was distressed was being cared for appropriately. However, the interventions were not reflected in a care plan.

## **Significant improvements required**

The resident, or relative if appropriate, was not involved in the care planning process. This meant that he/she had not been consulted and care planning was not informed by their views and preferences.

## 4. Premises and equipment: appropriateness and adequacy

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

### Evidence of good practice

#### Premises

The person in charge explained that the three units, Oaks, Cedars, and Larches, recently underwent extensive renovation. One of the units was on the ground floor and the other two were on the first floor with lift access, all three units had a good standard of décor. The fixtures, fittings and equipment were well maintained. Residents and visitors told inspectors that they found it to be spacious, warm and comfortable. Residents had a choice of seating and quiet areas.

#### Infection Control

The premises were clean and infection control practices were of a high standard. Staff wore gloves and aprons appropriately and used the alcohol gels frequently throughout the day. There was a detailed cleaning schedule in place. The cleaning staff member spoken to had a very good knowledge of her role in infection control and she used colour coded mops for different areas of the building. Inspectors saw information leaflets on *Methicillin Resistant Staphylococcus Aureus* (MRSA) displayed throughout the units. Cleaning chemicals were stored securely. Arrangements for the disposal of domestic and clinical waste management were appropriate. Yellow refuse bags were used for clinical waste and a private company was employed to dispose of sharps and clinical waste.

#### Equipment

There was sufficient assistive equipment provided to meet the requirements of the residents such as, mobility aids, hoists, specialised wheelchairs, and alternating pressure relieving mattresses and profiling beds. Equipment was well maintained with servicing records available. There was an assisted Jacuzzi bath. A resident told inspectors that she looked forward to using the bath as it helped to ease the ongoing pain in her bones.

#### Kitchen

Inspectors viewed the kitchen which was clean and well maintained. Catering staff spoken to had received training in food hygiene. Inspectors spoke to the dietician who described initiatives she was leading on following feedback from residents. For example, residents' pureed diets would have portions pureed separately rather than all together. There were good supplies of meat, fresh fruit, vegetables and dry foods

in stock. A variety of snacks, such as yoghurts, were available to residents as required. Residents said they liked the option of three choices for lunch. Staff said they could access food for residents anytime, day or night.

### **Some improvements required**

Laundry staff worked 28 hours per week but this did not allow sufficient resources for clothing to be ironed. Inspectors noted that the duvet covers and some residents' clothing appeared wrinkled. A relative who took laundry home remarked that clothes appeared to be boiled rather than washed.

There was a lack of storage space. Equipment such as wheelchairs was stored in the corner of the dining room which detracted from the pleasant ambiance of the room.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Inspectors reviewed a copy of the communication policy and found it was clear and comprehensive. This was developed in conjunction with Communications Guidelines for Older Persons Residential Care Facilities in Dublin Mid–Leinster 2009. Communication techniques used by staff were in line with the policy in place.

There was an established residents' advocacy group which was chaired by a resident. Inspectors read minutes of these meetings and noted that consultation with residents was promoted via this forum. Items such as hairdressing and activity provision were listed.

Inspectors attended the morning handover meeting and noted that all staff coming on duty attended handovers and this aided communication within the team. Care assistants spoken to had sufficient information to allow them to provide appropriate care. A computer print out of key information about each resident was used to keep all staff updated. An agency staff member said she found the information provided useful.

The ward manager (CNMII) told inspectors that she held weekly team meetings. Nurse Managers met with the person in charge regularly and fed back relevant information at the unit team meetings. Nurses also told inspectors that team meetings were used as a forum to share new learning.

All memos to the units were maintained in a file and staff routinely read this when they came on duty. Staff had computer access to check emails. Household staff told inspectors that they also used the computer to check emails and they had access to policies to inform and support their work.

Inspectors observed the interactions between care staff and senior nurses and between staff and residents and relatives. They were satisfied that a culture of friendly, respectful communication existed at all levels within the organisation. Clinical staff wore name badges with their first name in large print. Inspectors observed that staff listened to residents and allowed time for them to respond. First

names were regularly used in interactions between care staff and residents, which was their preference.

Inspectors observed excellent practice in communicating with people who had dementia. Staff positioned themselves at the level of the resident and made eye contact when speaking with residents. The tone and pitch used by staff was appropriate and there was humour in the verbal interactions. Inspectors saw a photograph of a resident seated with pillows positioned to support her in a chair; this was used to guide staff to position the resident appropriately to ensure her comfort.

Signage used throughout the centre was effective. Units were clearly identified on the corridors. Each room had a number on the door and signs throughout the units were in writing and in picture form. For example, the sitting room signs included a photograph of an armchair. Wall mounted communication stations were placed throughout the units. These had laminated pictures to aid communication for residents who could not communicate verbally. For example; *I understand* had a "thumbs up" picture. *I'm confused* had a picture of person looking puzzled. Sharp pain was depicted as an arrow and dull pain as pressure from a blunt instrument. The alphabet was also laminated in large letters.

Meetings with families and ward staff or members of the healthcare team informed decision making. Relatives interviewed were satisfied that information was communicated to them in a timely manner when there was a change in a resident's condition or if their family member fell. Relatives provided inspectors with examples of information provided to them by staff, which showed that they were up-to-date with the social and medical aspects of each resident's life. Meetings with relatives were held bi-annually on each unit. Minutes were reviewed for a meeting on 1 March 2010 which showed discussions including wardrobe space, provision of toiletries, hairdressing arrangements and a need for more chairs.

### **Some improvements required**

Call bells were provided in the day-rooms and by the bedside. There was no electronic system in place for residents to summon assistance when they were away from the unit. This would be beneficial as the building and gardens are large.

## 6. Staff: the recruitment, supervision and competence of staff

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### Evidence of good practice

#### Staffing Levels

Inspectors were satisfied that staff were available in sufficient numbers and with the skills and competencies to meet the needs of residents (as outlined in the table below). Staff, relatives and residents spoke to said staff were available in sufficient numbers and with the skills and competencies to provide care when required both day and night.

Residents' dependency levels were calculated using the Barthel index. This was used along with clinical judgement to inform staffing requirements.

#### Staffing Deployment over the 24 hours period

Time	Oaks unit (28 residents)		Cedars (28 residents)	
	Nurse	Care Assistant	Nurse	Care Assistant
AM	4	5	4	5
Afternoon	3	5	3	5
Evening	3	2	3	2
Night	1	2	1	2

Time	Larches Unit (22)	
	Nurse	Care Assistant
AM	3	4
Afternoon	2	4
Evening	2	2
Night	1	2

#### Induction

There was a comprehensive induction policy in place. Inspectors reviewed the staff induction handbook. Staff spoken with gave favourable accounts of their induction. They particularly valued that they were supernumerary for two weeks and the organised training put in place to provide them with the necessary skills.

**Performance Management**

There was a probationary period of six months in place for all new staff; they met with their line manager at the end of the first month, fifth month and sixth month. All other staff could avail of a personal development plan on a voluntary basis, which supported specific training needs and staff development.

**Sick Leave**

The person in charge told inspectors that she had recently reviewed their sick leave levels and found that in general they were below the national average for the sector. A contingency plan was in place to cater for sick leave. Two agency staff were on duty to cover sick leave for two care assistants on the day of inspection.

**Team Work**

Staff were organised in teams of nurses and care assistants. All staff attended the shift handover meeting. The team leader was a nurse who met with team members after the handover to organise and prioritise the work for the day. Staff worked in pairs and supported each other when required. Staff accompanied the residents in their care to the dining room which ensured that each resident had their specific requirements met and information about food intake was communicated back to the team. Care assistants documented information about care provided in daily flow sheets and the staff nurse also made a daily entry in the care plan. Team work contributed to the consistency of care for residents.

**Education and Training**

There was a strong ethos of education and professional development. Undergraduate medical, nursing, and allied health students were provided with clinical placements. A nurse acted as a mentor for each nursing undergraduate student while on placement. Three of the thirty seven care assistants had achieved FETAC (Further Education and Training Awards Council) Level 5 qualifications and six care assistants were currently participating in this training. Inspectors saw a proposal (drawn up by the education coordinator) for a new library and educational facility for staff. The person in charge demonstrated a commitment to continuing development for all staff. Nursing staff were facilitated to expand their role within their scope of practice and individual competence, in areas such as male catheterisation, and insertion of feeding tubes. Inspectors reviewed the training folder; it contained documented evidence of training provided to staff in 2009. (See table below).

<b>Training for all staff</b>	<b>Training for nurses</b>
Moving and Handling Cardio pulmonary resuscitation(CPR) Challenging behaviour Fire Training End of Life care Feeding, Swallowing, and Nutrition	Medication management Enteral feeding (feeding a resident via a tube to the stomach) Risk management Syringe driver training (for giving injections) Complaints Management Healthcare Records

## Some improvements required

While there were copies of *National Quality Standards for Residential Care Settings for Older People in Ireland* available to staff, some staff were not knowledgeable of these.

***Report compiled by:***

Marguerite Gordon

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

12 March 2010

**Provider's response to inspection report**

<b>Centre:</b>	The Royal Hospital Donnybrook
<b>Centre ID:</b>	0478
<b>Date of inspection:</b>	2 March 2010
<b>Date of response:</b>	31 March 2010

**Requirements**

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

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

Nutritional status of residents was not consistently monitored as outlined in the policy on nutrition.

**Action required:**

Put systems in place to provide for monitoring of residents nutritional status as outlined in the policy.

**Reference:**

Health Act, 2007  
Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Please state the actions you have taken or are planning to take following the inspection with timescales:**

**Timescale:**

<p>Provider's response:</p> <p>The nutritional policy reviewed by inspectors was in draft form. The implementation of all clinical guidelines, policies and procedures, where a change in current practice is required is supported by the provision of in-service training and education for those staff responsible for implementing the change. The Nutritional Policy, once approved, will be made available to staff and will be implemented and monitored by the Dietician and Clinical Nurse Managers on each unit.</p>	<p>End of April 2010</p>
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<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There were no assessments of residents' individual social care needs or consultation with each resident reflected in their care plan. The assessments in place focused on the healthcare needs of the residents.</p>	
<p><b>Action required:</b></p> <p>Assess each resident's social care needs and integrate them into their care plan, developed and agreed with each resident.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 8: Assessment and Care Plan  Standard 10: Assessment  Standard 11: The Resident's Care Plan</p>	

<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The person in charge will ensure that the recreational activities and social outings that are currently planned and facilitated by the Activities and Volunteer staff for residents will be incorporated into the individual resident's assessments and care plans.</p> <p>The person in charge and clinical nurse managers acknowledge that while the holistic needs of residents are being met as outlined in the report, social care needs are not adequately reflected in resident's assessments or care plan. The person in charge, Education Coordinator and CNMs had, prior to inspection, formed a working group with the objective of improving assessment and care planning processes and documentation to ensure that the person-centred philosophy and care that is practiced is better reflected. The working group are currently reviewing the relevant evidence based</p>	<p>September 2010</p>

literature and documentation from other centres and will adapt, develop and implement enhanced processes and documentation throughout the centre. Central to this will be the involvement of the resident in a structured way in the assessment and care planning process.	
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<p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There were deficits in the care planning process. For example:</p> <ul style="list-style-type: none"> <li>▪ pain charts in place were not consistently used to indicate the effectiveness of analgesia used</li> <li>▪ some problems, such as behaviours that challenge, were not consistently reflected in the residents care plan.</li> </ul>	
<p><b>Action required:</b></p> <p>Put systems in place to ensure that residents' needs are set out in an individual care plan developed and agreed with each resident.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 8: Assessment and Care Plan  Standard 10: Assessment  Standard 11: The Resident's Care Plan</p>	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Clinical nurse managers have reviewed the use of pain charts in the care of residents presenting with pain. They will ensure that charts are used effectively and consistently by nursing staff in collaboration with the resident and MDT as part of the overall approach to individualised pain management.</p> <p>Clinical nurse managers have reviewed care plans in respect of residents who present with behaviours that challenge and updated care plans to reflect practice and the policy on Challenging Behaviours.</p> <p>The working group on person-centred care planning as described in item two in this action plan will address the deficits in care planning.</p>	<p>Completed</p> <p>Completed</p> <p>September 2010</p>

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

The laundry service did not meet residents' requirements.

**Action required:**

Provide adequate laundry services to include the washing, drying and ironing of residents' clothes.

**Reference:**

Health Act, 2007  
Regulation 13: Clothing  
Standard 25: Physical Environment

**Please state the actions you have taken or are planning to take following the inspection with timescales:**

**Timescale:**

Provider's response:

Two weeks prior to the inspection, the person in charge highlighted the laundry issues to the provider. This resulted in increased provision being made, which was in the process of being implemented at the time of the inspection.

Completed

We are also providing additional equipment for pressing clothes.

Ongoing

**5. The provider is failing to comply with a regulatory requirement in the following respect:**

The complaints procedure was not displayed in a prominent place in the centre.

**Action required:**

Display a copy of the complaints procedure in a prominent position in the designated centre.

**Reference:**

Health Act, 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Please state the actions you have taken or are planning to take following the inspection with timescales:**

**Timescale:**

<p>Provider's response:</p> <p>An updated information leaflet and poster describing the centres complaints procedure is under development and will be displayed for all residents, relatives and staff.</p>	<p>May 2010</p>
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<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Wheelchairs were stored in an unsuitable place in the residents' dining room.</p>	
<p><b>Action required:</b></p> <p>Provide suitable storage facilities in the centre for wheelchairs.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Prior to the inspection, architects had been asked to review this situation and are having discussions with fire officers to seek an alternative solution.</p>	<p>May 2010</p>

<p><b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The written guide did not fully comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended).</p>	
<p><b>Action required:</b></p> <p>Produce and make available to all residents, a Residents Guide that includes the items listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended).</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	

<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>An updated Residents Guide is under development, final copy will be with the printers by the end of May.</p>	June 2010

<b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
<p>The draft statement of purpose and function does not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended).</p>	
<b>Action required:</b>	
<p>Provide a written statement of purpose and function that accurately describes the service provided in the centre and meets the requirements of the Regulations.</p>	
<b>Reference:</b>	
<p>Health Act, 2007  Regulation 5: Statement of Purpose  Standard 28: Purpose and Function</p>	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The Statement of Purpose accurately describing the centre is almost complete.</p>	Mid-April 2010

<b>9. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
<p>The provider failed to ensure that the centre had all the written and operational policies outlined in Schedule 5 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended).</p>	
<b>Action required:</b>	
<p>Provide all written and operational policies listed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and provide for the review of policies in line with current legislation.</p>	

<b>Reference:</b> Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  The centre has all policies referred to in the Act, with the exception of: Residents Personal Property and Possessions, and Temporary Absence and Discharge. Whilst both of these are referred to in detail in the Contract of Care, it is recognised that stand alone policies are required.  We have a 'policy for policies' which details that all policies are to be reviewed at least every two years.	End May 2010

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 25: Physical Environment	Develop a refurbishment plan to address the accommodation requirements in line with the <i>National Quality Standards for Residential care settings for Older people in Ireland</i> .

**Any comments the provider may wish to make:**

**Provider's response:**

This was the first inspection of the hospital and it was unannounced. We found the three inspectors to be professional and thorough.

As an organisation, we warmly welcome the introduction of standards and inspection across the healthcare system.

Whilst we would always aspire to place residents at the centre of all we do, there is always room for improvement.

**Provider's name:** Graham Knowles

**Date:** 31 March 2010