

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	The Royal Hospital Donnybrook
<b>Centre ID:</b>	OSV-0000478
<b>Centre address:</b>	Morehampton Road, Donnybrook, Dublin 4.
<b>Telephone number:</b>	01 406 6600
<b>Email address:</b>	ifrazer@rhd.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	The Royal Hospital Donnybrook
<b>Provider Nominee:</b>	Irene Frazer
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	65
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
12 December 2016 10:00	12 December 2016 17:30
16 December 2016 10:30	16 December 2016 16:30

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced inspection of the centre for the purpose of monitoring compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Three clinical areas in the hospital - Oaks, Cedars and Phoenix form part of the designated centre with 66 beds in total. Residents with complex needs and requiring a high level of nursing supports including neurological and airway supports were living at the centre.

The majority of the actions required since the last inspection had been fully addressed by the provider and person in charge. Evidence of good practice and improvements were found throughout the inspection, and staff were knowledgeable

about each resident.

An application to vary conditions and numbers of registration had been reviewed by HIQA in terms of the ongoing conditional registration. An acceptable plan had been submitted on 1 March 2016 to refurbish and make improvements required to the premises, primarily to reduce the number of multi-occupancy accommodation in the centre. The works had not yet completed and the time frame for completion of the works will be reviewed, at the time of the next application for registration renewal during 2017.

The action plans at the end of this report identifies areas where improvements by the provider are required in order to comply with the regulations. These include premises, medicines management and records.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A statement of purpose dated 14 October 2015 was in place, and this had been submitted by the provider to the Chief Inspector. This detailed the aims, objectives and ethos of the service. The information was in line with legislative requirements. However, it required updating with further details of how complaints are managed and the complex support needs provided for at the centre.

The provider has been requested to submit this updated information to the Chief Inspector for review following the inspection.

**Judgment:**

Substantially Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The annual quality and safety review was in progress with feedback from residents planned, which will inform practice and future planning. Residents and their care needs were identified as key with regard to planning change at the service.

There was a clear management structure in place as outlined in the statement of purpose. The management team included the provider, person in charge, assistant director of nursing. The management team also operate within the wider organisation and management of the hospital on-site. The person in charge was supported by the assistant director of nursing and clinical nurse managers.

The inspector found there is a robust system in place to conduct audits, and reviews of the safety and quality of the service. The inspector was informed that a schedule of clinical audits was implemented within the centre. The methods of obtaining feedback from any planned audits could be evidenced from the records reviewed. Clinical audits were made available to the inspector. These outlined a comprehensive auditing programme that included hand washing, nutrition, medicines errors and omissions, resident incidents and near-miss reports.

Safe systems were in place to monitor quality and safety of care that included resident participation. A residents' forum was in place and was well established, the last meeting took place three weeks previously. Complaints and feedback both positive and negative informed planning for service provision at the centre. Feedback was actioned by the person in charge and the provider. For example, actions for catering services, accessibility and outings were discussed.

Audits were also conducted to monitor the number of residents with weight loss, pressure ulcers and in safe medicines management. The inspector also noted an increase in assessed dependency levels since the time of the last inspection; Maximum - 46, High - 13, Medium - 3. The inspector found that sufficient resources were deployed at the centre at the time of this inspection, and the quality of care delivery was audited on a continuous basis.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***  
***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The person in charge is suitably qualified and experienced and has continued her professional development. She meets all the regulatory requirements as person in charge and was in post at the time of the last registration renewal. She has qualifications in both nursing and health care management. She is the director of nursing for the hospital campus as well as the person in charge.

The person in charge was visible in the centre and well known to residents who spoke to the inspector. The reporting arrangements were satisfactory. A recent long-term absence of the person in charge due to secondment had been reported in line with regulatory requirements, and deputising arrangements were clearly outlined.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Records of the administration of medicines by nursing staff were completed prior to resident receiving their medicines which is not in line with the centres' policy or best practice.

**Judgment:**

Substantially Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The moderate non-compliance relating to safeguarding and safety further to the last inspection has now been fully addressed by the provider and person in charge. Records were comprehensive and clearly outlined measures taken by the provider.

Measures were in place to protect residents from being harmed or abused. A safeguarding policy was in place, nonetheless, the inspector was informed this was under review to meet the requirements of the revised Health Service Executive safeguarding policy (2014).

The inspector viewed training records, and saw that all staff had received training on safeguarding vulnerable adults and identifying and responding to reports of abuse. The inspector confirmed that staff spoken with were able to identify the different categories of abuse and what their reporting responsibilities were if they suspected abuse. A small number of staff were due to attend safeguarding training and dates had already been identified for January 2017.

Residents spoken with confirmed that they felt safe in the centre. Staff supported them with maintaining independence in a sensitive and professional manner. The approach to care was about the person retaining choice and autonomy in their daily lives.

A restraint free environment was promoted in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). A risk register relating to the use of any restrictive practices was maintained and reviewed by the inspector. Bed-rails were used for a some residents. The use of these had been considered only after alternatives were trialled; the use of bed rails was found to be appropriately risk assessed and kept under formal review.

Notifications had been made to HIQA relating to some incidents where safeguarding concerns had been raised by residents and relatives, these had been managed in line with the policy. The reports of the findings of the preliminary reviews, safeguarding plans and outcome of the final investigation reports (where completed) were found to be comprehensive. An internal investigation report by the person in charge was reviewed by the inspector, this included all interviews which took place and records were now fully maintained in line with regulatory requirements. The management oversight and recommendations made following any report were found to be have been implemented to improve practice.

A record all visitors to the centre was maintained at the reception area to monitor access for visitors in and out of the centre.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The provider and person in charge had fully addressed a moderate non-compliance further to the last inspection. Measures to mitigate and manage the risk of patio doors in the day spaces, were now in place and access and opening had been restricted following a risk assessment. This was clearly detailed in the risk register. Additionally, visitors now all signed in and out at the main reception and were allocated visitors badges worn whilst in the building.

There was an up-to-date health and safety statement available. Systems for review of safety and risk were evident with ward rounds undertaken by the safety officer and clinical risk manager. The risk management policy included all the requirements of the regulations. The inspector found that the risk management policy contained all of the matters prescribed by the regulations including the process for learning from and review of untoward events. This was found to be fully implemented.

The emergency plan was detailed and it contained all of the required information including arrangements for the interim accommodation of residents should this be required. An integrated generator was available for use and emergency phone numbers were readily available to staff. Each area held a current profile of the residents for use by the emergency services.

A risk register was available and found to be centre-specific and pertinent to the resident population. Risk management was supported by individual risk assessments for residents and a review of incidents was implemented to assist in the prevention of re-occurrences and thereby learning from untoward events. Core safety features included non-slip flooring and hand-rails and call-bells were installed.

Training records demonstrated that staff had undergone specific training in moving and transporting residents and in the safe use of hoists. Including the ceiling tracked hoist systems in place. Staff were able to articulate this to the inspector and good practice was observed.

Fire safety procedures were satisfactory with the fire alarm and emergency lighting serviced quarterly and other equipment serviced annually as required. Daily checks on

the exit doors and fire panel were recorded at ward level. The fire procedure was displayed and staff were able to demonstrate a good knowledge of the procedure to be used in such an event. Fire safety training had taken place annually for all staff and this training included the use of the fire compartments and the ski sheets which were in place on each bed. Fire drills were held twice yearly in different sections of the premises. Fire evacuation chairs were visible on both floors.

The inspector found that the safety and welfare of residents was prioritised. The risk register and the statement of purpose clearly outlined that care would be taken not to admit residents at risk of wandering. However, one incident had been reported where a resident had wandered off the hospital site. The inspector found that all measures to mitigate the risk of recurrence were reviewed and a multi-disciplinary review had taken place with due regard to the resident's rights. Appropriate opportunities to access fresh air, outings and make visits off-site were fully care planned for with support and transport arrangements in place.

**Judgment:**  
Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Medicines were found to be generally well managed, and safe practices were observed. The minor non-compliance relating to administration of medicines further to the last inspection had been fully addressed. However, some improvements were required with storage, returns and documentation of administration of medicines. Documentation is detailed in Outcome 5 of this report.

Medicines management audits were conducted within the centre as part of the quality and clinical governance system in place. Twice yearly audits took place according to the person in charge and the last medicines audits took place in May 2016 on both Oaks and Cedar. Staff confirmed that pharmacists from the pharmacy who supplied medicines to the centre were facilitated to visit the centre and meet their obligations to residents as required by the Pharmaceutical Society of Ireland. Nursing staff were familiar with the procedure for storage, and disposing of unused or out of date medicines. The medicines prescription sheet contained details for prescribing crushed medicines.

Residents were protected by the centre's policies and procedures for medication management. Medicines were supplied to the centre by a retail pharmacy business in a

monitored dosage system which was appropriate. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards, in the clinical rooms. Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift.

A fridge was available on each unit to store all medicines and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis. The inspector noted some out-of-date medicines which had not been returned to pharmacy, staff actioned this return to pharmacy on the first day of the inspection. Expiry dates on some food supplements in storage and on the drugs trolley had also been exceeded. The dates of opening for topical and food supplements were not consistently noted on packaging.

The inspector reviewed a number of the prescription and administration sheets and identified that practices conformed to appropriate medication management practice. The inspector reviewed records and spoke to staff to confirm that staff had completed training in relation to medicines management. Evidence of detailed medicines review took place four-monthly or as required by the resident's changing health care needs.

The inspectors observed nursing staff safely administering medicines to residents. The nurses on duty knew all the residents well, and were familiar with the residents' individual medicines requirements. Medicines administration practices were found to mainly adhere to current professional guidelines. However, some improvements in documentation was required, as some staff were observed to pre-sign medicines prior to their administration on a number of occasions during the lunch time medicines round, instead of after administration in line with policy and best practice. The person in charge confirmed that this practice would cease and would plan for more audit in this area.

**Judgment:**  
Substantially Compliant

***Outcome 11: Health and Social Care Needs***  
***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector reviewed a sample of care plans in place which now included the management of epilepsy, and all other assessed nursing care needs. This included care plans for complex airways management and records viewed were maintained to a high standard.

Multi-disciplinary meetings took place with family and residents about end-of-life care. Records viewed were clear and reflected preferences and consultation.

**Judgment:**  
Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The provider is working towards making the improvements to the premises as required under their current registration. A proposal to address the number of shared bedrooms and deficits was in the design and planning stage. An application to vary conditions and numbers of registration had been reviewed by HIQA in early 2016 in terms of their registration. An acceptable plan was submitted on 1 March 2016 to refurbish and make improvements required to the premises, primarily to reduce the number of multi-occupancy accommodation in the centre. The works were not yet completed. The time frame for completion of the works will be reviewed at the time of the next application for registration renewal during 2017.

Cedars and Oaks both have five large five bedded rooms, and three single en-suite bedrooms each. Phoenix is a 10 bedded area with four single rooms and three multi-occupancy rooms.

The last inspection detailed residents in their daily lives spending long periods of the day at their bedside. The inspector found improvements in activities, seating in the communal day space and access to a family room on Cedar and Oaks. A number of residents were wheelchair users and corridors were wide and single bedroom doors were fully modified to be more accessible. Residents in shared rooms who spoke with the inspector confirmed their daily choices and preferences about where to spend their time was fully respected. Meals could be accommodated in the dining communal space

or in a resident's bedroom.

Ceiling track hoists were in place throughout the centre for safe moving and handling. However, storage of sit to stand hoists and slings in bathrooms had not yet been addressed as required in the action plan to the last inspection.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector spoke to residents and staff who were now fully aware of how to make a complaint about any aspect of service provision.

Complaints were well managed, and local resolution was considered as first-line. There was a detailed policy and procedure in place to ensure complaints were monitored and could be appealed. The complaints procedure was clearly displayed and outlined the name of the complaints officer. Details of the appeals process was clearly outlined. All complaints to date had been addressed. The complaints policy was summarised in the statement of purpose.

Both residents and staff confirmed that that they were encouraged and supported to express concerns whether verbally or in writing through the complaints process. The person in charge told the inspector that she encouraged a culture of openness and transparency and welcomed feedback. She also said she welcomed suggestions or complaints as they were a valuable source of information and would be used to make improvements in the service provided.

A detailed complaints record was maintained and inspectors saw that it contained details of the complaints, and compliments and the outcome of any complaint and the complainants' level of satisfaction with the outcome.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Improvements had taken place since the last inspection. Residents' rights in relation to the taking of photographs was now fully protected. Staff completed a consent form with the resident or their representative relating to any requirements for photography. Hard fixed screens were in place in shared rooms, these could be pulled back or kept in place subject to the residents' wishes for privacy.

**Judgment:**

Compliant

*Outcome 17: Residents' clothing and personal property and possessions  
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Improvements had taken place since the last inspection. Residents' personal property and possessions were now itemized on admission. Records were held in the residents' records. The external laundry service had individual markers on clothing sent for laundering. The current systems were an improvement since the time of the last inspection.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Improvements had taken place since the last inspection. A minor non-compliance has been fully addressed relating to information on file from staff sourced from external agencies in terms of Schedule 2 of the regulations.

**Judgment:**  
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	The Royal Hospital Donnybrook
<b>Centre ID:</b>	OSV-0000478
<b>Date of inspection:</b>	12/12/2016
<b>Date of response:</b>	09/01/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

The statement of purpose had not been reviewed since October 2015.

Details of the complaints process and the care of complex support needs provided for at the centre were not included

**1. Action Required:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**

The statement of purpose has been reviewed and revised and submitted to the Chief Inspector.

Proposed Timescale: Completed

**Proposed Timescale: 09/01/2017**

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Records of the administration of medicines by nursing staff were completed prior to resident receiving their medicines.

**2. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**

Records are now maintained as per medication management policy and procedures. Medication management procedures will be monitored through audit and quality improvement as part of the hospital's quality and safety agenda.

Proposed Timescale: Completed

**Proposed Timescale: 09/01/2017**

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Expiry dates on some medicines in the fridge and that of prescribed food supplements had been exceeded and were not stored separately or identified for disposal.

**3. Action Required:**

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

**Please state the actions you have taken or are planning to take:**

The expired items were disposed of according to hospital policy immediately. Out of date medicines and returns are segregated in sealed containers and collected and returned to the pharmacy. This practice will continue to be monitored through audit as part of the hospital's quality and safety agenda.

Proposed Timescale: Completed

**Proposed Timescale: 09/01/2017**

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Storage of moving and handling hoists and slings in bathrooms was inappropriate.

**4. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**

Storage space on each on unit as currently configured remains a challenge given the range of equipment needed to provide for residents' needs. Equipment has been removed from bathrooms and every resident is provided with their own individual sling.

Proposed Timescale: Completed

**Proposed Timescale: 09/01/2017**

**Theme:**

Effective care and support

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

The provider has submitted a plan to complete refurbishments on Cedars Oaks and Phoenix to reduce the number of multiple occupancy bedrooms, this work has not yet

commenced.

**5. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**

Refurbishment plans for residential areas have been planned on a phased basis. Phase One is the refurbishment of the Phoenix Unit. These works commenced 19th December 2016 with a predicted completion date of March 2016. The Hospital then intends to design and plan for the refurbishment of the remaining residential accommodation, again with a phased project to minimise disruption.

Proposed Timescale: December 2018

**Proposed Timescale: 31/12/2018**