



# Annual Report 2025

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# CEO Report

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2025 was a year of continued progress, resilience, and quality improvement for Orwell Private. Throughout the year, our focus remained firmly on delivering safe, person-centred, and compassionate care while continuing to strengthen governance, clinical oversight, and resident engagement across the organisation.

A significant highlight of the year was the positive outcome of two HIQA inspections, which reflected the dedication of our teams and the high standards maintained throughout the service. Inspectors observed a welcoming environment where residents were treated with dignity and respect, enjoyed meaningful activities, and were supported to make choices about their daily lives. These findings demonstrate the commitment of our staff to ensuring that residents experience not only high-quality clinical care, but also a true sense of home and community.

During 2025, we continued to strengthen our quality and safety systems through regular auditing, governance meetings, staff training, and service reviews. Positive outcomes were evident across many key performance indicators, including care planning compliance, medication management, infection prevention and control, complaints resolution, and health and safety performance. Our organisation also maintained excellent compliance in mandatory staff training areas including safeguarding, fire safety, and infection prevention and control.

Resident feedback continued to guide service development throughout the year. Surveys, resident meetings, complaints reviews, and ongoing engagement with residents and families provided valuable insight into areas of strength as well as opportunities for improvement. Feedback highlighted appreciation for the kindness and professionalism of staff, and the quality of care provided. We also recognise areas where further work is required, particularly in relation to communication, dining experience, and increasing meaningful activities and resident participation.

Investment in the environment and infrastructure remained a priority throughout 2025. Ongoing refurbishment works, preventative maintenance programmes, IT upgrades, and fire

safety improvements were undertaken to ensure residents continue to live in a safe, comfortable, and supportive environment. Our teams also worked to strengthen sustainability initiatives, waste management practices, and food safety systems across the organisation.

None of these achievements would have been possible without the dedication, professionalism, and compassion of our staff. I would like to sincerely thank every member of the Orwell Private team for their continued commitment to our residents and to each other. I also wish to thank our residents and their families for their trust, feedback, and ongoing support, which continue to inspire us to improve and evolve our services.

As we move into 2026, our focus will remain on continuous improvement, collaboration, innovation, and maintaining the highest possible standards of care and compliance. We are committed to building on the strong foundations established this year while continuing to place residents' wellbeing, dignity, and quality of life at the centre of everything we do.

# Acknowledgements

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As a representative of the Board of Directors, I would like to acknowledge the dedication and hard work of the Board of Management, management team and all staff members. Your commitment to the residents' well-being exemplifies the core values of Orwell Private. Combined with your professionalism it is the driving force behind our continued growth and success.

Your commitment motivates us to remain steadfast in our mission to improve the lives of those we care for. Together, we look forward to continuing our journey of providing exceptional care and making a positive impact on the lives of the residents and their families.

A handwritten signature in black ink that reads "Peter Jones". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Peter Jones  
CEO

# Introduction

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This Annual Report is produced to comply with the Health Act (2007) which requires that “there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act” (Health Act 2007; S.I. No. 415 of 2013; Part 7 Governance & Management).

As part of this review, the systems, practices, and quality improvement initiatives within Orwell Private were examined across the eight themes identified by the Health Information and Quality Authority (HIQA, 2016), which reflect the key dimensions of quality care and service delivery:

Theme 1. Person Centred Care; Theme 2. Effective Services; Theme 3. Safe Services; Theme 4. Health & Wellbeing; Theme 5. Leadership, Governance & Management; Theme 6. Use of Resources; Theme 7. Responsive Workforce; Theme 8. Use of Information.

The purpose of the annual review is to provide residents, families, staff, stakeholders, and the wider public with a transparent overview of the organisation’s activities, achievements, and quality improvement initiatives throughout 2025. It demonstrates Orwell Private’s ongoing commitment to accountability, regulatory compliance, continuous improvement, and the delivery of safe, high-quality, person-centred care.

The report also identifies areas for further development and outlines priorities and objectives that will support service improvement and strategic planning throughout 2026.

# Resident Involvement in the Annual Report

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Resident involvement remained a central component in the preparation of the 2025 Annual Report. Orwell Private is committed to ensuring that the voices, experiences, and perspectives of residents and their representatives actively inform service development, quality improvement initiatives, and strategic planning across the organisation.

Throughout 2025, feedback was gathered through a variety of formal and informal channels to ensure a balanced and meaningful reflection of the resident experience. This ongoing engagement supported the organisation in identifying areas of strength, recognising opportunities for improvement, and ensuring that care and services remain responsive to residents' needs and preferences.

## **Sources of Resident Feedback Included:**

- **Resident Surveys**

Regular satisfaction surveys were conducted across the units to gather feedback regarding care delivery, communication, activities, dining experience, environment, safety, and overall quality of life within the centre.

- **Resident and Committee Meetings**

Regular resident meetings and unit discussions provided opportunities for open dialogue and active participation. Residents were encouraged to raise suggestions, discuss concerns, and contribute feedback on topics including activities, food services, safety, communication, and day-to-day living within the centre.

- **Complaints Review and Analysis**

All complaints and concerns received throughout the year were reviewed systematically. Trends and recurring themes were analysed to identify opportunities for improvement, strengthen responsiveness, and support ongoing quality assurance processes.

- **Discussion and Education Sessions**

Residents participated in educational sessions and informal discussions at unit level and at residents' meetings, where they were encouraged to express views on care practices and service planning.

- **Feedback from Residents and their Representatives**

Feedback was obtained not only from residents directly, but also from family members, advocates, and designated representatives. This broader engagement contributed to a more comprehensive understanding of the resident experience and supported inclusive service development.

- **Feedback Provided to HIQA**

Comments and observations shared by residents and families with HIQA inspectors during inspection visits were reviewed and considered as part of the annual quality review process.

- **Thank You Cards and Compliments**

Compliments, thank-you cards, and positive feedback received from residents and families throughout the year were recorded and reviewed to recognise areas of excellence and acknowledge the dedication and compassion demonstrated by staff.

# HIQA Inspection Reports

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The Health Information and Quality Authority (HIQA) is responsible for developing standards, monitoring healthcare services, and carrying out inspections to promote safe, effective, and high-quality care. HIQA plays an important role in safeguarding residents and supporting continuous improvement across health and social care services in Ireland.

Routine inspections are conducted to assess ongoing compliance with regulations and standards, ensuring that residents' health, wellbeing, safety, and quality of life are protected and promoted. Inspection reports relating to designated centres for older persons are publicly available on the HIQA website.

Orwell Private was subject to two HIQA inspections during 2025. The first inspection, which was unannounced, took place on 8 May 2025. The second inspection, undertaken as part of the re-registration process, was also unannounced and took place on 17 November 2025. Both inspections assessed compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended).

The inspection findings reflected the organisation's continued commitment to delivering safe, person-centred, and high-quality care to residents. Positive feedback was received regarding residents' quality of life, staff interactions, governance arrangements, and the overall standard of care within the centre.

## **Key Findings from the Inspections**

Feedback from both inspections was positive and reflected the organisation's ongoing commitment to providing safe, person-centred, and high-quality care.

Inspectors found that residents enjoyed a good quality of life within Orwell Private and described the atmosphere throughout the centre as calm, welcoming, and respectful. Residents reported feeling safe and well supported by kind, attentive, and knowledgeable

staff. Inspectors also observed that residents were encouraged to make choices about their daily routines, activities, and mealtimes, supporting their independence and autonomy.

The environment was found to be bright, clean, and well maintained, with residents having access to a range of communal facilities, garden areas, and activity spaces. Positive feedback was also received regarding dining experiences, activities programmes, and opportunities for social engagement across the centre.

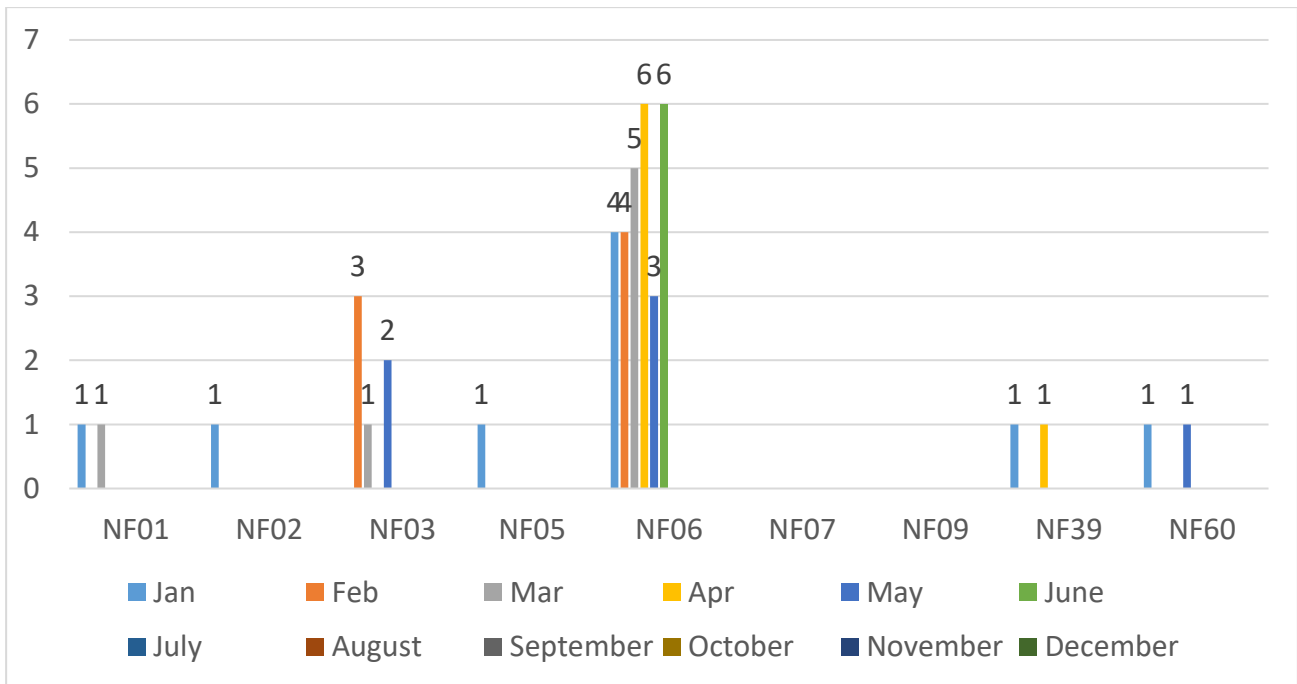
The second inspection highlighted strengthened governance and oversight arrangements, with evidence of learning from incidents, complaints, and previous inspection findings being used to support ongoing service improvement. Complaints management processes were found to be responsive and in line with organisational policy.

### **HIQA notifications**

The Director of Care/Person in Charge is legally required to submit statutory notifications the Health Information and Quality Authority (HIQA) within the specified regulatory timeframes. Throughout 2025, all required notifications were submitted in accordance with the Health Act 2007 and associated regulations.

#### **Notifications submitted during the year included:**

- NF01 Death of a Resident
- NF02 Outbreak of infection
- NF03 Serious injury to a resident
- NF06 Suspected allegation of abuse
- NF39 Quarterly notifications
- NF60 Declaration of Occupancy



# Theme 1: Person Centred Care and Support

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## Standard 1.1: The rights and diversity of each resident are respected and safeguarded.

Residents are provided with information regarding their rights through the Resident's Guide and the Statement of Purpose, both of which are reviewed and updated regularly to reflect any changes in service provision or regulatory requirements. Additional information is made available through notice boards, resident meetings, and access to independent advocacy services. Residents are also supported to exercise their civic rights, including participation in local and national elections in accordance with their wishes.

Orwell Healthcare is committed to a Human Rights-Based Approach to care, recognising and upholding the dignity, individuality, and rights of every resident. Residents are treated with respect, fairness, equality, and without discrimination, regardless of their background, beliefs, culture, identity, or personal circumstances. The service actively promotes residents' rights to privacy, autonomy, independence, and participation in decisions relating to their care and daily lives.

An inclusive and supportive environment is fostered throughout the centre, where diversity is respected and individual preferences and choices are acknowledged and accommodated wherever possible. Through ongoing staff education, policies, communication, and resident engagement, Orwell Private strives to ensure that human rights principles remain embedded in all aspects of service delivery.

Residents are encouraged and supported to participate in social activities, express their views and preferences, and make choices about their daily routines and care. Each resident's right to decline care or treatment is respected and appropriately documented in line with best practice and legislative requirements.

## Standard 1.2: The privacy and dignity of each resident are respected.

Residents' privacy and dignity are respected and promoted throughout Orwell Private. Residents have access to a variety of private areas where they can meet with visitors, family

members, or healthcare professionals in comfort and confidentiality. Twin bedrooms are equipped with appropriate privacy measures, and all residents have access to private telephone facilities within their rooms. All bedrooms are fitted with en-suite facilities to support privacy, dignity, and independence.

Residents are regularly encouraged to provide feedback regarding their privacy, dignity, and overall sense of comfort and wellbeing within the centre. Feedback is gathered through both formal consultation processes and informal day-to-day discussions, helping to inform ongoing quality improvement initiatives.

During 2025, Privacy and Dignity Audits were introduced and conducted as part of the organisation's quality improvement programme. This initiative was further strengthened following a safeguarding concern which highlighted the importance of consistently promoting and protecting residents' privacy and dignity in all aspects of care delivery. Audit findings were reviewed with staff, and additional guidance and awareness were provided to reinforce best practice standards and support a culture of respectful, person-centred care throughout the service.

**Standard 1.3: Each resident exercise choice and to have their needs and preferences taken in to account in the planning, design, and delivery of service.**

Residents, their advocates, and family representatives are encouraged to share feedback regarding the quality of care and services provided within Orwell Private. Feedback is gathered through resident meetings, satisfaction surveys, complaints reviews, and ongoing engagement with staff and management. Resident meetings are held every three months and provide opportunities for residents to discuss activities, dining experiences, concerns, suggestions, and other aspects of daily life within the centre. Meetings are documented, and actions identified are followed up through the quality improvement process.

### **Resident Satisfaction Surveys**

One Resident Satisfaction Survey cycle was completed during May and June 2025 across the three buildings within Orwell Private using the existing resident survey format.

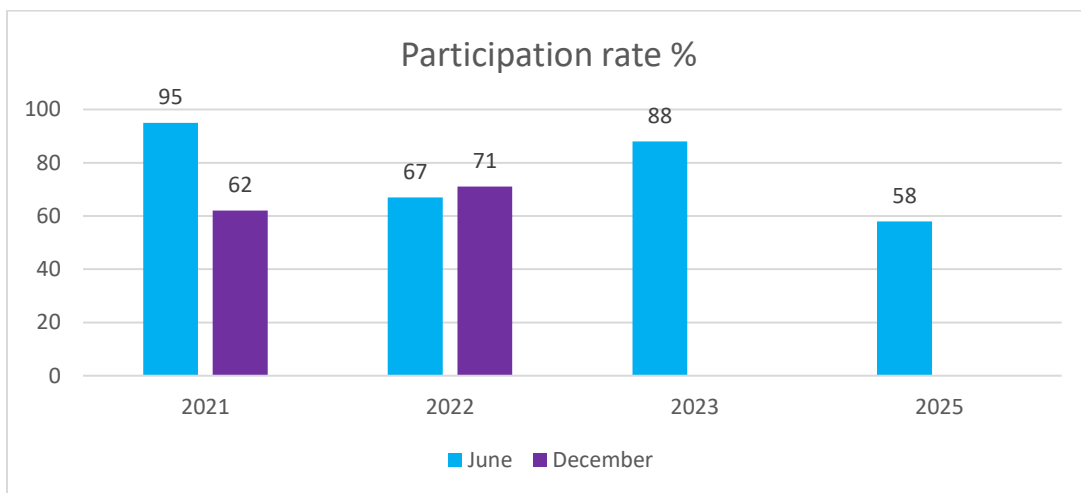
Participation varied across the buildings, with Orwell achieving 41% participation, Raglan 53%, and Elgin 78.5%, resulting in an overall participation rate of 57.5%.

Feedback gathered through the surveys demonstrated overall positive resident experiences, particularly regarding staff kindness, safety, respectful care, and the welcoming atmosphere within the centre. Residents also valued opportunities for social engagement, access to communal areas, and support provided during mealtimes.

Areas identified for improvement included:

- food choice and meal variety
- activities and community engagement
- communication regarding care planning and daily routines
- laundry services
- and residents' awareness and involvement in care planning processes.

During 2025, Orwell Healthcare developed a revised Resident Satisfaction Survey process and a Dementia-Friendly Resident Wellbeing Survey to support more inclusive participation for residents with communication or cognitive difficulties. These revised survey tools were introduced in Q1 2026 as part of the organisation's ongoing quality improvement programme.



## Review of Goals for 2025

Goals 2025	Achievement	Comment
Redesign the survey into a simplified format using visual cues and yes/no options to support residents with communication difficulties.	Not achieved	The revised survey tools and Dementia-Friendly Wellbeing Survey were developed during 2025 but were not introduced until Q1 2026. The 2025 survey cycle was completed using the previous survey format.
Reintroduce surveys for families and resident representatives to ensure inclusivity.	Partially Achieved	Feedback from family members and representatives continued to be gathered through meetings, complaints reviews, and informal engagement; however, a formal representative survey was not fully reintroduced during 2025.
Increase the participation rate to at least 70% for 2025.	Partially achieved	Elgin achieved a participation rate of 78.5%; however, the overall participation rate across the three buildings was 57.5%.
Display anonymized feedback summaries with “You said / We did” boards to close the communication loop and encourage future participation.	Not achieved	Included in the Quality Improvement Plan for 2026.

## Goals for 2026

- Implement the revised Resident Satisfaction Survey and Dementia-Friendly Resident Wellbeing Survey introduced in Q1 2026 to improve accessibility and participation for residents with communication or cognitive difficulties.

- Increase resident awareness of care planning by ensuring residents are invited and supported to participate in all care plan review meetings where appropriate.
- Improve resident understanding of complaints and advocacy processes through regular information sessions and visible information materials throughout the centre.
- Conduct quarterly audits on privacy, dignity, and resident choice to support ongoing person-centred care improvements.
- Introduce “You Said / We Did” feedback boards to demonstrate actions taken in response to resident feedback.

**Standard 1.4: Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.**

Residents are supported and encouraged to maintain personal relationships and community connections in accordance with their wishes and individual preferences. Opportunities to attend social, religious, family, and community events are promoted and facilitated wherever possible, supporting residents’ independence, wellbeing, and social inclusion.

Visits from family members and friends are welcomed throughout the centre, and residents are supported to maintain meaningful relationships both within and outside of Orwell Private. Residents who wish to attend church services, community groups, family occasions, or external social activities are assisted by staff in line with their assessed needs and preferences.

A wheelchair-accessible private bus is available to support resident outings, appointments, community engagement activities, and escorted trips. Organised outings and external activities are planned and facilitated in accordance with organisational risk assessment procedures to ensure residents’ safety, comfort, and enjoyment.

**Standard 1.5: Each resident has access to information provided in a format appropriate to their communication needs and preferences.**

Residents are supported to access information in a manner that reflects their individual communication needs, preferences, and abilities. Information regarding services, activities, residents’ rights, complaints procedures, and day-to-day life within the centre is made

available through notice boards, meetings, and direct communication with staff and management.

Families and friends are welcomed to visit in accordance with residents' wishes and preferences. Residents have access to telephone facilities within their bedrooms, including direct external telephone access, and staff are available to assist residents in contacting relatives and friends through Reception where required. Wi-Fi is available throughout the centre, and residents are supported to access video calls, email, and other communication technologies to help maintain social connections and family contact.

Orwell Private continues to promote social interaction and community engagement through "The Avenue", which serves as a central social hub connecting Orwell, Raglan, and Elgin. The Avenue includes a shop, hairdressing facilities, and The Café, providing a welcoming and comfortable environment where residents, visitors, and staff can meet, socialise, and enjoy freshly prepared meals in a relaxed atmosphere.

Standard 1.6: Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.

Residents at Orwell Private are supported to make informed decisions regarding their care, daily lives, and personal preferences in accordance with current legislation, best practice guidance, and a human rights-based approach to care.

Residents have access to independent advocacy services, including SAGE Advocacy and the National Advocacy Service (NAS), where required. Clinical Nurse Managers and staff continue to promote awareness of advocacy supports and facilitate referrals for residents, particularly those who may have limited family support or require additional assistance in expressing their wishes and preferences.

Orwell Private remains committed to supporting residents' rights, autonomy, and participation in decision-making processes. Information relating to advocacy services, consent, and decision-support arrangements is made available to residents and families throughout their stay within the service.

The organisation also continues to support the principles of the Assisted Decision-Making (Capacity) Act 2015 and the work of the Decision Support Service (DSS). Information regarding decision-support options and available supports is introduced, where appropriate, during the pre-admission and admission process to ensure residents and families are informed and supported in making decisions relating to personal welfare, healthcare, and financial matters.

During 2025, Orwell Private engaged with patient advocacy services to arrange information and education sessions for residents, families, and staff. These sessions are scheduled to commence in Q1 2026 and aim to further strengthen awareness of advocacy supports, residents' rights, consent, and supported decision-making processes throughout the service.

**Standard 1.7: Each resident's complaints and concerns are listened to and acted upon in a timely, supportive, and effective manner.**

Residents are provided with information regarding the complaints process through resident meetings, informal discussions, the Residents' Guide, and prominently displayed complaints procedure notices throughout the centre. The Complaints Policy and Complaints Forms are readily available on request, through Reception, and via the Orwell Healthcare website.

Formal complaints are logged, reviewed, and risk-rated by the Complaints Officer and Deputy Complaints Officer. Complaints management processes are reviewed regularly under the oversight of the Director of Care to ensure concerns are managed in a timely, fair, and transparent manner. All new staff receive training on complaints management as part of their induction programme.

Orwell Private promotes a culture of openness and transparency, recognising complaints and feedback as valuable opportunities for learning, service improvement, and enhanced resident experience.

### **Complaints Overview 2025**

A total of 62 complaints were recorded during 2025 compared to 51 in 2024. While there was an overall increase in complaints, a positive downward trend was observed toward the end

of the year, with complaint levels reducing from an average of 23 complaints during T1 and T2 to 16 complaints during T3. The majority of complaints received during 2025 were classified as minor.

	<b>2025</b>	<b>2024</b>	<b>2023</b>	<b>2022</b>
Total Complaints	62	51	59	49

**Key Complaint Trends**

Family members and Designated Care Persons (DCPs) remained the primary source of complaints during 2025, accounting for 48% of all complaints, compared to 55% in 2024. Increased staff advocacy on behalf of residents was also noted during the year, particularly in relation to catering concerns.

A shift toward formal complaint documentation was observed during 2025, with an increase in written and email complaints compared to previous years. Approximately 38% of complaints were resolved within three days of receipt.

Food and Drink complaints represented the largest complaint category during 2025, accounting for 19% of all complaints and increasing significantly during T3. Actions were implemented promptly in response to this trend, and subsequent resident feedback demonstrated improvements in satisfaction levels. Safety & Risk and Health & Wellbeing complaints each accounted for 15% of total complaints received. Laundry-related complaints remained low at 8%, reflecting sustained improvements introduced during previous years.

**Resolution and Satisfaction**

Complaints resolution timeframes continued to improve during 2025. Only 6% of complaints remained open beyond 30 days, exceeding the organisational target of maintaining complaints resolved within one month below 12%.

Overall complainant satisfaction for 2025 was recorded at 89.09%, with 81% of complainants in T3 confirming satisfaction with the complaints management process and outcomes.

## Review of Goals for 2025

<b>Goals 2025</b>	<b>Achievement</b>	<b>Comment</b>
Sustain a rate of resolved complaints within one month below 12%	Achieved	Performance improved to 6%
Identify and promptly communicate emerging trends	Achieved	Food & Drink complaint trends were identified and addressed promptly
Achieve a complainant satisfaction rate of 90%	Partially achieved	Overall satisfaction rate reached 89.09%

## Goals for 2026

- Achieve a complainant satisfaction rate of 90% or above.
- Reduce Food & Drink related complaints by 20%.
- Introduce a formal compliment recording system in Care Monitor to recognise positive feedback and acknowledge staff contributions.
- Increase the number of resident and family feedback forms collected throughout the year.
- Continue to monitor complaint trends and implement timely quality improvement actions where required.

## Theme 2: Effective Services

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Standard 2.1 Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximize the quality of their life, in accordance with their wishes.

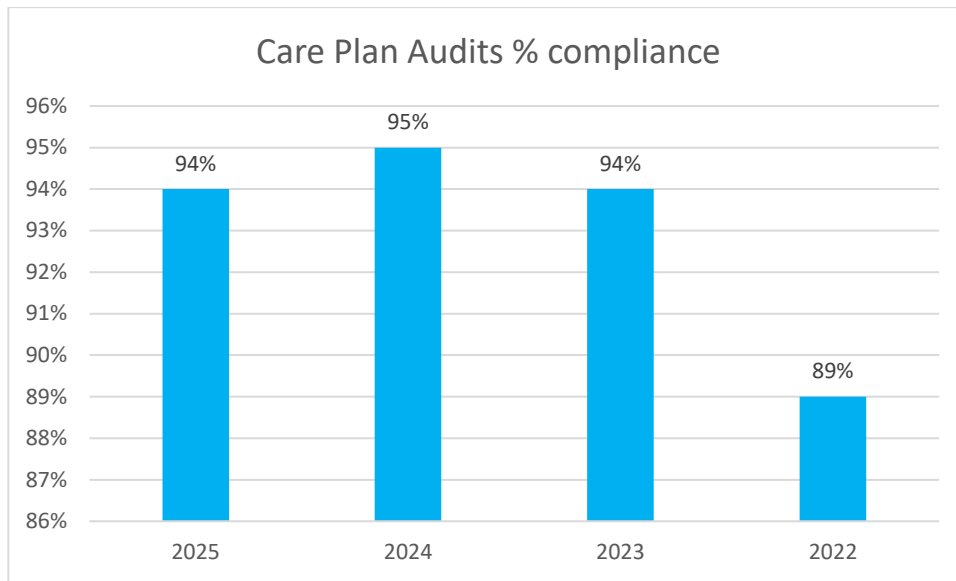
Individualised care plans are in place for each resident, outlining their assessed needs and the interventions implemented to ensure those needs are appropriately met. Care plans are developed, reviewed, and updated regularly to reflect residents' changing needs, preferences, wishes, and goals of care.

Residents are encouraged and supported to participate in care planning and review meetings wherever appropriate. Family members and representatives are also involved in the care planning process in accordance with the resident's wishes and consent. Orwell Private remains committed to ensuring that care plans are person-centred, accurate, up to date, and reflective of each resident's preferences, choices, and rights.

### Care Plan Audits

A total of 175 care plan audits were completed during 2025 by the clinical auditing team, compared to 216 in 2024, 201 in 2023, and 193 in 2022. The organisational target of achieving a minimum compliance score of 90% was achieved across all three buildings during the year.

Audit findings demonstrated continued improvement in documentation standards, person-centred care planning, and the timely review of residents' care needs. Areas identified for ongoing improvement included strengthening resident participation and awareness of care planning processes and ensuring consistent documentation of resident preferences and choices.



**Review of Goals for 2025**

<b>Goals 2025</b>	<b>Achievement</b>	<b>Comment</b>
All care plans to score a minimum compliance score of 90%.	Achieved	The organisational target was achieved across all three buildings, with average compliance scores of 91.25% in Orwell, 95.8% in Elgin, and 95% in Raglan.
Achieve full implementation of the “Think Ahead” advanced care directive pack for all long-term residents by Q3 2025, ensuring documented preferences are integrated into care plans	Partially Achieved	“Think Ahead” discussions and advance care planning continued throughout 2025; however, full implementation across all long-term residents was not achieved within the planned timeframe.
Conduct a CARU (Compassionate and Respectful Understanding) training workshop for nursing, care, and	Achieved	CARU education and awareness sessions were delivered to relevant staff groups during 2025 to support compassionate, person-

<p>activities staff, with a focus on improving residents’ quality of life at end of life.</p>		<p>centred end-of-life care practices.</p>
<p>Hold quarterly CARU review meetings (once every three months) with all CARU members to discuss the quality of end-of-life care and outcomes from reflection sessions.</p>	<p>Partially Achieved</p>	<p>CARU discussions and reflective reviews took place during the year; however, formal quarterly meetings were not consistently achieved.</p>
<p>Delegate the facilitation of CARU reflection sessions to trained CARU members to increase the number of reflective sessions completed per quarter</p>	<p>Partially Achieved</p>	<p>Additional staff members became involved in reflective discussions; however, full delegation and structured implementation remained ongoing at year end.</p>

**Goals for 2026**

- Maintain care plan audit compliance scores above 90% across all three buildings.
- Improve resident participation and awareness in care planning and review meetings through enhanced communication and regular involvement of residents and representatives.
- Strengthen the timely updating of care plans and risk assessments following changes in residents’ condition, needs, or preferences.
- Enhance clinical oversight of care planning processes by ensuring Clinical Nurse Managers monitor outstanding care plan reviews and support timely completion where required.
- Continue implementation of the “Think Ahead” Advance Care Directive process for long-term residents.
- Further develop CARU practices through ongoing staff education, reflective learning sessions, and multidisciplinary review meetings.
- Improve documentation of residents’ wishes, preferences, rights, and end-of-life care discussions within care plans.

- Implement the new “Residents’ Rights” care planning domain within Care Monitor to further strengthen person-centred and rights-based care documentation.
- Review and align Infection Prevention and Control (IPC) related care plans within the new “IPC care planning domain” in care monitor to improve consistency, accessibility, and clinical oversight.

**Standard 2.2: Each resident’s needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.**

Residents’ nutritional and hydration needs are assessed, monitored, and supported in accordance with their individual preferences and clinical requirements. Dining takes place in small, domestic-style dining rooms designed to provide a comfortable and enjoyable mealtime experience. Residents may also choose to have meals served in their bedrooms in line with their wishes and assessed needs.

Residents are offered daily menu choices across all meals, with menus operating on a four-week cycle. Modified and texture-modified diets are provided where required, and access to Speech and Language Therapy services is available to support residents experiencing swallowing or communication difficulties. The Head Chef remains actively involved in resident engagement through attendance at resident meetings and regular visits to units during mealtimes to monitor satisfaction and gather feedback.

Orwell Healthcare continues to utilise an electronic tablet-based food ordering system across all units. This system supports staff in ordering, verifying, and approving meals tailored to residents’ individual preferences and dietary requirements. The system also enhances efficiency, supports accurate meal delivery, and provides documented evidence of nutritional interventions, including food fortification for residents identified as being at risk of malnutrition or with increased MUST scores.

The catering department, led by the Head Chef, oversees menu planning, kitchen hygiene standards, and the development of specialised meal options, including menus adapted to meet the needs and preferences of specific resident groups. Residents and visitors also continue to enjoy access to The Avenue Café, which provides an alternative dining and social experience within a relaxed environment.

Throughout 2025, Orwell Private continued to prioritise improvements in the presentation and quality of texture-modified meals. This work will continue into 2026 through ongoing staff education, exploration of practical presentation techniques, and the development of visually appealing and dignified dining experiences for residents requiring modified diets.

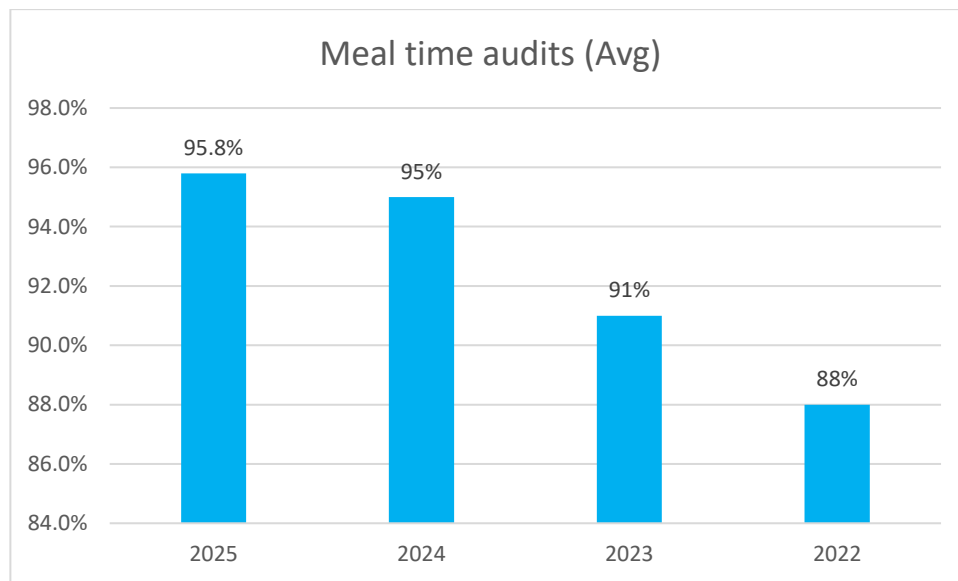
### **Catering Audits and Mealtime observation audits**

The formal HACCP recording framework remained in place throughout 2025. The Kelsius cloud-based monitoring system continued to support accurate and efficient recording of catering audits, while wireless temperature monitoring systems ensured ongoing compliance with food safety and HACCP standards. Audit findings were reviewed regularly and informed quality improvement actions to ensure food was served safely and at appropriate temperatures.

Regular mealtime observation audits were completed by nurses and nurse managers across different units and mealtimes. Audits assessed residents' dining experiences before, during, and after meals, including staff support, presentation, resident choice, and the overall mealtime environment.

During 2025, a total of 227 mealtime observation audits were completed by the clinical team, achieving an average compliance score of 95.8%, compared to 95% in 2024. Audit findings demonstrated continued improvement in mealtime practices and adherence to residents' nutritional requirements.

In addition, the Head Chef conducted a series of Mealtime Service Audits across all units throughout the year. Areas identified for improvement, including delays in meal service and inconsistencies in portion sizes, were addressed promptly with relevant staff teams. Audit outcomes demonstrated continued improvement in mealtime service compliance during 2025.



## HACCP Audits

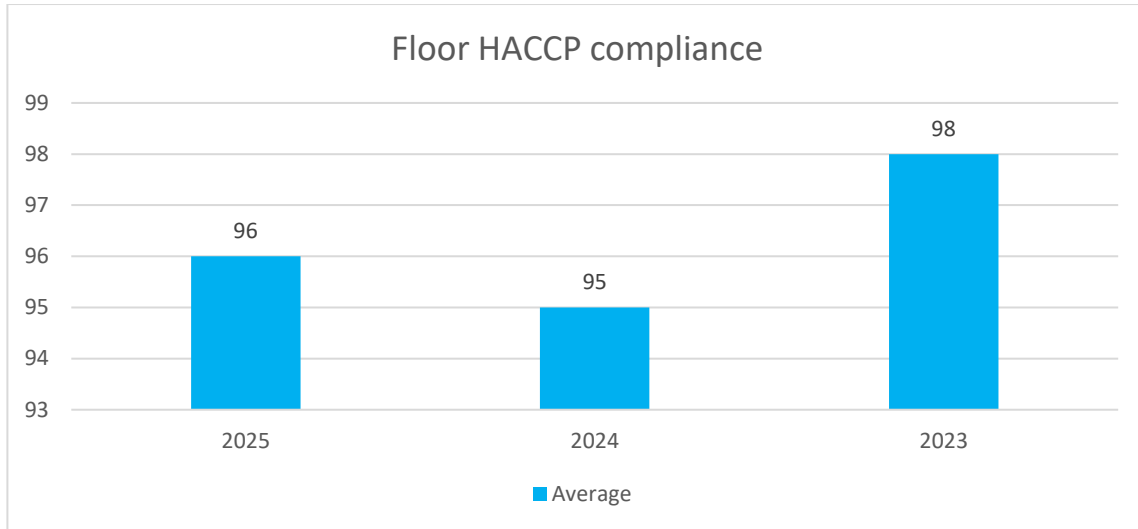
The Kelsius cloud-based monitoring system continued to support Orwell Private's HACCP and food safety processes throughout 2025. The system automates the monitoring and recording of temperatures and other critical data across food preparation and storage areas, including refrigerators, freezers, food storage zones, and cooking equipment within both the main kitchen and The Avenue Café.

Kelsius continuously monitors key control points and records temperature readings at regular intervals. Where readings fall outside established parameters, real-time alerts are generated to allow immediate corrective action and minimise potential food safety risks.

The system also produces detailed reports outlining temperature trends, deviations, and corrective actions taken, supporting ongoing quality assurance processes, internal auditing, and regulatory compliance under the HACCP framework.

At unit level, clinical staff are responsible for completing daily monitoring and recording of fridge, freezer, dishwasher, and food service temperatures. These checks are documented using designated HACCP monitoring records and undergo monthly audit review by the Night Manager. Audit findings are shared with the Head Chef and clinical management teams to support continuous improvement and sustained compliance.

During 2025, overall compliance with food temperature monitoring checks averaged 96%, demonstrating continued adherence to food safety and infection prevention standards.



### Nutrition and Hydration Audits

Nutrition and hydration audits continued throughout 2025 to monitor the effectiveness of nutritional screening, risk assessment processes, care planning, and referrals to allied healthcare professionals, including Dietitians and Speech and Language Therapists (SALT).

Audits focused on the completion and accuracy of MUST (Malnutrition Universal Screening Tool) assessments, weight monitoring records, nutritional care plans, oral nutritional supplement (ONS) usage, and evidence of timely interventions for residents identified as being at nutritional risk.

### Oral Nutritional Supplements (ONS)

The organisational benchmark for 2025 was to maintain the average use of Oral Nutritional Supplements (ONS) at 20% through the use of alternative nutritional interventions and fortified dietary approaches where appropriate. This target was not achieved during the year, with average ONS usage recorded at 26.2%, representing an increase compared to 2024.

Residents identified with a MUST score of 2 or greater were reviewed and audited monthly by the Director of Care, with findings discussed at monthly management meetings. During

2025, an average of 9.9% of residents were identified as having a MUST score of 2 or above, indicating a high risk of malnutrition.

Several residents admitted during the year were identified as high risk of malnutrition on admission, requiring immediate nutritional interventions and ongoing monitoring. Weight loss was most commonly associated with acute illness, repeated hospital admissions, reduced appetite during periods of infection, or end-of-life changes.

### Weight Maintenance and Monitoring

A targeted weight monitoring process was introduced during 2025 to support early identification and management of unplanned weight loss. Residents experiencing a weight loss of 5% or greater over a four-week period were flagged for immediate clinical review and intervention.

Focused monitoring was undertaken for newly admitted residents and those returning from hospital admissions, recognising the increased nutritional risks associated with illness, environmental transition, and emotional distress. Interventions implemented included:

- fortified diets,
- weekly weight monitoring,
- dietetic referrals,
- oral nutritional supplementation.

Weight monitoring compliance for 2025 was recorded at 97%.

Examples reviewed during the year demonstrated that many identified weight changes were clinically explainable and appropriately managed. In several cases, weight fluctuations were associated with hospital admissions, illness, end-of-life decline, or following environmental or care changes. No unexplained acute weight loss trends were identified during 2025.

## MUST Assessments

Refresher education was provided to nursing staff throughout 2025 regarding the accurate completion and documentation of MUST assessments. Ongoing audits identified continued gaps in some areas of documentation, particularly:

- calculation of weight loss percentages,
- completion of acute disease scoring,
- and updating of MUST scores within clinical weight monitoring records.

Targeted feedback, supervision, and additional training were provided where required to support improved accuracy and risk identification.

Overall compliance with MUST assessment completion during 2025 was recorded at 93%.

## Goals for 2026

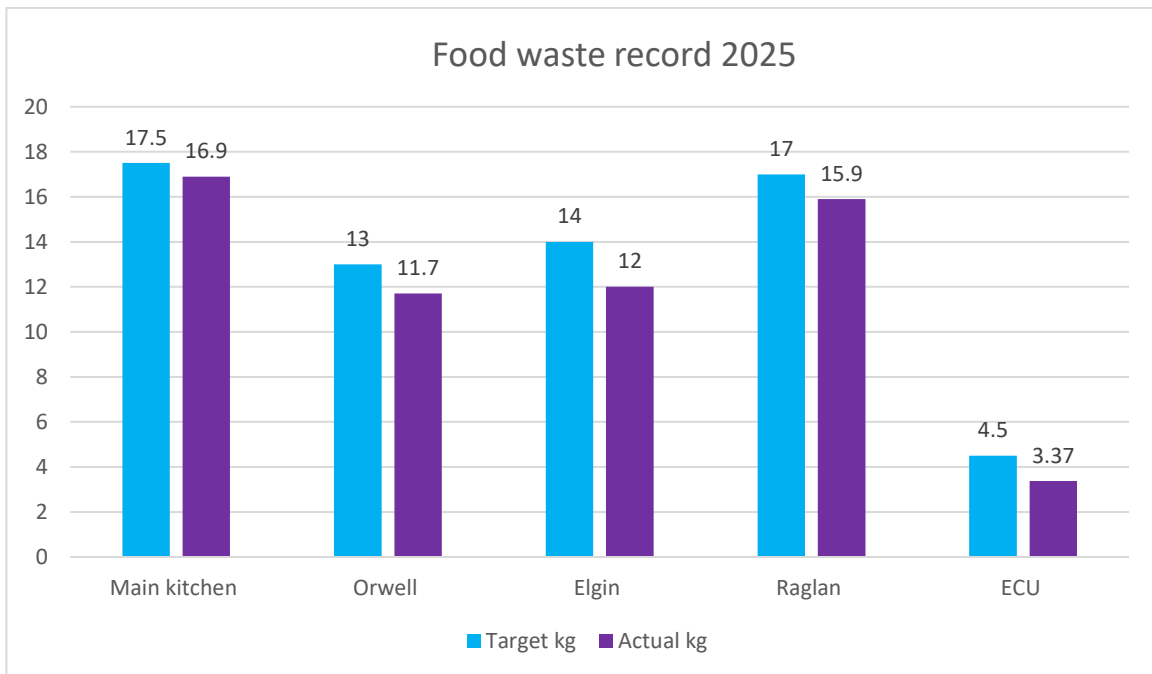
- Reduce average Oral Nutritional Supplement (ONS) to below 30% through strengthened fortified diet interventions, early nutritional assessment, person-centred meal planning, and timely nutritional support strategies while maintaining residents' nutritional status and overall wellbeing.
- Improve the accuracy and consistency of MUST score calculation and documentation through ongoing education and audit.
- Strengthen timely referrals to Dietitian and SALT services for residents identified at nutritional risk.
- Continue monthly review and oversight of residents with MUST scores of 2 or greater through governance and management meetings.
- Maintain weight monitoring compliance above 95% across all units.
- Continue improving the presentation and dining experience of texture-modified meals for residents requiring modified diets.

## Food Waste Management

Reducing food waste remained an important component of Orwell Healthcare’s environmental sustainability programme throughout 2025. Building on improvements achieved in previous years, ongoing monitoring of food waste levels continued across the main kitchen and unit kitchenettes to support efficient resource management and environmentally responsible practices.

Staff engagement and education remained central to the success of the programme. Refresher guidance and supervision were provided to reinforce best practice in food handling, storage, stock rotation, and waste segregation. Catering and care staff also received ongoing education aimed at increasing awareness of food waste reduction strategies and promoting sustainable daily practices.

Food waste targets for each building and the main kitchen continued to be monitored throughout 2025, with overall performance remaining consistent and within established benchmarks.



## Review of Goals for 2025

<b>Goals 2025</b>	<b>Achieved</b>	<b>Comment</b>
Extend the Kelsius monitoring system to all kitchenettes to enhance food safety oversight.	Not achieved	Scheduled for 2026
Conduct regular audits of breakfast and teatime service to ensure consistency and quality.	Achieved	Regular mealtime observation audits continued throughout 2025 across different units and mealtimes.
Further reduce the volume of food-related complaints through targeted improvements.	Partially Achieved	Food & Drink complaints increased during part of the year; however, trends were identified promptly and improvement actions implemented.
Introduce a rotating selection of new hot dishes in The Avenue Café to enhance the dining experience.	Achieved	Menu variety within The Avenue Café continued to expand throughout the year based on resident, staff and visitor feedback.
Refresh and improve the kitchen environment and surrounding areas to maintain a pleasant and hygienic workspace.	Achieved	Ongoing maintenance, hygiene monitoring, and environmental improvements were completed during 2025.
Provide support and opportunities for staff seeking additional catering training and professional development.	Achieved	Staff continued to receive training and support in food safety, meal preparation, HACCP processes, and resident dining experience initiatives.
Improve the presentation of Texture-Modified Meals through the use of moulds and piping techniques.	Partially Achieved	Improvements continued throughout 2025, including enhanced preparation methods

		and focus on presentation; however, full implementation across all units remains ongoing.
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**Goals for 2026**

- Complete the extension of the Kelsius HACCP monitoring system to all kitchenettes.
- Continue reducing Food & Drink related complaints through resident feedback, menu review, and mealtime audits.
- Introduce dedicated breakfast mealtime observation audits across all units to ensure residents receive timely assistance, adequate meal choices, and appropriate dining support.
- Further improve the presentation and consistency of texture-modified meals across all units.
- Increase resident involvement and feedback in menu planning and dining experience reviews.
- Strengthen monitoring and oversight of residents identified at nutritional risk, including residents with MUST scores of 2 or greater.
- Improve consistency in MUST documentation, nutritional care planning, and timely dietetic referrals where required.

Standard 2.3: The design and delivery of the residential services maintains and supports the physical and psychological wellbeing for those who are cognitively impaired while achieving best health and social care outcome.

At Orwell Private, we are committed to ensuring that residents living with cognitive impairment, including dementia, receive care that promotes their physical, emotional, psychological, and social wellbeing. Care is delivered through a person-centred and rights-based approach, recognising each resident’s individual history, preferences, communication needs, abilities, and life experiences.

Throughout 2025, Orwell Private continued to strengthen dementia-informed care practices through staff education, person-centred care planning, and meaningful engagement initiatives.

### Dementia Care Initiatives

- **Tailored Care Planning**

Residents living with cognitive impairment have individualised care plans developed and reviewed in collaboration with residents and families where appropriate. Care plans reflect residents' routines, communication needs, behavioural support strategies, personal preferences, and life histories to support meaningful and individualised care delivery.

- **Meaningful Activities and Engagement**

Residents were supported to participate in meaningful activities suited to their cognitive abilities and interests, including reminiscence activities, music sessions, sensory activities, movement exercises, one-to-one engagement, and social interaction opportunities.

### Staff Education and Dementia Care Training

During the third quarter of 2025, Orwell Healthcare developed and introduced a structured Dementia Care Training programme as part of the organisation's mandatory induction and education framework for all staff. The programme is delivered on Day 3 of induction and consists of a dedicated 2.5-hour workshop focused on dementia-informed and person-centred care practices.

The training programme was developed internally by the Nurse Management Team and is delivered by trained Nurse Manager across the organisation. The programme aims to strengthen staff knowledge, confidence, and competence in supporting residents living with dementia and cognitive impairment.

#### Learning outcomes of the training include:

- understanding dementia and its impact on residents,

- developing effective communication techniques,
- applying person-centred care principles,
- recognising and responding appropriately to responsive behaviours,
- and supporting residents' independence, dignity, and safety in daily living activities.

This initiative supports Orwell Private's ongoing commitment to delivering compassionate, rights-based, and evidence-informed dementia care across all units.

### Review of Goals for 2025

Goals 2025	Achievement	Comment
Identify and train a designated staff member from each unit to act as a dementia advocate and resource for the team.	Not achieved	While dementia care education and training progressed during 2025, designated dementia advocate roles were not formally implemented within the units during the year.
Develop formal links with the Memory Assessment Clinic at St. James's Hospital (SJH) to support clinical consultation, early identification, and appropriate referrals for residents with cognitive impairment.	Partially Achieved	Referral pathways and communication with specialist services continued throughout 2025
Implement Cognitive Stimulation Therapy (CST) sessions for residents with mild to moderate dementia, offering structured group interventions to enhance memory, communication, and overall wellbeing.	Not achieved	Continue to 2026

<p>Ensure all nursing staff complete the HSEland mandatory e-learning module on Dementia Care by the end of Q3 2025, supporting knowledge, confidence, and competence in dementia-informed care.</p>	<p>Achieved</p>	<p>A structured Dementia Care Training programme was developed and introduced during Q3 2025 as part of mandatory induction training for all staff.</p>
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**Goals for 2026**

- Implement more structured cognitive and sensory stimulation activities for residents living with dementia.
- Strengthen links with specialist dementia and mental health services to support timely assessment and intervention where required.
- Continue supporting families through education, communication, and involvement in care planning processes for residents living with cognitive impairment.
- Further develop staff knowledge and confidence in supporting responsive behaviours and communication needs associated with dementia care.

Standard 2.4: Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity.

Standard 2.5: Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social, and spiritual needs.

Orwell Private is committed to providing compassionate, person-centred palliative and end-of-life care that respects each resident’s dignity, autonomy, wishes, and individual needs. Residents approaching end of life are supported through multidisciplinary care planning, symptom management, emotional support, spiritual care, and ongoing communication with families and representatives.

Residents and families are encouraged to participate in discussions regarding advance care planning and end-of-life wishes where appropriate. Care is delivered in accordance with

residents' preferences, ensuring comfort, dignity, privacy, and emotional support during this important stage of life.

Staff continued to promote compassionate and respectful end-of-life care practices throughout 2025, supported by reflective learning, multidisciplinary collaboration, and ongoing education in palliative care principles.

### Deaths in 2025

During 2025, there were 49 resident deaths within Orwell Private, compared with 71 in 2024, 47 in 2023, and 57 in 2022.

Of the 49 residents who passed away during the year, 47 residents died within the nursing home and 2 residents passed away in hospital.

The average age at time of death during 2025 was 88 years (same as 2024). The average length of stay prior to death was 2.2 years.

Orwell Private extends sincere condolences to the families, friends, and loved ones of all residents who passed away during the year. May they rest in peace.

Standard 2.6: The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

Standard 2.7: The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity, and wellbeing of each resident.

Orwell Private continued to maintain and improve the physical environment throughout 2025 to ensure residents lived in a safe, comfortable, accessible, and homely setting that supported their wellbeing, independence, privacy, and dignity.

Information technology systems and infrastructure continued to be reviewed during the year, with outdated hardware replaced where required to support reliable performance, clinical documentation, communication systems, and daily operational needs.

The ongoing refurbishment and maintenance programme remained in place throughout 2025. Bedrooms, communal spaces, and support areas were maintained to a high standard, with painting works, flooring repairs, and minor environmental upgrades completed as required to preserve resident comfort and the overall appearance of the centre.

### Review of Goals 2025

Goals 2025	Achievement	Comment
Planned Preventative Maintenance	Achieved	Planned Preventative Maintenance compliance remained above 95% throughout 2025.
IT equipment renewal (PCs - nursing stations)	Partially Achieved	Replacement of older IT equipment continued during 2025 and remains ongoing.
95% of equipment servicing to be completed on time (Annual Maintenance Inspection Plan in Place)	Achieved	All per Annual Maintenance Plan
Electrical periodical Inspection of Fuse Boards for Raglan and Orwell Buildings.	Achieved	Electrical inspections were completed during 2025.

### Goals for 2026

- Increase on-time task completion from 82% to at least 90% through better planning, prioritisation, and supervisor monitoring.
- Continue phased IT equipment renewal and infrastructure improvements across all units.
- Maintain high standards of environmental maintenance, cleanliness, safety, and resident comfort throughout the centre.
- Ensure 100% compliance with statutory inspections, servicing schedules, and

regulatory requirements through structured monitoring and reporting systems.

- Continue refurbishment and environmental improvement works across bedrooms and communal areas to support a homely and dementia-friendly environment.

**Standard 2.8: Each resident's access to residential services is determined based on fair and transparent criteria.**

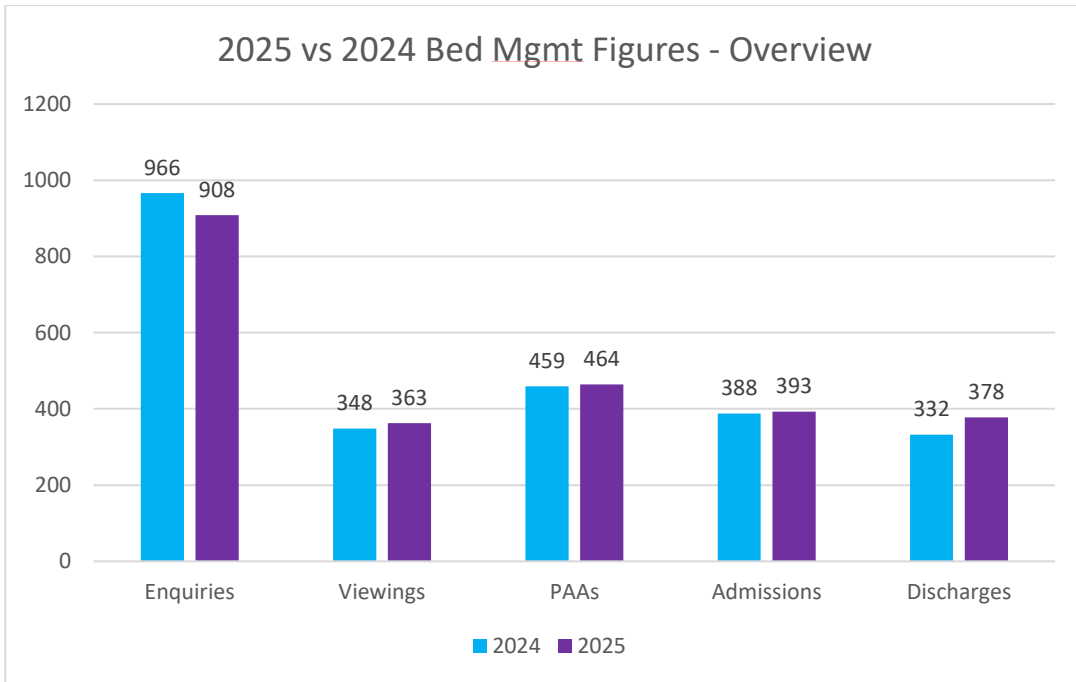
Orwell Private maintains a written policy relating to the admission, transfer, and discharge of residents to ensure that access to services is fair, transparent, and based on the assessed needs of each individual.

Prior to admission, a member of the Nurse Management Team completes a comprehensive assessment of the prospective resident, either remotely or in person, to determine whether Orwell Private can appropriately meet the individual's care and support needs. Assessments consider the resident's physical, psychological, social, and clinical requirements, as well as the suitability of the environment and available resources.

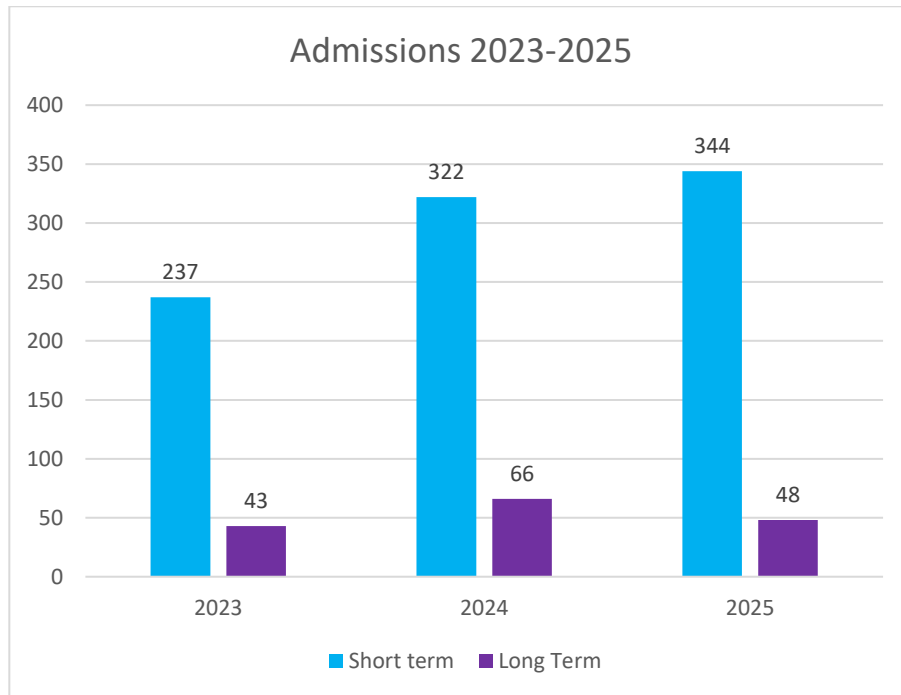
Following assessment, the Clinical Management Team reviews the information and determines the suitability of admission to the service. Where admission is appropriate, residents are allocated a suitable room, funding arrangements are confirmed, and residents and families are provided with clear information regarding the services, facilities, fees, and supports available within Orwell Private.

Residents receive a written Contract of Care specific to their individual circumstances, which is discussed with the resident and/or their representative prior to admission and signed on admission in accordance with regulatory requirements.

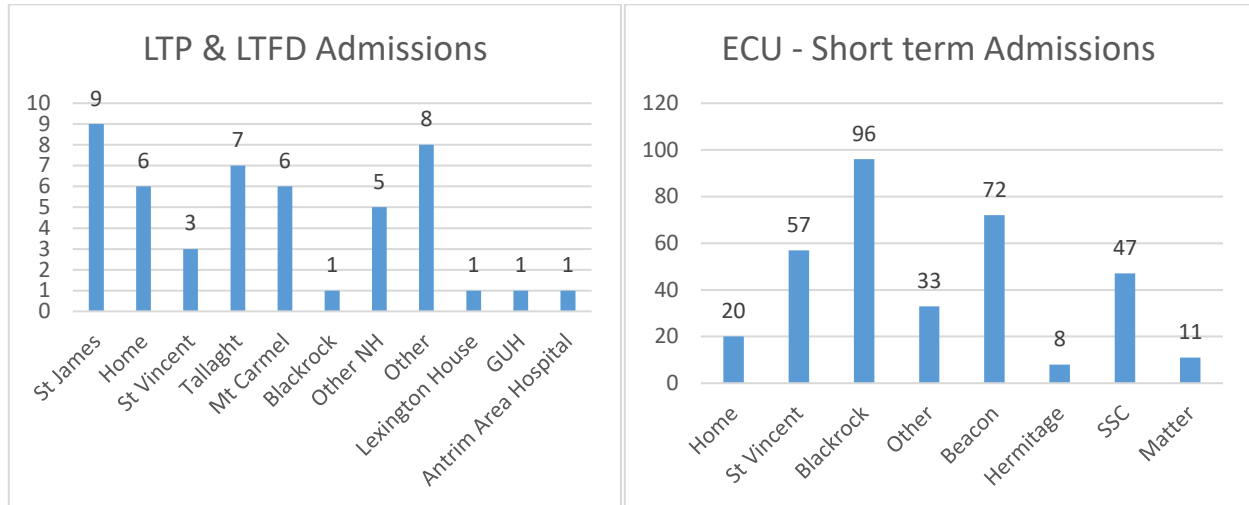
Long-term private and Fair Deal enquiries remained strong throughout 2025. Although overall enquiry numbers reduced slightly compared to the previous year, conversion rates to formal assessment and admission remained high, reflecting continued demand for the service and confidence in the quality of care provided within Orwell Private.



### Total Admissions



## Source of Admissions



## Operational Trends

During 2025, Orwell Healthcare continued to experience strong demand for residential services and sustained activity within the admissions process. While overall enquiry numbers decreased slightly compared to the previous year, there was a continued increase in the quality and progression of enquiries through the admissions pathway.

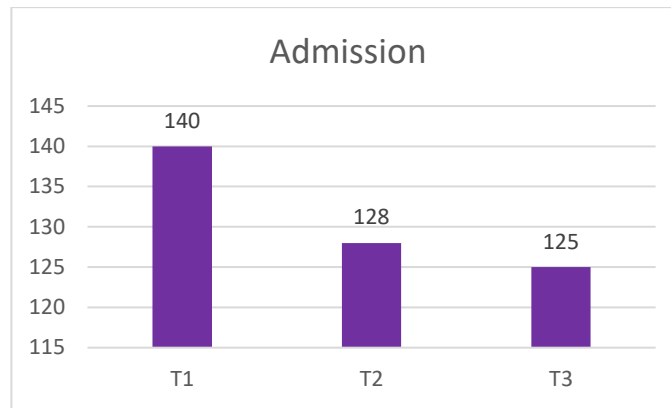
Viewings increased by 4% during the year, while Pre-Admission Assessments (PAAs) increased by 1%, reflecting more effective screening processes and increased engagement from prospective residents and families. Admissions activity remained stable overall, with a 1% increase in admissions compared to 2024.

### 2025 Admissions Activity by Trimester (Admissions)

Admissions activity remained consistently high throughout the year, with the highest level of activity recorded during the first trimester.

- T1 (Jan - Apr): Recorded the highest volume of activity with 140 admissions.
- T2 (May - Aug): Admissions remained steady at 128.
- T3 (Sept - Dec): Concluded the year with 125 admissions.

Overall, these trends demonstrate continued confidence in the services provided at Orwell Private and ongoing demand for long-term residential care and Fair Deal placements.



## Discharges

A total of 378 discharges were recorded during 2025, representing a 13% increase compared to 2024.

The majority of discharges related to short-stay convalescence residents who successfully completed their rehabilitation or recovery period and were discharged back to their own homes. This continued to reflect Orwell Private's role in supporting recovery, rehabilitation, and transitional care pathways for residents requiring short-term support prior to returning to community living.

Discharge planning continued to be coordinated through multidisciplinary collaboration, ensuring residents and families were supported throughout the transition process and that appropriate follow-up arrangements and community supports were in place where required.

## Theme 3: Safe Services

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Standard 3.1: Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.

Orwell Private is committed to safeguarding residents and promoting a culture of dignity, respect, and zero tolerance to all forms of abuse. A Safeguarding Policy Statement is displayed prominently throughout the centre and included in the Residents' Guide, ensuring residents, families, and staff are aware of safeguarding procedures and supports.

All staff receive mandatory safeguarding training prior to commencing work, with 100% compliance achieved in 2025. Safeguarding awareness is further strengthened through ongoing education, monthly workshops, and reflective practice sessions led by the Designated Officer.

The Designated Officer plays a key role in screening, investigating, and monitoring safeguarding concerns, ensuring timely reporting, appropriate risk assessment, and implementation of safeguarding plans. Weekly audits of incidents, complaints, and ABC charts are conducted to identify potential safeguarding concerns, with findings reviewed by the Director of Care.

### Safeguarding Overview 2025

A total of 41 safeguarding concerns were reported during 2025, compared to 27 in 2024. A higher level of reporting was noted in the first half of the year, followed by a significant downward trend in Q3 and Q4, reflecting improved staff awareness, early intervention, and preventative practices.

### Risk Rating and Outcomes

Risk rating was introduced in 2025, with:

- 67% of concerns assessed as moderate risk,
- 33% assessed as low risk,

- and no high or extreme risks identified.

All safeguarding concerns were managed in line with policy, with appropriate actions including:

- immediate resident protection,
- staff re-education and supervision,
- disciplinary processes where required,
- and referrals to external authorities where appropriate.

### Review of Goals for 2025

Goals 2025	Achievement	Comment
Continue to apply culture of “zero tolerance” to any abuse	Achieved	Reinforced through training, workshops, and leadership engagement.
Weekly review of complaints and incidents by the Designated Officer to identify and escalate any safeguarding issues promptly.	Achieved	Completed and embedded in governance processes.
Finalise and formalise connections with local Garda stations and the HSE Safeguarding and Protection Team for shared training and guidance.	Partially Achieved	Engagement ongoing; further development planned for 2026.
Conduct monthly safeguarding audits by the Designated	Achieved	Ongoing audits conducted with findings reported to management.
Include case studies and practice exercises in the safeguarding workshops.	Achieved	Implemented through workshops and reflective sessions.

## Goals for 2026

- Continue to promote a culture of zero tolerance to abuse through ongoing staff engagement and education.
- Strengthen timely identification and reporting of safeguarding concerns.
- Improve accuracy and consistency of safeguarding documentation and investigation outcomes.
- Continue weekly audits of incidents, complaints, and ABC assessments by the Designated Officer.
- Enhance staff training with a focus on underreported areas such as financial, discriminatory, and institutional abuse.
- Maintain and monitor safeguarding risk rating processes within the organisational risk register.
- Continue regular safeguarding workshops, reflective practice sessions, and staff engagement initiatives.
- Improve resident awareness and understanding of safeguarding and reporting processes.

Standard 3.2: The residential service has effective arrangements in place to manage risk and protect residents from harm.

## Fire Safety

Fire safety continues to be a critical priority within Orwell Private, with ongoing focus placed on maintaining a safe environment for residents, staff, and visitors. Throughout 2025, fire safety systems, procedures, and practices continued to be reviewed as part of the organisation's continuous quality improvement programme and in line with best practice guidance, including HIQA's *Fire Safety Handbook – A Guide for Registered Providers and Staff*.

Comprehensive fire risk assessments were reviewed during the year, and adjustments were implemented where required to ensure compliance with fire safety standards and minimise identified risks. Fire safety audits were completed as scheduled, and Personal Emergency

Evacuation Plans (PEEPs) were regularly reviewed and updated to reflect residents' assessed needs and evacuation requirements.

As part of the ongoing fire safety improvement programme during 2025, a range of environmental, structural, and operational fire safety enhancements were completed throughout the centre to further strengthen resident safety and regulatory compliance. Key improvements included upgrades to fire doors and compartmentation systems, replacement of smoke seals and non-compliant fire door hardware, relocation of fire extinguishers to compliant fixed positions, and improvements to external escape routes through the installation of handrails, lighting, and emergency call points.

Additional fire detection measures were introduced in identified areas, while high-risk practices such as charging hoists in corridors and escape routes were discontinued, with charging relocated to designated fire-safe areas. Fire drill practices were also enhanced through rotational evacuation drills covering all compartments and rooms across the buildings to improve staff preparedness and emergency response procedures.

Ongoing works also continued throughout the year to strengthen fire containment and compartmentation measures within identified high-risk areas of the centre.

Throughout 2025, the evacuation equipment used within the centre was reviewed as part of the organisation's ongoing fire safety and emergency preparedness programme. Following this review, existing ski sheets were replaced with Albac Mats/Ski Pads to enhance resident safety, improve evacuation efficiency, and support safer resident movement during emergency evacuation procedures. Staff received guidance and practical instruction in the safe use of the updated evacuation equipment as part of ongoing fire safety training and drills.

Fire safety education and training remained a key focus throughout 2025. A total of 9 classroom-based fire training sessions were delivered to 78 staff members, in addition to online fire refresher training and classroom-based Fire Marshal training. Overall staff compliance with mandatory fire safety training reached 100% by year end.

A total of 38 timed fire drills were completed across all units during 2025. Simulated evacuation drills were carried out from various compartments and evacuation zones, with evacuation times monitored and reviewed according to risk level. All drills were completed within safe and acceptable timeframes, supporting ongoing preparedness and emergency response capability across the service

	<b>Total Fire drills</b>	<b>Total timed drills</b>	<b>Drills under 6.30 mins</b>
<b>2025</b>	38	38	93%
<b>2024</b>	63	36	95%
<b>2023</b>	52	43	84%

(\*6 minutes is the acceptable time allowed for: finding, reacting, reporting on the fire issue, evacuation and stand down).

In 2025, a total of 10 fire alarm activations were recorded, compared to 15 in 2024 and 9 in 2023. The activations are categorised as follows:

Unexpected activations of Alarm (not drills or testing)

	<b>Break Glass Unit (BGU)</b>	<b>Food (e.g., toaster)</b>	<b>Others</b>
<b>2025</b>	4	2	4
<b>2024</b>	4	2	9
<b>2023</b>	1	5	3

In 2025, fire alarm activations decreased compared to 2024. The majority of activations were caused using aerosol products in non-ventilated areas, highlighting the importance of staff and resident awareness of common triggers. The “Other” category accounted for activations due to dust accumulation within detection units, minor disturbances from contractor work, and occasional environmental factors affecting the sensors.

All smoke and heat detectors remain fully compliant with fire safety regulations and are regularly checked as part of preventative maintenance. Patterns of activation are closely monitored, and staff are provided with ongoing guidance to reduce preventable alarms. Any trends identified from activations are addressed promptly to improve safety and minimise disruption for residents.

### Review of Goals 2025

<b>Goals 2025</b>	<b>Achievement</b>	<b>Comment</b>
Conduct regular simulated drills for day and night shifts as outlined in the policy.	Achieved	Simulated fire drills were completed regularly across units throughout 2025.
Provide practical training through fire drills and fire safety training sessions.	Achieved	Classroom training, online refresher training, and practical fire drills were completed during the year.
Conduct in-person training sessions bi-monthly, consisting of two-day drills and one-night drill each month.	Partially Achieved	Fire training and drills continued regularly throughout 2025; however, the planned frequency was not consistently achieved every month.
All Fire Safety Checks and Inspections on Care Monitor	Not Achieved	While the majority of fire safety checks and inspections were completed, full implementation and consistent recording through Care Monitor was not fully achieved during 2025.
Reduce Fire Marshall reaction times	Partially Achieved	Improvement was noted during the year; however, some recorded response times remained outside desired targets

Appoint contractors to complete fire safety remedial works following the Fire Safety Consultant’s inspection.	Partially Achieved	Fire safety remedial works progressed throughout 2025 and remain ongoing.
Increase the number of staff trained as Fire Wardens.	Achieved	Three additional staff members completed Fire Warden training during 2025, strengthening emergency response capacity across the service.

**Goals for 2026**

- Conduct at least one simulated fire drill per week across the service, ensuring all units within the three buildings are included each quarter to maintain staff confidence, preparedness, and effective evacuation practices during both day and night shifts.
- Deliver practical fire safety training sessions focused on evacuation procedures, emergency response, and the safe use of fire-fighting equipment.
- Improve Fire Marshal response times and overall staff evacuation performance during simulated fire drills through increased practical drills, post-drill debriefing sessions, targeted refresher training, and ongoing monitoring of response times and evacuation practices by the Fire Safety Officer.
- Complete outstanding fire safety remedial works identified through fire safety inspections and audits to support ongoing compliance with fire safety regulations.
- Review all fire safety checklists, audit tools, and monitoring forms used throughout the service to ensure they are standardised, user-friendly, clearly coded, and aligned with current fire safety procedures and regulatory requirements.

**Accommodation Review 2025**

Maintaining high standards of cleanliness remained a key priority throughout 2025. Regular spot checks were carried out in bedrooms, communal areas, and kitchenettes, with targets maintained at 60 checks per month for bedrooms, 30 for communal areas, and 60 for

kitchenettes, approximately 20 per building. The average compliance rate improved to 86%, reflecting ongoing focus on quality and standards.

Daily cleaning routines, regular inspections, and strict infection control practices ensured a safe, hygienic, and comfortable environment for residents.

### Review of Goals 2025

<b>Goals</b>	<b>Achievement</b>	<b>Comment</b>
To focus on increasing the quality checks and average score of communal areas and kitchenette spot checks	Partially achieved	Improvements were noted throughout 2025; however, further work remains ongoing into 2026.
Maintain an 85% compliance rate in kitchenette cleanliness by conducting daily audits and promoting continuous improvement.	Partially achieved	Daily monitoring and audits continued throughout the year; compliance improvements remain ongoing.
To train all accommodation staff on Deep Cleaning.	Partially achieved	Training initiatives commenced during 2025 and will continue into 2026.
Provide staff with continuous training on infection control practices.	Partially achieved	Continuous education and guidance were provided throughout the year, with ongoing refresher training planned.
Provide staff with continuous training on waste management.	Not achieved	Formal waste management training was not fully completed during 2025 and remains ongoing.

## Goals 2026

- Maintain at least 85% compliance in kitchenette cleanliness through daily audits, spot checks, and continuous quality improvement measures.
- Continue ongoing staff education and refresher training in infection prevention and control practices.
- Provide staff with structured training and guidance in waste management procedures and segregation practices.
- Conduct quarterly refresher training sessions for accommodation staff on deep-cleaning procedures and monitor training completion rates.
- Continue regular environmental audits and monitoring to ensure a safe, clean, and comfortable environment for residents, staff, and visitors.

## Laundry Services 2025

Linen management processes continued to be reviewed and strengthened throughout 2025 to support infection prevention, environmental hygiene, and resident satisfaction. Biannual linen audits led by the Operations Manager identified and addressed excess stock levels on-site, supporting improved stock control and storage management.

Laundry procedures were reviewed and updated during the year to further strengthen infection prevention and control practices relating to the storage, transport, and handling of clean and used linen. Dedicated covered transport trolleys are now clearly identified and separated for clean and dirty linen, with green identification tags used for clean linen and red identification tags used for used or contaminated linen. Clean linen continues to be stored in designated secure areas and transported separately from used linen to minimise the risk of cross-contamination.

Laundry staff continued to receive ongoing education regarding safe linen handling, environmental hygiene, and infection prevention and control procedures. Cleaning and disinfection processes for laundry equipment and transport trolleys were also reinforced throughout the year.

Communication with residents and families regarding clothing labelling processes was strengthened, with regular reminders provided through Reception and staff teams to support accurate identification and reduce lost property concerns. All laundry-related complaints continued to be documented, reviewed, and addressed promptly.

As a result of these quality improvement measures, laundry-related complaints decreased further from 10% in 2024 to 8% in 2025, demonstrating continued improvement in service efficiency and resident satisfaction.

### Review of Goals 2025

<b>Goals 2025</b>	<b>Achievement</b>	<b>Comment</b>
Train all staff on the laundry procedure.	Partially achieved	Training continued throughout 2025 and remains ongoing.
Provide refresher training on laundry procedures to all housekeeping and clinical staff with 100% completion by end of the year.	Partially achieved	Refresher training was delivered during the year; however, full compliance was not achieved, and training will continue into 2026.
To support efficient service and minimise missing items, we aim to maintain a 1-day turnaround for 95% of resident clothing through in-house labelling. Turnaround times will be monitored weekly throughout 2025.	Achieved	Turnaround times remained within target throughout 2025.
Ensure 100% compliance with proper segregation of personal laundry through weekly spot checks.	Not achieved	Continue to 2026
Biweekly inventory checks will be conducted to ensure sufficient clean linens and supplies are available at	Achieved	Inventory monitoring remained ongoing throughout the year.

<p>all times. The aim is to avoid stockouts or overstocking (above 10%), ensuring efficient use of resources</p>		
<p>To continue effective communication and collaboration between staff in laundry Company housekeeping, nursing staff, and administration. This will ensure any issues, concerns, or special requirements related to laundry services are promptly addressed.</p>	<p>Achieved</p>	<p>Continue to 2026</p>
<p>Implementing quality control measures such as regular audits to ensure that laundered items meet cleanliness standards and are free from stains, or damage.</p>	<p>Partially achieved</p>	<p>Continue to 2026</p>

**Goals for 2026**

- Continue refresher training on laundry procedures for housekeeping and clinical staff, with a target of 100% training compliance.
- Strengthen quality assurance processes through regular laundry audits and monitoring of cleanliness, labelling, and garment condition.
- Achieve 100% compliance with cleanliness and correct labelling standards for laundered items through monthly spot checks and ongoing quality monitoring.

**Health & Safety**

Orwell Private remains committed to maintaining a safe working and living environment for residents, staff, and visitors through proactive risk management, regular monitoring, staff education, and continuous quality improvement initiatives.

The organisational Risk Register continues to be maintained electronically within Care Monitor, allowing accessible and ongoing monitoring of identified risks. The Risk Register is reviewed regularly by the Director of Care, with emerging risks added and outdated risks archived where appropriate. Health and Safety walkabouts and environmental inspections were conducted during 2025 to identify hazards and ensure prompt corrective action where required.

### Staff Incidents and Safety Performance

A total of 14 staff incidents were reported during 2025, compared with 21 incidents in 2024, representing a 33% reduction in reported incidents.

The highest number of incidents occurred in June, with three incidents reported, while four months throughout the year recorded no staff incidents, reflecting improved staff awareness and preventative safety practices.

The majority of incidents were minor in nature and required minimal intervention:

- 50% were classified as low risk,
- 43% as minor risk,
- 7% as moderate risk,
- 0 incidents were classified as major risk.

One Lost Time Injury was recorded during 2025 and was reported to the Health and Safety Authority in accordance with statutory requirements. All other incidents resulted in staff returning to work immediately or on their next scheduled shift.

### Lost Time Injury Frequency Rate (LTIFR)

The LTIFR for 2025 was recorded at 2.23, showing a continued positive trend compared to previous years:

- 2022: 9.31
- 2023: 10.9
- 2024: 3.41
- 2025: 2.23

The 2025 LTIFR of 2.23 remains significantly below the industry benchmark target of 25, demonstrating sustained improvement in workplace safety performance and an overall reduction of approximately 95% since 2020.

### Incident Trends and Learning

The most common incident categories during 2025 included:

- slips, trips, and environmental hazards,
- hot liquid and burn incidents,
- resident-related incidents during personal care,
- and isolated chemical exposure incidents.

Learning from incidents was incorporated into practice through staff education, handovers, environmental improvements, reinforcement of PPE use, review of care plans, and ongoing monitoring through governance meetings and the Risk Register.

<b>Incidents</b>	<b>2025</b>	<b>2024</b>	<b>2023</b>
Health and safety incidents	13	18	38
Manual Handling	1	3	4
Needle stick injuries	0	0	0
<b>Total</b>	<b>14</b>	<b>21</b>	<b>39</b>

### Review of Goals 2025

<b>Actions</b>	<b>Outcome</b>	<b>Comments</b>
Continue promoting a proactive safety culture and immediate reporting of all incidents or near-misses.	Achieved	Ongoing staff education, incident reviews, and safety discussions supported awareness and timely reporting practices throughout 2025.
Reduce manual handling injuries by 20%.	Achieved	Manual handling related incidents remained low during 2025 following

		ongoing training and reinforcement of safe handling practices.
Continue to review and update the risk register quarterly.	Achieved	The Risk Register continued to be reviewed regularly, with new risks added and outdated risks archived where appropriate.
Ensure emerging risks or repeated issues are captured and escalated.	Achieved	Incident trends and emerging risks were monitored through governance meetings, audits, and Health & Safety reviews throughout the year.

### Goals for 2026

- Reduce the total number of reported staff incidents by at least 10% during 2026 through proactive risk management and environmental safety improvements.
- Maintain ongoing Health & Safety refresher training for staff, including PPE use, chemical safety, and hazard identification.
- Conduct biannual Health & Safety walkabouts within each allocated building by designated Health & Safety representatives, ensuring identified hazards are documented, risk assessed, actioned, and reviewed within agreed timeframes.
- Train additional Health & Safety representatives to strengthen staff engagement and safety culture across the service.
- Reduce resident-related staff incidents by 15% during 2026 through multidisciplinary review of responsive behaviour care plans, staff guidance, and behavioural support strategies.
- Maintain the Lost Time Injury Frequency Rate (LTIFR) below 5 throughout 2026 through ongoing monitoring, incident analysis, and preventative safety initiatives.

## Maintenance

In 2025, the maintenance team was assigned 6,476 tasks via Care Monitor, a small increase from 6,440 tasks in 2024. The total volume of tasks continues to reflect staff compliance with the requirement to log all maintenance requests in the system.

Of these tasks, 82% were completed on time, a slight decrease from 88% in 2024. While the team continued to respond promptly to maintenance requests, the higher volume of urgent and unplanned tasks impacted on-time completion rates.

The maintenance team continued with the planned rotational refresh of the three buildings, ensuring that all areas are maintained to a high standard and preventative work is completed as scheduled which will continue into 2026.

	<b>2025</b>	<b>2024</b>	<b>2023</b>
Tasks completed	6,476	6,440	5,300
Percentage on time	82%	88%	87%

## Review of Goals 2025

<b>Goal 2025</b>	<b>Achievement</b>	<b>Comment</b>
Planned Preventive Maintenance – attain 100% completion rate	Partially Achieved	Planned Preventative Maintenance compliance reached 91% during 2025.
Internal training on equipment for Facilities staff	Achieved	Continue in 2026
Sash windows refurbishment	Not Achieved	Refurbishment works remained outstanding at year end.
Slates roof repairs in Orwell building	Partially Achieved	Temporary repair measures were implemented during 2025;

		permanent repair works remain ongoing.
Introduce a digital software solution for logging, tracking, and scheduling maintenance, repairs, and asset servicing.	Not Achieved	Implementation was not completed during 2025 and will continue into 2026.

**Servicing**

Scheduled maintenance of all equipment continued throughout 2025 to ensure compliance with regulations and the safe, efficient operation of all systems. Regular inspections by contracted service providers supported ongoing equipment reliability and safety.

**Portable Appliance Testing (PAT)**

In 2025 PAT testing of all electrical equipment was fully completed in-house by trained maintenance staff using specialised equipment. Each item was assigned an asset tag to ensure accurate identification and traceability. Testing was carried out in line with the planned schedule, and comprehensive digital records were maintained to support compliance and audit requirements.

**Goals 2026**

- Achieve and maintain 100% compliance with the Planned Preventative Maintenance (PPM) programme through ongoing monitoring, scheduling, and oversight.
- Complete outstanding refurbishment works, including sash window refurbishment within the Orwell building, and continue replacement of outdated or worn furniture to maintain a safe, comfortable, and homely environment for residents.
- Introduce a digital maintenance management system for logging, tracking, scheduling, and monitoring maintenance requests, repairs, servicing schedules, and asset management activities.
- Continue preventative maintenance and environmental improvement works across all buildings to support resident safety, comfort, and regulatory compliance.

**Waste Management**

Throughout 2025, waste management practices continued to support infection prevention, and regulatory compliance across Orwell Private. Waste continued to be segregated into four designated streams: clinical waste, recyclable waste, food waste, and general waste.

Ongoing efforts focused on reducing overall waste production through improved recycling practices, reuse of materials where appropriate, and collaboration with suppliers to minimise reliance on single-use items. Staff continued to receive guidance and support regarding correct waste segregation procedures and safe disposal practices.

Regular monitoring, environmental audits, and spot checks were carried out throughout the year to ensure compliance with waste management procedures across all departments and areas of the service.

**Review of Goals 2025**

<b>Goals 2025</b>	<b>Achievement</b>	<b>Comment</b>
Continue to reduce general waste by 10%	Not achieved	Waste reduction initiatives continued throughout 2025; however, the targeted reduction was not achieved and will continue into 2026.
Conduct a full energy efficient audit by engaging external consultants to audit electricity, gas, and water usage	Not Achieved	The planned energy efficiency audit was not completed during 2025 and has been carried forward into 2026.

**Goals for 2026**

- Reduce general waste output by 10% by December 2026 through improved recycling practices, waste segregation monitoring, and reduction of unnecessary disposable materials.

- Achieve and maintain at least 90% compliance in correct waste segregation practices across all departments through monthly environmental audits and spot checks.
- Complete a full energy efficiency and environmental sustainability review by Q4 2026 to identify opportunities for reducing electricity, gas, water usage, and environmental waste.
- Monitor waste management trends quarterly and report findings through governance meetings to support continuous environmental improvement initiatives.

**Standard 3.3: Infection prevention and control practices achieve the best outcomes for resident.**

The Infection Prevention and Control Committee (IPCC) continued to oversee and monitor infection prevention and control practices throughout Orwell Private during 2025, with the aim of reducing Healthcare Associated Infections (HCAIs) and maintaining a safe environment for residents, staff, and visitors.

The IPCC conducts regular reviews of infection prevention risks within the service, identifies potential sources of infection, monitors compliance with infection prevention measures, and implements quality improvement actions where required. Ongoing surveillance, environmental audits, and outbreak reviews continued throughout the year to support early identification of risks and prevention of recurrence.

The Infection Prevention and Control (IPC) Team is led by the Deputy Director of Care and includes two fully trained nursing staff members together with one accommodation representative. The IPC team works collaboratively with the nurse management team, housekeeping department, to support implementation of best practice infection prevention measures throughout the service.

Staff education remained a key focus throughout 2025. Ongoing infection prevention and control training, audits, supervision, and guidance were provided to staff on areas including hand hygiene, use of personal protective equipment (PPE), environmental hygiene, waste management, and management of infectious outbreaks. Regular monitoring and audit processes continued to support compliance and continuous improvement in infection prevention and control practices across all units.

## Outbreaks 2025

During 2025, Orwell Private experienced two infectious outbreaks which were managed in line with national guidance and organisational Infection Prevention and Control (IPC) procedures.

A scabies outbreak occurred during Q1 and was confined to a single unit within Raglan Green. A second outbreak involving Influenza A occurred during Q4 and affected both residents and staff across three units.

In both instances, stringent Infection Prevention and Control measures were implemented promptly to minimise transmission and protect residents and staff. Control measures included isolation precautions where appropriate, enhanced environmental cleaning, increased surveillance, use of personal protective equipment (PPE), communication with Public Health, and ongoing monitoring of symptomatic residents and staff.

The outbreaks were effectively managed by staff and management teams, preventing wider transmission throughout the service. Visitor access remained available during outbreak periods, with precautionary measures and guidance communicated to visitors to support resident safety.

Vaccination programmes also continued throughout 2025. COVID-19 and Influenza vaccinations were offered to residents through the HSE vaccination teams, while staff were encouraged to access vaccination programmes through local pharmacies, community services and through the internal Peer Vaccination Programme. Four members of the Clinical Management Team completed HSE-supported Peer Vaccinator training in collaboration with the Flu Lead for HSE Dublin and Midlands. The development of the Peer Vaccination Programme aimed to improve staff access to vaccination, support vaccine uptake within the service, and strengthen infection prevention measures across the organisation.

## Healthcare Associated Infections (HCAI)

Orwell Healthcare remains committed to ensuring that residents receive care that is safe, effective, and aligned with best practice Infection Prevention and Control (IPC) standards.

The Infection Prevention and Control Committee (IPCC) monitors Healthcare Associated Infections (HCAs) on a monthly basis to identify emerging trends, support early intervention, and implement quality improvement measures aimed at reducing infection risks across the service.

Surveillance of Healthcare Associated Infections during 2025 identified Respiratory Tract Infections (RTIs) as the most prevalent infection type, particularly during the early-year peak in Q1 and again during the winter period in December. Infection rates remained lower throughout the summer months before increasing again toward year end in line with expected seasonal trends.

Urinary Tract Infections (UTIs) also remained a significant area of focus during 2025. Nursing staff continued to utilise the HSE decision-support tool for managing suspected UTIs in older adults within residential care settings, supporting improved clinical assessment and appropriate communication with General Practitioners. UTIs accounted for 21% of all infections diagnosed during 2025.

Comparison of infection trends between 2024 and 2025 demonstrated both areas of improvement and areas requiring continued monitoring:

- UTI infections increased from 59 cases in 2024 to 78 cases in 2025.
- Wound infections reduced significantly from 45 cases in 2024 to 7 cases in 2025, reflecting improvements in wound care management and preventative practices.

Of the 368 infections recorded during 2025:

- RTIs accounted for 22%,
- UTIs accounted for 21%,
- and wound infections accounted for 2% of all diagnosed infections.

These findings continue to inform IPC quality improvement initiatives, staff education, surveillance processes, and preventative strategies throughout the service.

## Multi Drug Resistant Organisms (MDRO)

Surveillance and monitoring of Multi-Drug-Resistant Organisms (MDROs) continued throughout 2025 as part of Orwell Healthcare's Infection Prevention and Control programme. During the year, 11.7% of residents were identified as having an MDRO, compared with 8.9% in 2024. Organisms identified included CPE, VRE, ESBL, MRSA, and *Proteus mirabilis*, with some residents affected by more than one resistant organism.

Robust admission and transfer processes remained in place to support early identification and management of infections. On admission or return from hospital, Nurse Managers completed the SBAR review process and assessed discharge documentation and laboratory reports to identify any confirmed or suspected infections. Newly identified infections were promptly communicated to staff and the Clinical Management Team to ensure timely implementation of appropriate Infection Prevention and Control precautions.

MDRO information continued to be documented within SBAR records and the MDRO surveillance register on Care Monitor, with communication systems in place to support ongoing monitoring and staff awareness across all units.

Care plans relating to residents with MDROs continued to be regularly audited throughout 2025, achieving an average compliance score of 97%, compared with 100% in 2024 and 98% in 2023.

## Antimicrobial Stewardship

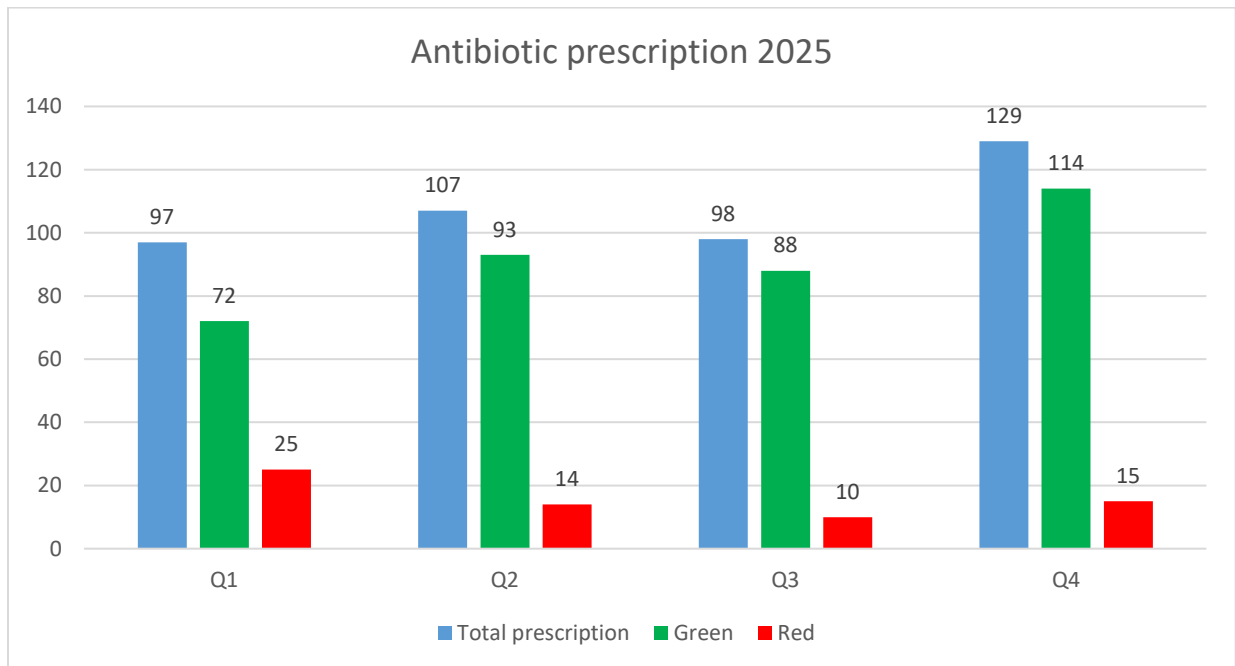
Across 2025, Orwell Healthcare maintained strong antimicrobial stewardship practices, with antibiotic and antifungal use closely monitored through quarterly reviews. The organisation consistently emphasised rational prescribing, proactive review of long-term therapies, and reducing unnecessary antimicrobial exposure through evidence-based practice.

Throughout the year, "green-antibiotic" use improved, "red-antibiotic" use continued a downward trend, and long-term antimicrobial and antifungal prescriptions steadily declined following prompt clinical review. A rise in PRN antifungals was identified and addressed, while challenges with incomplete pneumococcal vaccination histories limited progress in

vaccination-based prevention. Quality Improvement Plans reinforced stewardship goals, including targeted prescribing, enhanced monitoring of PRN antifungals, and the introduction of monthly topical-treatment reviews and new skincare plans for residents requiring recurrent creams.

Long-term antimicrobial management also strengthened, with all prolonged antibiotic courses undergoing structured six-monthly review. Long-term antifungal therapies showed a sustained downward trend and were consistently reassessed to ensure safe and appropriate duration of treatment, reflecting an organisation-wide commitment to minimising unnecessary antimicrobial exposure.

In 2025 the use of antibiotics fluctuated throughout the year, with the highest rate observed in Q1 at 26%, driven largely by respiratory urinary and skin infections. Usage then dropped significantly to 10% in Q3 before rising slightly again to 12% in Q4. Red-listed antibiotics continued to be used only when clinically justified and accounted for 15% of all antibiotic prescribing across 2025, indicating a cautious and appropriate approach to antimicrobial stewardship.

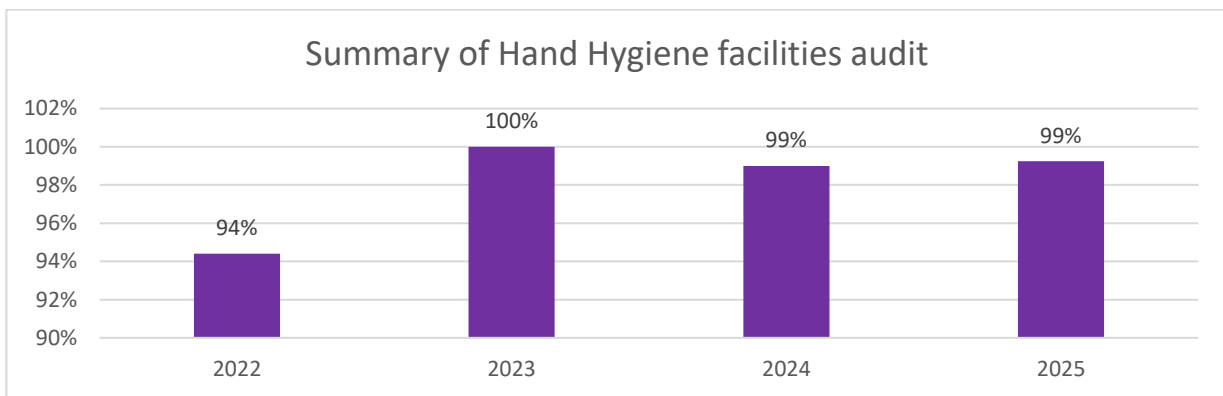


When compared to national benchmarks, Orwell outperformed the national average of 60.7% green prescriptions, achieving 74.2% in Q1 and an even higher 87% in Q2, indicating

strong adherence to antimicrobial stewardship principles.

## Hand Hygiene

Hand Hygiene Facilities Audits were conducted in all units of Orwell Private. This included an audit of the handwash sink facilities in nurses' stations, sluice rooms, common toilet areas, and kitchen sinks. This audit focuses on the physical set-up of the hand hygiene facilities such as the adequacy of the guide posters/signages; cleanliness of the sink areas and dispensers; availabilities of hand soaps, hand gels and hand creams; appropriateness of faucet control and waste bins.



## Influenza Vaccination campaign 2025

The annual Influenza Vaccination Campaign commenced in October 2025 across Orwell Healthcare. Resident influenza vaccinations were administered by the HSE Vaccination Team, while staff vaccination uptake was supported through local pharmacy access and the introduction of an internal Peer Vaccination Programme.

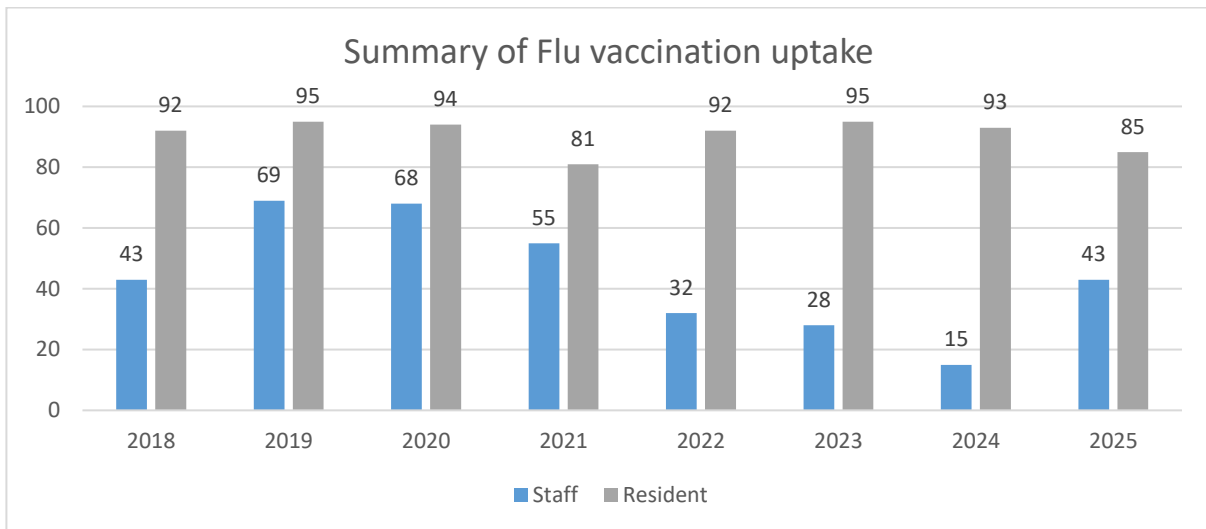
Resident influenza vaccination uptake for 2025 was 85%, compared with 89% in 2024, 80% in 2023, 92% in 2022, and 81% in 2021.

Staff influenza vaccination uptake increased significantly to 43% in 2025, compared with 15% in 2024. This uptake rate is also above the reported national average uptake among HSE healthcare workers for the 2024/2025 influenza season, which was approximately 32%. This improvement was supported by the introduction of the Peer Vaccination Programme and ongoing staff awareness initiatives promoting the importance of vaccination

and infection prevention.

As part of this initiative, four members of the Clinical Management Team completed HSE-supported Peer Vaccinator training in collaboration with the HSE Dublin and Midlands Flu Lead. The programme aimed to improve accessibility to staff vaccination within the service and strengthen infection prevention measures across the organisation.

Regular communication, information circulars, and vaccination reminders were circulated throughout the campaign period.



### COVID-19 Vaccination programme

The COVID-19 vaccination programme continued throughout 2025 in collaboration with HSE vaccination services and public health guidance.

During 2025, 81% of residents and 3% of staff received COVID-19 vaccination, compared with 89% resident uptake in 2024.

Residents and staff continued to receive information regarding the benefits of vaccination, with opportunities provided to discuss any questions or concerns with members of the Clinical Management Team. Vaccination information and public health guidance were communicated throughout the year to support informed decision-making and ongoing infection prevention measures.

No reportable adverse reactions or side effects relating to COVID-19 vaccination were identified among residents during 2025.

### IPC Training and Education Programme for Staff in 2025

IPCC achieved 100% training compliance across all clinical and non-clinical staff. All new staff completed HSeLand training module which formed a strong base to start their jobs in the units. This was supplemented by a 120 min session on Infection Prevention Control, on Day One of the induction programme which included topics on hand hygiene, standard precautions, safe use of chemicals, waste management and transmission-based precautions.

Furthermore, staff were encouraged to read the policies on Infection Prevention and Control to strengthen their knowledge on in house IPC practices. Ongoing support and guidance were delivered through one-to-one training in staff work areas, enabling a stronger understanding of managing practical, real-life scenarios.

### Review of Goals 2025

Goals	Outcome	Comments
Conduct annual IPC Tabletop Drill, Simulate outbreak response (e.g. flu or norovirus) with multidisciplinary involvement.	Achieved	One multidisciplinary IPC tabletop exercise was conducted during 2025 to support outbreak preparedness and emergency response planning.
Strengthen Flu preparedness, implement early masking protocols in high-risk areas based on risk assessment.	Achieved	Enhanced IPC precautions, including masking and outbreak control measures, were implemented during periods of increased respiratory infection risk.

<p>Develop and maintain RTF (Resident Treatment File) charts for all eligible residents by October to ensure rapid initiation of Tamiflu prophylaxis.</p>	<p>Achieved</p>	
<p>Increase staff flu vaccination uptake by 20%, supported by a peer-to-peer campaign, accessible clinics, and educational materials.</p>	<p>Achieved</p>	<p>Staff influenza vaccination uptake increased significantly from 15% in 2024 to 43% in 2025 following implementation of the Peer Vaccination Programme and staff awareness initiatives.</p>

**Goals for 2026**

- Conduct two multidisciplinary Infection Prevention and Control tabletop exercises during 2026 to test outbreak preparedness, communication pathways, escalation processes, and emergency response procedures across the service.
- Increase staff influenza vaccination uptake from 43% in 2025 to at least 50% by the end of the 2026 vaccination campaign through continued Peer Vaccination initiatives, education, and improved access to vaccination.
- Maintain resident influenza vaccination uptake at or above 85% during the 2026 vaccination programme.
- Complete quarterly Infection Prevention and Control audits across all units, with action plans developed and monitored for any identified deficits.
- Strengthen Infection Prevention and Control auditing processes by introducing regular audits of laundry management procedures carried out by both clinical and non-clinical staff, focusing on compliance with linen segregation, storage, transport, handling, and infection prevention practices.

**Standard 3.4: Each resident is protected through the residential services' policies and procedures for medicines management.**

Orwell Healthcare promotes a safe and transparent medication management culture that encourages open reporting, learning, and continuous quality improvement. A no-blame approach to medication incident reporting continues to support staff in identifying and escalating medication-related concerns appropriately.

All registered nurses working within Orwell Private are required to complete mandatory e-learning in medication management prior to participating in medication administration practices. Nursing staff also undergo regular medication management competency assessments to ensure safe practice and compliance with professional and organisational standards.

The Electronic Medication Administration Record (eMAR) system continued to be used throughout Orwell Private during 2025, supporting improved medication safety, documentation, oversight, and accountability.

Medication management audits were carried out regularly throughout the year and included review of:

- controlled drugs management,
- medication storage,
- prescribing practices,
- transcribing,
- medication administration and disposal procedures.

The organisational compliance target for medication management audits in 2025 was 95%, with an average compliance score of 96% achieved, compared with 94% in both 2024 and 2023.

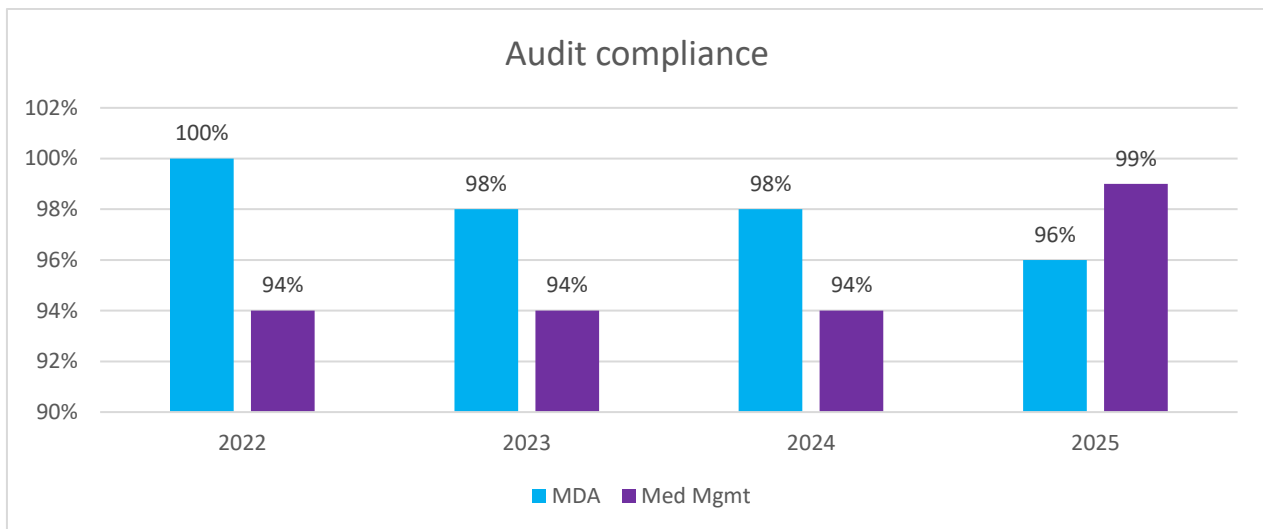
Controlled drug documentation, storage, and administration practices achieved 99.4% compliance during 2025, compared with 98% in 2024 and 2023, demonstrating continued strong governance and oversight in this area.

The medication error target for 2025 was to maintain medication errors below 2.4% per 1,000 bed days. All units remained significantly below this target:

Unit	% of error per 1000 bed days
Orwell	0.4
Elgin	0.4
Raglan	0.7

No medication errors during 2025 required referral to the Nursing and Midwifery Board of Ireland (NMBI) regarding fitness to practise concerns.

### Medication Management Audits



### Review of Goals for 2025

Goals	Outcome	Comments
To continue to reduce medication errors to below 2.4% per 1000 bed days (HSE KPI target.	Achieved	The average medication error rate reduced from 0.87 per 1,000 bed days in 2024 to 0.4 in

		2025, remaining significantly below the HSE KPI target.
Eliminate transcription errors by strengthening MAR sheet checking, dual-signature verification, and pharmacist review.	Partially Achieved	Improvements were noted in medication transcription practices; however, ongoing monitoring and auditing remain necessary to further reduce risk.
Restore Controlled Drug Audit Compliance to 100%.	Partial Achieved	Orwell and Elgin achieved 100% compliance, while Raglan achieved 99% compliance during 2025.

### Goals for 2026

- Maintain medication error rates below 2.4 per 1,000 bed days across all units throughout 2026.
- Reduce medication transcription errors to zero through strengthened dual-signature verification, pharmacist oversight, and regular MAR/eMAR audits.
- Maintain 100% nursing staff compliance with medication management training and competency assessments.
- Achieve zero serious harm medication incidents during 2026 through ongoing staff education, competency assessments, and prompt incident review processes.

Standard 3.5: Arrangements to protect residents from harm promote bodily integrity, personal liberty, and a restraint-free environment in accordance with national policy.

Orwell Private continues to promote a restraint-free environment in line with the national policy Towards a Restraint Free Environment in Nursing Homes. The rights, dignity, independence, and personal liberty of residents remain central to all decision-making relating to restrictive practices.

Restrictive practices are only considered as a last resort, following comprehensive assessment and after all alternative measures have been explored. Where restraint is

required, the least restrictive option is used for the shortest possible duration, with ongoing review and monitoring to ensure continued necessity, safety, and proportionality.

The use of restrictive practices is regularly reviewed as part of residents' care planning and multidisciplinary review processes, including four-monthly care plan reviews. Residents and/or their representatives are involved in decision-making processes where appropriate.

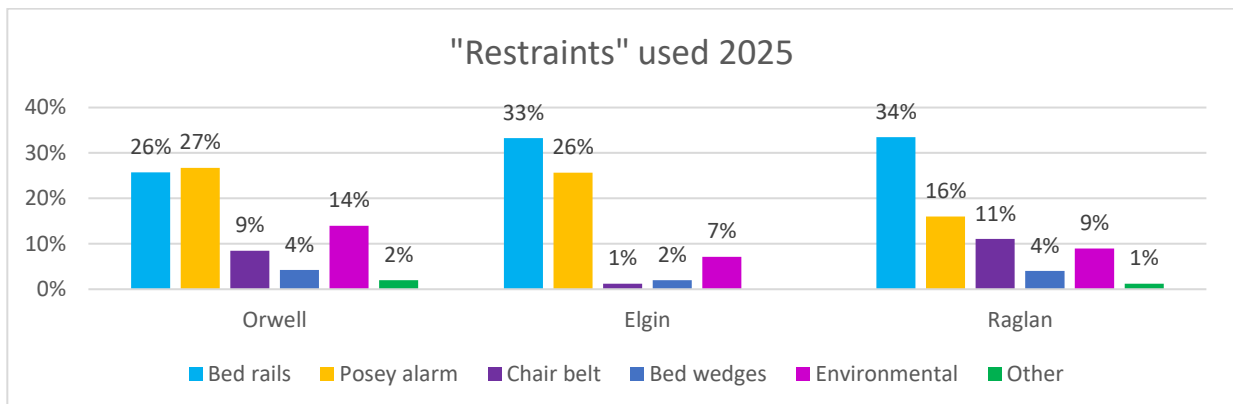
Restrictive practices used within Orwell Private during 2025 included:

- Bedrails with bumpers
- Posey alarms
- Chair belts
- Bed wedges
- Environmental restraints such as door locks
- and, on occasion, chemical restraint as part of clinical management and risk reduction strategies.

Many interventions, such as bedrails, alarms, and chair supports, were also used as enabling measures to support resident safety, mobility, independence, and risk reduction rather than restriction alone.

The organisation continued to focus on reducing restrictive practices through person-centred care approaches, environmental supports, staff education, falls prevention strategies, and ongoing review of residents' assessed needs and risks.

The following chart shows the average use of different types of restraints and enablers in the centre in 2025:



## Breakdown of the average use of restrictive practices

The use of restrictive practices continued to be closely monitored throughout 2025, with ongoing emphasis placed on minimising restraint use and promoting alternative, less restrictive approaches wherever possible.

The average use of restrictive practices during 2025 was as follows:

- Bedrails with bumpers were used as enabling supports for 31% of residents, compared with 29% in 2024 and 34% in 2023.
- Posey alarms were used for 23% of residents, compared with 21% in 2024 and 19% in 2023.
- Chair belts used during transfers as enabling supports were utilised for 7% of residents, reduced from 14% in 2024 and 13% in 2023.
- Bed wedges were used for 3% of residents, consistent with 2024 levels.
- Environmental restraints, including door locks, were used for 10% of residents, consistent with 2024 and reduced from 13% in 2023.

The reduction in certain restrictive practices, particularly chair belt use, reflects the organisation's continued focus on person-centred care, mobility support, falls prevention strategies, and ongoing review of alternative interventions to support residents' safety and independence.

## Review of Goals for 2025

Goals	Outcome	Comments
Continue to reduce the use of chemical restraints to <2%	Achieved	No chemical restraint use was recorded during 2025.
Introduce a structured restrictive practice workshop for new nursing staff	Achieved	Restrictive practice education was included within staff training and induction processes
Conduct bi-annual multidisciplinary review of all restrictive practices in	Achieved	Multidisciplinary reviews of restrictive practices

place, led by the Physiotherapist and Occupational Therapist, by Q4 2025.		continued throughout the year
Improve the accuracy and consistency of restraint release documentation across all units, day and night.	Partially Achieved	Improvements were noted in documentation practices; however, ongoing auditing and staff education remain necessary to achieve full consistency.

**Goals for 2026**

- Maintain chemical restraint use below 2% throughout 2026 through ongoing multidisciplinary review and person-centred behavioural support strategies.
- Conduct formal biannual multidisciplinary reviews of all restrictive practices involving Physiotherapy, Occupational Therapy and Nursing staff during 2026.
- Achieve 95% compliance in restraint release documentation and monitoring audits across all units by Q4 2026.
- Continue to reduce the use of restrictive practices through alternative interventions, environmental supports, falls prevention strategies, and person-centred care planning.

**Standard 3.6: Each Resident’s personal property and finances are managed and protected.**

Orwell Private continued to ensure that residents’ personal property and finances were managed safely, securely, and transparently throughout 2025.

Safes are provided within residents’ bedrooms to support the secure storage of personal belongings and valuables. Where required, residents’ monies are managed securely within the company safe, with all financial transactions documented both manually and electronically through Care Monitor™.

Comprehensive records are maintained for all financial transactions and movements relating to residents’ accounts. These records are subject to twice-yearly audits by the Finance Department to ensure accountability, transparency, and compliance with organisational

procedures. Audits completed during 2025 confirmed that all monies and belongings reviewed were fully accounted for and appropriately managed.

During 2025, Orwell Private acted as pension agent for three residents. All pension-related transactions were processed through a separate designated account, with full financial records maintained and monitored through Sage Accounts systems.

# Theme 4: Health & Wellbeing: Promotion of Health and Wellbeing

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Standard 4.1: The health & wellbeing of each resident is promoted, and they are given appropriate support to meet any identified healthcare needs.

Residents within Orwell Private are supported to maintain and promote their health, wellbeing, independence, and quality of life through access to a wide range of healthcare services and multidisciplinary supports.

Residents have access to services including physiotherapy, occupational therapy, dietetics, dental care, optician services, aural care, pharmacy support, and General Practitioner (GP) services. Baseline and post-fall physiotherapy assessments are provided, with additional physiotherapy interventions arranged where required. Residents are referred promptly to appropriate healthcare professionals and specialist services following assessment of identified healthcare needs.

Residents may choose to retain the services of their own GP and pharmacist if they wish. Cara Pharmacy continued to provide pharmacy services to Orwell Private during 2025, with pharmacist support available to residents as required.

## Annual Review of Falls

Falls prevention continued to remain a significant focus throughout 2025 as part of the organisation's commitment to resident safety, quality of life, and health promotion. Residents in long-term care settings are at increased risk of falls and associated injuries due to frailty, mobility impairment, cognitive decline, and complex healthcare needs.

The organisational goal for 2025 was to maintain falls rates below 7 falls per 1,000 bed days, in line with national benchmarking standards for rehabilitation and long-term care services.

The average falls rate during 2025 was 6.2 falls per 1,000 bed days, compared with 7.3 in 2024. This represents a reduction of approximately 15%, reflecting continued improvement

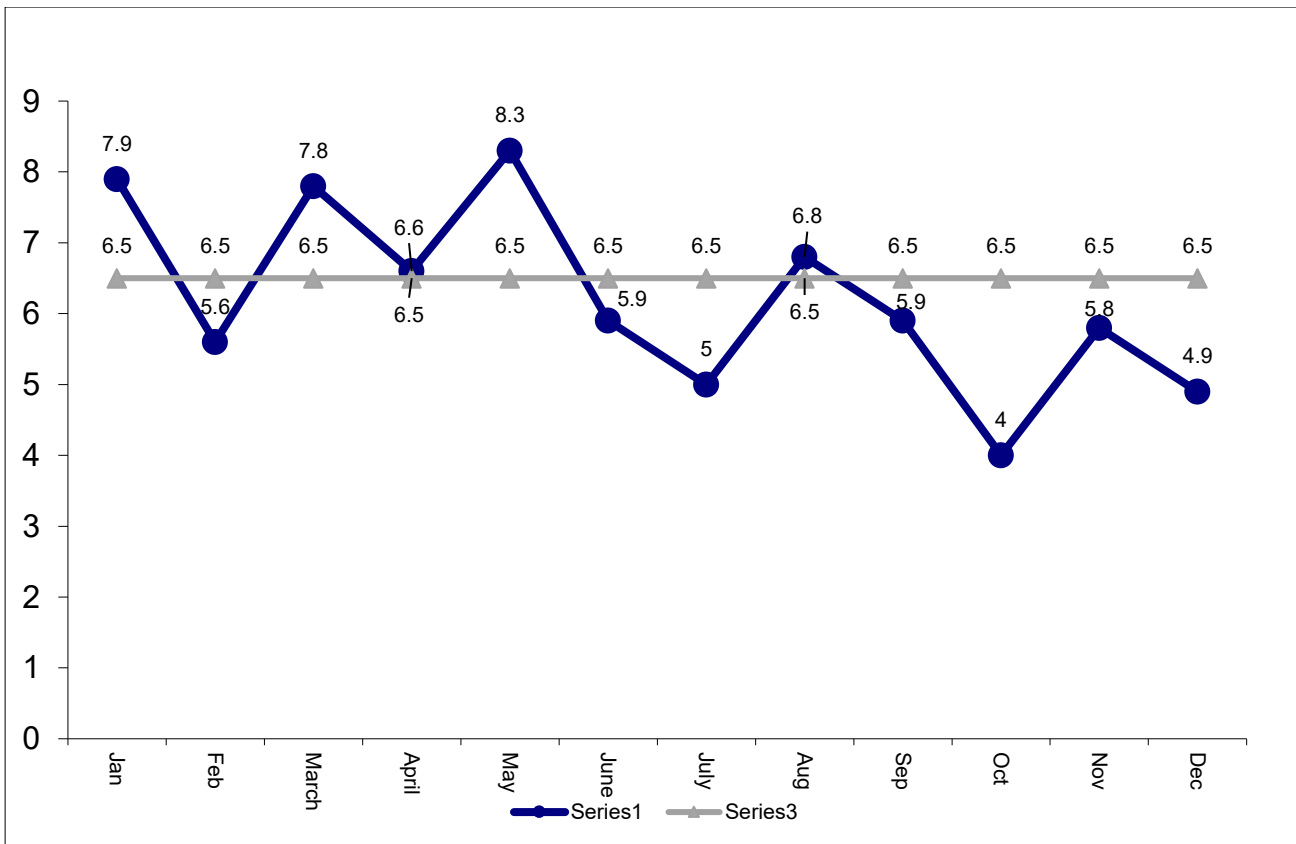
in falls prevention measures, risk assessment processes, environmental safety, multidisciplinary review, and staff awareness initiatives.

Falls prevention strategies throughout 2025 included:

- regular falls risk assessments
- physiotherapy review and intervention
- post-fall analysis and monitoring
- environmental safety reviews
- review of restrictive practices
- ongoing staff education regarding falls prevention and safe mobility support.

Continuous monitoring of falls trends and outcomes remained in place throughout the year to support early intervention and ongoing quality improvement initiatives.

Run Chart 2025



## Serious Fall-Related Injuries

Reducing serious fall-related injuries continued to be a key quality and resident safety objective throughout 2025.

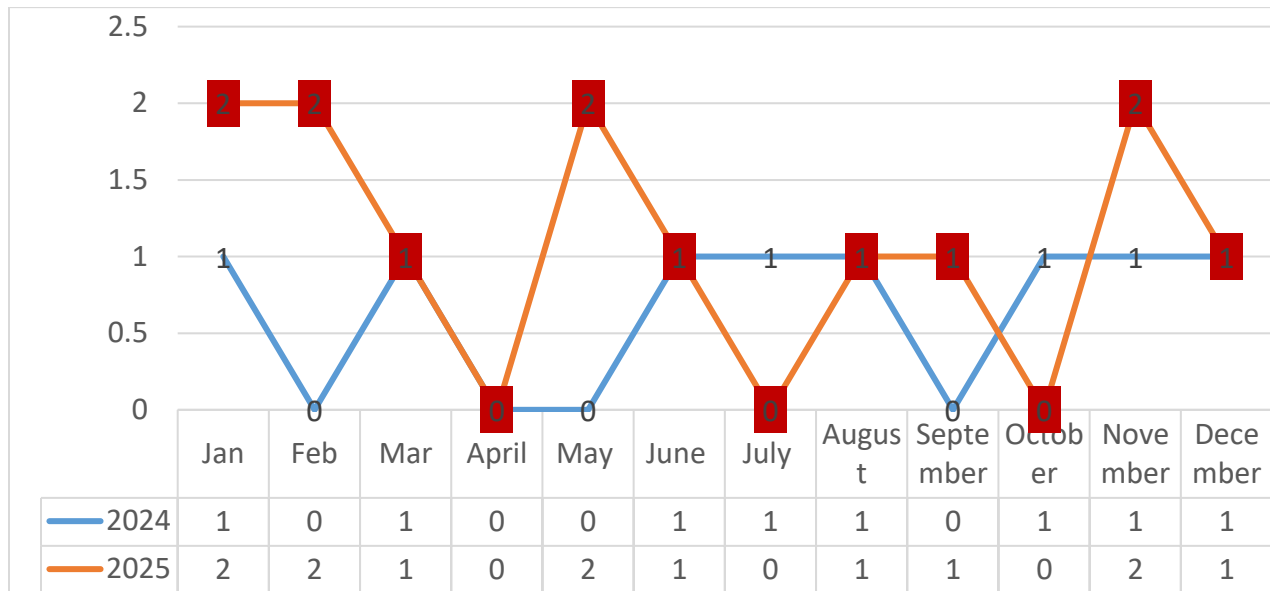
During 2025, 3.5% of falls resulted in fractures, with a total of 13 fractures recorded during the year. This included 3 hip fractures, representing the most serious category of fall-related injury.

The organisational quality goal for 2025 was to reduce serious fall-related injuries to below 2%. While this target was not achieved, fracture rates remained broadly in line with national averages reported within similar long-term care settings.

All serious falls and fractures continued to undergo multidisciplinary review and post-fall analysis to identify contributing factors, implement preventative strategies, and reduce the risk of recurrence. Interventions included:

- physiotherapy and mobility review,
- environmental safety assessments,
- medication review,
- falls risk reassessment,
- equipment review,
- and care plan updates where required.

Falls trends and serious injury outcomes continued to be monitored through governance meetings and quality improvement processes throughout the year.



**Review of Goals 2025**

Falls prevention plan 2025	Outcome	Comments
Achieve a fall rate of ≤7 per 1000 bed days, aligning with best practices for fall prevention.	Achieved	The average falls rate reduced from 7.3 in 2024 to 6.2 in 2025, reflecting continued improvement in falls prevention measures.
Monitor and review falls within 48 hours, ensuring timely intervention and root cause analysis.	Partially achieved	Falls reviews and post-fall analysis continued throughout 2025; however, some reviews were not consistently completed within the targeted timeframe.
Reduce serious fall-related injuries to below 2%.	Not achieved	Serious fall-related injuries remained above the organisational target during 2025 despite continued falls prevention initiatives and multidisciplinary review processes.
Continue with physical activity strengthening/balance training	Achieved	Physiotherapy-led mobility, strengthening, and balance

sessions with the physiotherapist.		programmes continued throughout 2025 to support falls prevention and resident mobility.
To reduce nighttime falls, enhanced supervision will be provided for residents at higher risk, including positioning staff near their rooms during the night shift. Night-time medications will be reviewed and, where appropriate, administered after the resident is settled in bed to reduce the risk of medication-related falls. Continence care regime will also be optimised to limit unsupervised movement during the night.	Partially achieved	In 2025, night-time falls represented an overall 36.7% of all incidents (39% in 2024), and the majority of these occurred in the bedroom (71%), highlighting the continued importance of targeted nighttime supervision and environment-based fall-prevention measures.

**Goals 2026**

- Achieve and sustain a falls incidence rate of ≤6.5 falls per 1,000 bed days throughout 2026 through ongoing multidisciplinary falls prevention initiatives and environmental risk reduction measures.
- Monitor and review falls data monthly to identify trends, high-risk areas, and opportunities for targeted interventions and quality improvement.
- Ensure 100% of falls receive a documented post-fall review within 48 hours, including multidisciplinary input, and individualised falls reduction plans.
- Achieve a minimum 15% reduction in hip fractures resulting from resident falls compared with 2025 baseline data by 31 December 2026.
- Continue physiotherapy-led strengthening, mobility, and balance programmes for residents identified at increased risk of falls.
- Reduce nighttime falls through enhanced supervision, review of medication timing, and optimisation of continence care plans for residents at higher falls risk.

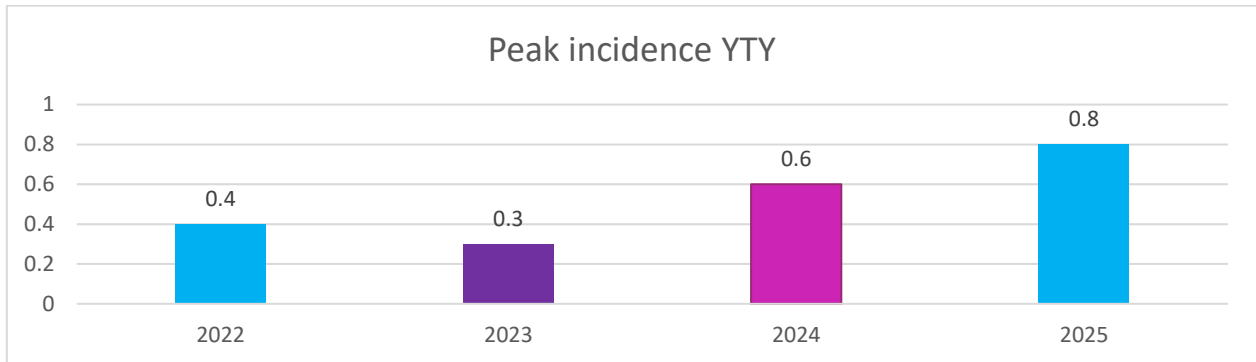
### Pressure Ulcers and Skin Care

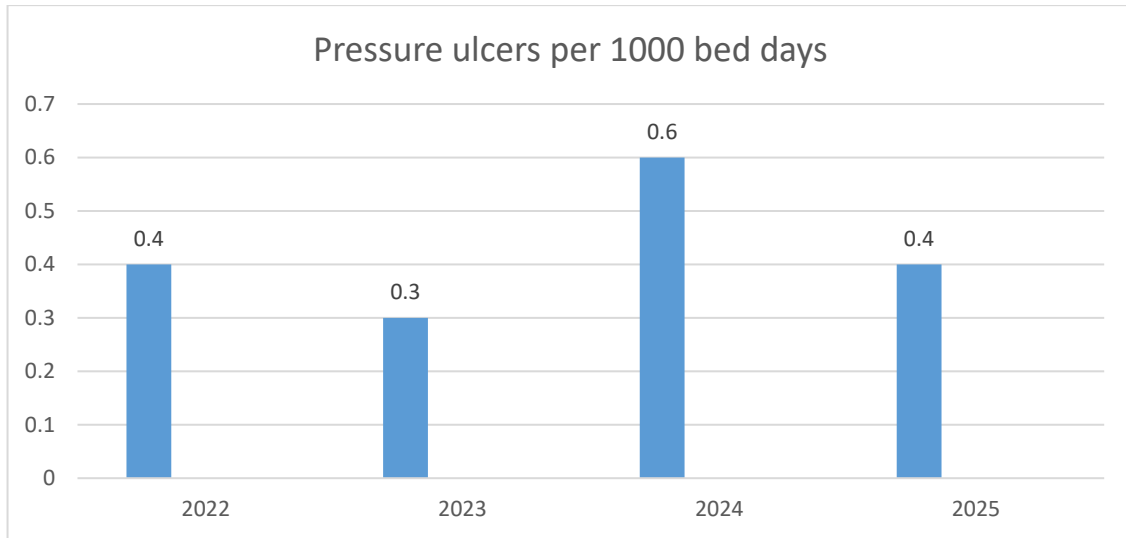
Pressure ulcer prevention and skin integrity management remained a key clinical priority throughout 2025. Clinical Nurse Managers continued to monitor pressure ulcer incidence, maintain oversight of wound care management, and support implementation of preventative skin care interventions across all units.

The primary quality indicator used to measure performance in pressure care is pressure ulcer incidence, calculated as the number of residents who develop a new pressure ulcer divided by 1,000 bed days.

The organisational target for 2025 was to maintain pressure ulcer incidence at or below 1 per 1,000 bed days.

In 2025, the pressure ulcer incidence rate was 0.4 per 1,000 bed days, remaining within the organisational target and broadly consistent with 0.3 in 2024. The peak incidence recorded during 2025 was 0.8, compared with 0.6 in 2024 and 0.9 in 2023.





**Review of Goals 2025**

Goals 2025	Achievement	Comment
To aim for pressure ulcers incidence per 1000 bed days to $\leq 1$	Achieved	Pressure ulcer incidence remained within target during 2025, with the average peak incidence recorded at 0.8 per 1,000 bed days.
Improve the reporting and recording of different categories of wound	Partially Achieved	Improvements were noted in wound documentation and categorisation; however, ongoing auditing and staff guidance remain necessary to ensure consistency.
Development of a lesson plan for nurses on the management of skin integrity changes. Training set to commence in Q2 of the year	Achieved	A structured lesson plan and educational resources were developed, and skin integrity training commenced during 2025.

**Goals 2026**

- Maintain pressure ulcer incidence below 1 per 1,000 bed days throughout 2026

through ongoing skin integrity monitoring, preventative interventions, and multidisciplinary review.

- Achieve zero avoidable Stage 3 and Stage 4 pressure ulcers during 2026 through early risk identification, timely intervention, and enhanced pressure care management.
- Deliver competency-based wound care and skin integrity training to 100% of nursing staff by Q4 2026, including practical and case-based learning sessions.
- Conduct a full audit of all pressure-relieving mattresses across all units by Q4 2026 to assess condition, functionality, and suitability for residents' assessed needs.
- Replace or upgrade any pressure-relieving mattresses identified as ineffective, damaged, or unsuitable following completion of the mattress audit.

## Multi-Disciplinary Team Report (MDT)

### Long Term Care

The role of the Multidisciplinary Team (MDT) within Orwell Private is to provide coordinated, person-centred care that supports residents with complex, chronic, and age-related healthcare needs. MDT collaboration supports the development of individualised care plans aimed at improving resident outcomes, safety, independence, and overall quality of life.

During 2025, MDT services were provided following referral from the Director of Nursing or Clinical Nurse Managers based on residents' assessed needs.

Private physiotherapy sessions were also available to residents' following agreement with residents and families.

Physiotherapists played an active role in organising and sourcing equipment through Fannin Healthcare, including:

- mobility aids,
- transit wheelchairs,
- shower chairs,
- slings,
- and specialised wheelchairs.

As part of the Falls Reduction Programme, physiotherapists facilitated weekly balance and strengthening exercise classes for mobile residents. Resident progress was monitored through outcome measures, falls trend analysis, and resident feedback. Residents identified as wandering or at increased falls risk also received individual physiotherapy sessions and ongoing education regarding mobility safety and awareness.

Additional physiotherapy involvement during 2025 included:

- sling reviews,
- footwear assessments,
- provision of grip socks,
- and participation in restrictive practice audits in collaboration with the Deputy Director of Care.

Plans for 2026 include expanding the Falls Reduction Programme, increasing MDT involvement in resident safety initiatives, and completing additional equipment reviews and audits as directed by the Deputy Director of Care.

### Elgin Convalescence Unit (ECU)

The Elgin Convalescence Unit (ECU), comprising 13 beds, continued to provide short-term convalescence, respite, and rehabilitation services throughout 2025.

Physiotherapy services were available Monday to Saturday, with physiotherapists working closely with residents to establish rehabilitation goals, deliver treatment programmes, and support discharge planning, including onward referrals and recommendations for continued care at home.

Due to increasing demand for respite services, physiotherapy supports were also extended to residents within the long-term care units where required.

During 2025, physiotherapists delivered over 3,000 physiotherapy sessions to ECU residents, reflecting the high level of rehabilitation activity and support provided throughout the year.

The typical ECU caseload included residents in the early subacute stages of recovery following:

- joint replacement surgery,
- spinal surgery,
- abdominal or cardiovascular procedures,
- falls-related admissions,
- and older adults experiencing reduced mobility or deconditioning.

Occupational Therapy services are provided on a referral basis. These may include home visits, preparation of reports to support applications for housing adaptation grants, and the prescription of clinically essential aids and appliances.

### Acquired Brain Injury Unit

The Acquired Brain Injury (ABI) Unit continued to provide specialised interdisciplinary neuro-rehabilitation services throughout 2025 for residents living with acquired brain injuries. The service focuses on supporting residents to maximise independence, improve functional ability, and enhance quality of life through individualised rehabilitation programmes.

The Multidisciplinary Team (MDT) within the ABI service includes:

- Physiotherapists,
- Occupational Therapists,
- Rehabilitation Assistants,
- and visiting specialists including Speech and Language Therapy (SLT) and Psychology services.

Therapy programmes are funded either privately or through HSE-supported services, with the number and frequency of therapy sessions determined according to residents' assessed needs and agreed therapy allocation.

All Physiotherapy and Occupational Therapy sessions provided within the ABI Unit continued to be documented daily on Care Monitor. Visiting therapists communicated recommendations and intervention updates to the Deputy Director of Care, who acted as the MDT lead throughout 2025.

Physiotherapy interventions remained goal-focused and person-centred, supporting residents to work towards areas of functional improvement identified in collaboration with their therapists. During 2025, additional monitoring of therapy attendance and participation was introduced to support review of therapy allocation, resident engagement, and overall satisfaction with rehabilitation services provided.

The ABI MDT continued to work collaboratively throughout 2025 to support residents' rehabilitation goals, safety, independence, and participation in daily life activities.

Standard 4.2: Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.

Standard 4.3: Each resident experiences care that supports their physical, behavioural, and psychological wellbeing.

Meaningful activities and social engagement continued to play an important role in promoting residents' wellbeing and quality of life throughout 2025.

Residents were supported to participate in a wide range of group and individual activities tailored to their interests, abilities, and preferences. Activities included arts and crafts, music sessions, exercise and movement programmes, reminiscence activities, religious services, outings, gardening, quizzes, sensory activities, therapy dog visits, and seasonal events.

Activity timetables continued to be displayed throughout the centre and were reviewed every three months to ensure activities remained meaningful, accessible, and responsive to residents' changing needs and preferences.

The Activities Team continued to complete audits of residents' "It's All About Me" profiles and activity care plans on Care Monitor to support person-centred engagement. These profiles assist staff in understanding residents' interests, backgrounds, routines, and preferences, while also supporting meaningful interaction and personalised activity planning for both existing and newly admitted residents.

## Marquee

Each year, we host a series of special events in our large garden marquee to mark Easter and Christmas. Spanning approximately 12 days, these celebrations feature a lively programme of activities and consistently draw strong attendance from residents and their families. The marquee celebrations feature a lively and varied programme designed to promote joy, engagement, and community spirit. Highlights include performances by external entertainers, such as local musicians, choirs, dance groups and school performances which always receive an enthusiastic response from attendees.

We also celebrate the incredible talents within our own team. Staff members actively contribute by organising talent shows and interactive games, creating a fun and inclusive atmosphere. This year we've proudly introduced a staff art exhibition, showcasing paintings, and creative crafts made by staff and residents.

## Exercise and Falls Reduction Activities

Exercise and mobility promotion remained an important focus throughout 2025. "Fit for Life", movement-to-music sessions, balance exercises, walking clubs, and physiotherapy-supported activities were held regularly across the units to encourage mobility, strength, balance, and social participation. Weekly movement-to-music sessions continued in collaboration with external facilitators.

## Music and Entertainment

Music continued to be a central part of life within Orwell Private, with daily and weekly live music sessions taking place throughout the centre. Residents enjoyed performances from internal musicians, visiting entertainers, volunteers, choirs, orchestras, and community groups. Partnerships with Dublin City Council also continued to support music and cultural events during the year.

## Therapy Dog and Sensory Activities

Therapy dog visits remained extremely popular among residents during 2025. Regular visits from therapy dogs and their handlers provided companionship, emotional support, sensory

stimulation, and social interaction for residents across all units. Additional aromatherapy and sensory-based activities were also expanded throughout the year, particularly to support residents living with dementia. Work has also commenced on reviewing and enhancing the sensory room to further improve the therapeutic environment and ensure it continues to meet the evolving needs of residents.

### Religious and Pastoral Support

Residents continued to have regular access to religious services, spiritual support, rosary sessions, pastoral care, and community faith representatives. Mass continued to be celebrated multiple times weekly, alongside Church of Ireland services and other pastoral supports based on residents' wishes and preferences.

### One-to-One Activities

One-to-one activities continued to be provided by both Activities Staff and Healthcare Assistants for residents who preferred individual engagement, required companionship, or were unable to participate in larger group activities. During 2025, additional strategies were introduced to increase meaningful engagement with residents who attended fewer organised activities, with positive outcomes observed. Dementia-specific resources, including fidget blankets, sensory items, and therapeutic activity materials, were procured for each unit to support residents, particularly during evening periods when no formal activities are scheduled. These resources have provided additional comfort, stimulation, and opportunities for meaningful occupation. Support from organisations such as ALONE and Age Action Ireland also continues to provide companionship and social support for residents who may benefit from additional interaction and engagement.

### Resident Meetings and Feedback

Resident meetings continued throughout 2025, providing residents with opportunities to discuss concerns, suggestions, activities, dining experiences, and quality of life within the service. Resident Committee meetings also continued during the year to further support resident participation and consultation.

Activities audits and resident satisfaction feedback continued to inform activity planning and

quality improvement throughout the year.

### Seasonal Events and Community Engagement

A wide range of seasonal and community events took place throughout 2025, including celebrations for Valentine’s Day, St Patrick’s Day, Easter, summer events, Halloween, Christmas, and Nursing Home Week. Outdoor entertainment, marquee events, visits from local schools and colleges, community volunteers, and intergenerational activities continued to support community engagement and social inclusion for residents.

Residents also continued to participate in civic and cultural activities during the year, including voting in the Presidential Election and participating in Irish language meetups, food-themed events, flower arranging sessions, and educational presentations.

### Review of Goals 2025

<b>Goal</b>	<b>Achieved</b>	<b>Comment</b>
Continue providing meaningful activities based on person-centred care.	Achieved	A wide range of individual and group activities continued throughout 2025 based on residents’ interests, preferences, and abilities.
Encourage residents to make use of the sensory room.	Not Achieved	Greater focus was placed on delivering aromatherapy and relaxation activities within units to increase accessibility for more residents
Continue with monthly Pub evenings and Tea parties	Achieved	Pub nights continued on a bi-monthly basis throughout 2025, while tea party activities continued monthly.

Ensure “ <i>It’s All About Me</i> ” and Activities plan for residents is up to date and reviewed frequently.	Achieved	<ul style="list-style-type: none"> <li>• “<i>It’s all about me</i>” completed within 2 weeks of resident’s arrival.</li> <li>• “<i>Activities plan</i>” reviewed every 4 months.</li> </ul>
Introduce a wider variety of music to enhance resident engagement and enjoyment during activities.	Achieved	A broad range of music sessions, entertainers, musicians, choirs, and community performers participated throughout 2025.
Residents are part of the planning of activities and are encouraged to make suggestions to new activities and their schedule during Residents’ meetings and Residents’ committee meetings	Achieved	Resident meetings and Resident Committee meetings were completed throughout 2025, supporting resident participation in activity planning.

## Goals 2026

- Reintroduce and fully restock sensory boxes within all units by Q2 2026 to support sensory stimulation, dementia care, and individualised engagement activities.
- Develop and implement a structured annual outings and community engagement programme by Q2 2026, with the aim of increasing resident participation in external outings and community activities.
- Introduce the “Music for the Soul” initiative by Q2 2026, supporting weekly resident participation in a community choir programme at Ballyroan Community Centre.
- Introduce at least one new themed or “Mystery Activity” session each week during 2026 to promote variety, social engagement, and resident participation.
- Develop and complete an intergenerational art project for participation in the Bealtaine Festival by May 2026.
- Increase Tea Party events from once monthly to twice monthly throughout 2026 to

promote social interaction and resident engagement.

- Increase the number of flowers arranging, gardening, arts, and crafts sessions available throughout 2026, including incorporation into one-to-one and themed activity programmes.
- Continue to organise and expand seasonal and special events programmes, including Easter and Christmas marquee events, to support resident wellbeing, enjoyment, and community participation.

# Theme 5: Leadership, Governance & Management

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Standard 5.1: The residential service performs its functions as outlined in the relevant legislation, regulations, national policies, and standards to protect each resident and promote their welfare.

Standard 5.2: The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.

Orwell Private has clearly defined and accessible governance arrangements that outline lines of authority and accountability, stipulate individual accountability, and clearly define roles and responsibilities across the organisation. The governance structure supports the delivery of safe, effective, person-centred care and promotes a culture of continuous quality improvement.

The Person in Charge works closely with the Registered Provider and the Medical Director and reports to the Board of Directors of Orwell Healthcare every two months. The Director of Care/Person in Charge chairs the Clinical Governance Meetings, while the Medical Director has oversight of governance systems including record keeping, data protection, and clinical governance processes.

The Person in Charge leads both the clinical management team and the non-clinical management team, which includes the Activities, Facilities, Accommodation, Kitchen, Education, Catering, Human Resources, and Administration Departments, and also fulfils the role of Health and Safety Officer. The Chief Financial Officer oversees the Accounts Department and acts as Data Protection Officer. The multidisciplinary team is led by the Deputy Director of Care.

Management arrangements are in place to:

- Achieve planned service objectives effectively and efficiently.
- Assure that the service is safe, appropriate, consistent, and effectively monitored.

- Maintain an established risk management framework, with risks reviewed regularly at departmental, management, and staff meetings, and the risk register updated routinely by the Health and Safety Officer/Person in Charge.
- Ensure the Statement of Purpose meets regulatory requirements and accurately reflects the day-to-day operation of the nursing home. The Statement of Purpose is reviewed and revised in line with regulatory requirements and updated when necessary.
- Support a programme of regular audits to assess, evaluate, and improve service provision systematically in order to achieve the best possible outcomes for residents.

Clinical governance meetings are held quarterly, while non-clinical governance meetings are held bi-annually or tri-annually. Governance meetings incorporate all departments and disciplines within Orwell Private. In addition, the Clinical Governance Committee meets monthly to review audit findings, monitor implementation of actions, and evaluate key quality indicators.

Key quality indicators reviewed include:

- Falls
- Restraints (physical, environmental, and chemical)
- Pressure sores
- Infections
- Residents on antibiotics, psychotropics, and oral nutritional supplements
- Infectious outbreaks
- Influenza and pneumonia
- Elopement
- Responsive behaviour episodes
- Manual handling incidents involving residents, staff, and visitors
- Residents receiving PEG feeding or using urinary catheters
- Health and safety incidents
- Medication errors
- Complaints
- Safeguarding concerns

- HIQA notifications
- Deaths and hospital transfers

The Clinical Governance Committee is guided by seven core pillars:

- Patient and public involvement
- Risk management
- Clinical audit
- Staffing and staff management
- Education, training, and continuing professional development
- Clinical effectiveness programmes
- Use of quality information to improve care

During 2025 and into 2026, Orwell Healthcare further strengthened its governance and quality systems through the development of a Continuous Quality Improvement (CQI) framework designed to provide greater structure, consistency, and measurable improvement across services. The framework aligns with existing governance arrangements and supports proactive risk management, regulatory readiness, and evidence-based quality improvement initiatives across both Orwell Private and Garville Private.

### Policy development

It is desirable that there is a standard approach to policy development, review, and layout, considering the Health Information and Quality Authority (HIQA) requirements and standards and those of other statutory bodies. In Orwell Healthcare, there is a standard operating procedure to aid policy review and development, which continued throughout 2025. We also engaged external experts, including *Nursing Matters*, to support the review and validation of key policies, ensuring they reflect best practice and current regulatory expectations. The policy review process is managed through the internal document management system, the Orwell Knowledge Library. The assigned owner of each policy is automatically notified when a policy is due to expire within the upcoming 30 days, ensuring reviews are completed in a timely manner. Following review, the updated Word version of the policy is submitted to the Personal Assistant (PA), who forwards the document to the Director of Care for further review. Once this stage is completed, the document is returned to the PA for formatting and

quality checks prior to submission to the Board of Directors for final approval and authorisation.

# Theme 6: Use of Resources

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Standard 6.1: The use of available resources is planned and managed to provide person-centred effective and safe services and supports to residents.

Safes are provided in each of the residents' rooms for their personal property.

If required, residents' money is kept in the company safe. Physical records are maintained of any movements on the account balance and updated on Care Monitor™.

The method of record keeping for resident's money kept in the Company safe is recorded on a separate page for each resident. This ensures the audit trail is more transparent and the data is kept confidential.

These records are subject to a twice-yearly audit by the Finance Department. During the audits completed in 2025, all belongings were accounted for and in order.

## Contracts of Care and Residents Billing

All Contracts of Care were reviewed during the year for legislative compliance. The Tariff sheets were updated and are included in the Contracts of Care.

Monthly statements and invoices are sent to residents, outlining their daily nursing home fee rates and any extra charges for services, if applicable. The company's preference is for Residents to pay their monthly charges by Direct Debit, but they have the option to pay by other means if requested.

## Purchasing

Purchases are made through reputable companies, and three quotes are sourced where practical, to ensure value for money. The Purchase Order module is used for most purchase orders and purchase invoices are reconciled, matched and approved before payment. The Purchase Order module ensures clear visibility over purchase order approval and delivery. This module is interfaced with the Sage Accounts package, Sage50, using the same supplier details and the relevant Purchase Order number. Supplier invoices are maintained in

softcopy only. Supplies purchased on a resident’s behalf are agreed upon in advance with the resident and charged on the monthly statements.

**Review of Goals for 2025**

Goal	Achieved	Comment
Review of suppliers to ensure continued value for money and mitigate against price increases	Achieved	Suppliers were changed when necessary to ensure best price.

**Goals for 2026**

- Review and negotiate with suppliers to ensure continued value for money and mitigate against price increases.

**Data Protection**

The Data Protection Governance Committee continued to oversee the compliance with GDPR legislation in 2025. Relevant Policies and SOPs were reviewed and updated as required to ensure compliance. Data access and storage was monitored, and archiving was completed in line with policies.

All consent forms were included with the Contract of Care for ease of access, including Consent Forms on Record Sharing, Accounts and Photographs / Images.

Contracts of Care and Consent Form audits were performed monthly in 2024 and followed up as necessary with further detailed compliance audits being completed quarterly in 2025.

All Data Protection incidents and Data Breach reports were recorded. There were no Data Breaches to be reported to the Data Protection Commission in 2025.

**Goals for 2026**

- Data Protection reviews and audits to ensure continued GDPR compliance.

# Theme 7: Responsive Workforce

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## Standard 7.1: Safe and effective recruitment practices are in place to recruit staff.

The Human Resources (HR) Department are a support function within Orwell Healthcare and have a key role in driving Orwell's strategic priorities and goals. HR has achieved progress in attracting talent for clinical, operational and management roles. There have been developments in recruitment, learning and development, enhancements to the work environment and overall operational efficiencies.

We continue to focus on collaboration and the creation of partnerships across the business and externally with links built with several Colleges of Further Education in Dublin.

The aim for HR in 2025 was to continue our ongoing commitment to building, motivating and retaining a talented workforce, supporting innovation and adding value to the business through our employees' experience.

### Recruitment 2025 (Talent Acquisition)

Our HR Team provides recruitment support to managers throughout the organisation and is dedicated to securing exceptional, diverse talent. Orwell mainly used indeed.com and IrishJobs.ie for recruitment advertising.

Our main source of Overseas Nurses and Health Care Assistants was through Vista Career Solutions. Orwell also has links with local third level colleges for Health Care Assistants.

In 2025, our interview process was online for overseas recruitment and face-to-face interviews were held for those candidates residing in Ireland.

### Compliance

Developments in Garda vetting continue to assist us in complying with our statutory responsibilities. Our internal tracking process, reviewed monthly, has ensured our compliance with HIQA regulations and our own internal policies in relation to effective recruitment processes.

## Induction

To ensure that new employees begin their journey on the right foot, Orwell offers a comprehensive induction program prior to their start date. This approach is designed to facilitate the smooth integration of new employees into the organization. It enables us to clearly articulate the values and culture of the business, outline our expectations regarding employee conduct, and most importantly, establish our standards for resident care.

## Staff Turnover 2025

Staff turnover refers to the full time equivalent of permanent employees who leave the organization voluntarily over the year.

In 2025, the overall staff turnover percentage in Orwell Private was below the national average at 23%. (22% in 2024). (*BDO Ireland and NHI Ireland 2023/24 report reveals annual staff turnover rate of approximately 36.3% in Private Nursing Homes*). The main reasons for resignation were to pursue opportunities in the public sector or relocation due to the challenge of finding affordable rental properties.

As a private facility, we continue to compete with the public sector. To reduce and stabilize the turnover of staff, the company will ensure that new joiners feel supported and that their role is clearly outlined. Staff receive a clear job description, induction training, an induction checklist and an appraisal process, which in turn aims to minimize the number of people leaving the company within the first year of employment.

## Benefits and Pensions

Benefits provided throughout 2025 included:

- Defined Contribution Pension Plan and Personal Retirement Savings Account
- Tax Incentive Schemes
- Subsidised Café
- Death in Service Benefit
- Employee Referral Scheme
- Employee Assistance Program (EAP)

## Staff Appraisals 2025

Staff Performance Appraisals provide an opportunity for employees and their line managers to discuss performance, professional development, achievements, and any supports required. At Orwell Healthcare, employee appraisals are conducted by line managers after 6 weeks, after 6 months, and annually thereafter.

Performance appraisals are completed through the Strandum system and form part of the organisation's wider performance management framework, ensuring that individual performance supports both professional development and organisational objectives through a holistic approach to performance management.

## Review Goals for 2025 – HR Management System

Introduction of a new HR Management System (Strandum) to replace the Softworks system and provide a range of HR services to include:

- Time and Attendance – Implementation of electronic rostering
- Leave Management
- Performance Management
- Learning & Development.

## Goals for 2026

- Continue the ongoing review and update of Policies and Procedures in line with new legislation, national standards, and regulatory guidance to ensure continued compliance and best practice across all departments.
- Continue to maintain and strengthen an inclusive and diverse workforce through fair recruitment, equal opportunities, and culturally sensitive workplace practices.
- Develop an internal progression and succession planning programme within the Human Resources Department, supported by Continuing Professional Development (CPD), mentoring, and leadership development opportunities to support staff retention and career advancement.
- Strengthen recruitment pathways and establish further links with external agencies and international recruitment partners to support targeted EU recruitment campaigns aimed at attracting a wider and more diverse candidate profile to meet workforce

demands.

**Standard 7.2: Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.**

### **Training report 2025**

The training year was defined by a strong commitment to quality, consistency, and continuous improvement, guided by the Training Plan developed for 2025. The induction programme was reviewed and strengthened to ensure that new employees received essential training in Infection Prevention and Control, Fire Safety, HACCP, Manual Handling, and Safeguarding. This contributed to the year beginning with 100% compliance in all mandatory training areas, a standard that was successfully maintained throughout the year.

A strong focus was placed on helping staff understand the human rights-based approach to resident care, with additional emphasis on enhancing the lives of residents living with dementia and strengthening Safeguarding Vulnerable Adults practices. This commitment to safeguarding was further reinforced through a greater emphasis on recognising and responding to concerns. Staff were scheduled for dedicated Safeguarding workshops, enabling them to develop a deeper understanding of how to identify potential issues and report them appropriately. This enhanced approach supported a more confident, informed, and proactive safeguarding culture across the service.

Monthly reflective practice sessions were introduced and structured using Gibbs' Reflective Cycle. These sessions concentrated on serious concerns, emerging trends, and significant incidents. This initiative was well received by staff, who valued the opportunity to explore events more deeply and consider how future practice could be improved.

In 2025, the average number of training sessions delivered increased to 34 per month, compared with 22 per month in the previous year. This represents a substantial rise, with training delivered at approximately one and a half times the level of the previous year.

For the first seven months of the year, the "Policy of the Month" initiative supported ongoing learning and awareness. In the third quarter, this was followed by the introduction of the Orwell Knowledge Library, a new Artificial intelligence enabled learning platform that

significantly improved accessibility and engagement, further strengthening the organisation's commitment to high quality, continuous professional development.

### Training Needs Analysis 2025

A Training Plan was devised for the year, emphasizing essential training priorities, skill retention, implementation within the unit, and evaluation of training effectiveness. Training needs were analysed, leading to a comprehensive plan that supported staff training to meet the evolving needs of residents. As a result, the induction programme was reviewed and expanded to include sessions on the Safe Use of Artificial Intelligence, Enhancing the Lives of People Living with Dementia, and the Human Rights Approach in the care of older people.

Throughout the year, regular auditing played a central role in maintaining training quality. Managers identified areas where staff lacked knowledge and recognised the need to enhance their skills. Emphasis was placed on helping staff retain skills and close the gap between theory and practice. This was achieved through on the floor training sessions and one to one coaching, which were used to discuss real scenarios and reinforce best practice approaches to care. Staff performance was reviewed after training, and additional one to one support was provided where needed, while refresher sessions offered opportunities to revisit key knowledge and address challenges in applying new skills.

To enable consistency in training delivery, two in-house trainers were identified for each core training area, creating a more flexible and sustainable training structure. This approach ensured that sessions could be delivered promptly and strengthened the service's ability to respond quickly to emerging learning needs. The internal instructors certified in Crisis Prevention Intervention and People Handling & Manual Handling, provided sessions that significantly enhanced staff understanding of these subjects. In addition, staff completed workshops conducted by CARU, which partners with the HSE, the All-Ireland Institute of Hospice and Palliative Care, and the Irish Hospice Foundation. This training boosted staff confidence in supporting residents approaching End of Life.

In addition to classroom sessions, staff undergo periodic initial assessments and performance checks. On-the-floor training sessions allow staff to refresh their existing knowledge and skills, while one-on-one training within the unit has been well-received among

staff and proven to be more effective in terms of skill retention, a Key Quality Indicator (KQI). Training sessions are subject to evaluation audits, providing comprehensive feedback to better understand staff needs and pinpoint areas for improvement. This evaluation process aids in identifying skill gaps and analysing the desired outcomes of the training program.

### Mandatory Training

All incoming employees undergo comprehensive Induction Training prior to commencing their duties. This program spans four days of classroom instruction covering topics such as Induction, Infection Prevention & Control, Fire Safety, Manual Handling, MAPA Training and Safe Use of Artificial Intelligence, Enhancing Lives of People living with Dementia, and the Human Rights Approach in Care of Older People. New staff provided the access to Orwell Knowledge Library. This online platform introduces them to Orwell's policies and procedures. Staff were encouraged to read and acknowledge the assigned policies following successful completion of quiz. Completion of this online program is required by their six-week appraisal, in conjunction with the signing off of the Induction & Orientation checklist by their respective line manager.

Prior to starting employment, all new staff must furnish certificates of completion for IPC, Safeguarding and Manual Handling from HSeLanD, demonstrating their foundation knowledge. Nurses and Healthcare Assistants provide certificates of completion of the four modules on Applying a Human Rights-based Approach in Health and Social Care: Putting National Standards into practice in HSeLanD. Skill training in People Handling and Manual Handling is then provided through practical demonstrations by an in-house trainer. Chefs attended a HACCP course to stay updated with current standards, thereby being reminded of their obligations regarding Food Safety.

### Nursing Staff Learning Requirement

On starting employment, all nursing staff participate in Fire Marshal Training and CPR Training conducted in a classroom setting. Within their initial six weeks, they are required to complete certification courses in Medication Management, Hand Hygiene, Aseptic Technique, Antimicrobial Resistance, Care Planning and documentation, Care of older adults, Venipuncture and the Human Rights Based Approach suite through HSeLanD. These

competencies are then evaluated to gauge proficiency levels, identifying both areas of strength and areas for improvement. This assessment aids in identifying developmental opportunities aimed at enhancing the performance of nursing staff in their respective roles.

Sepsis Management and Skin Integrity training was introduced this year to enhance staff knowledge and competency in recognising early deviations from normal clinical parameters, and to strengthen preventative and management practices relating to skin integrity. Further training initiatives include workshops on Restrictive Practices, Safeguarding, Falls Management, Care Planning, Incident Reporting, PRN Protocol, Hand Hygiene, MDRO, Transmission Based Precautions and Antimicrobial Stewardship:-

### Continuous Professional Development Training 2025

At Orwell Healthcare, employees are motivated to enhance their performance and pursue excellence in their work quality. This goal is realized by facilitating opportunities for staff to participate in external courses as part of their ongoing professional development. Below are examples of courses approved, provided, and attended by staff throughout 2025.

- Person Centered Care Planning Training
- Skin Integrity
- Incident reporting
- National Frailty Programme
- Autism awareness Programme
- Enhancing lives of people with Dementia
- Suprapubic catheterisation and male catheterisation
- Psychotropic Medications
- CARU Webinar on Advanced Care Planning
- Functional Assessment of Capacity Training for the purposes of the Assisted Decision-Making (Capacity) Act 2015
- Dignity and Respect training
- Working at Heights
- Fire Warden Instructor Training
- Effective Management of Complaints

- Leadership for Healthcare
- IPC Link Practitioner course
- Post graduate Diploma in Clinical Exercise framework
- Post graduate Diploma in Gerontological Nursing

### Work Experience Students, Transition Year Students & Volunteers

Throughout 2025, Orwell Healthcare welcomed work experience students from various educational backgrounds, including second level, QQI courses. A total of 11 student applications were accepted, with each completing between 40 to 150 hours of work experience for QQI Level 5 courses. These students hailed from seven different Colleges of Further Education in Dublin, including Progressive College, Chevron College and B&B Nursing Ltd. Feedback from the students highlighted the positive training and supervision they received, particularly from the unit's mentors.

Additionally, there were 27 transitional year students, some undertaking a one-week block placement and others participating for 13 weeks as part of their Gaisce Bronze Award. These students attended various schools such as St. Louis High School, Templeogue College, Presentation Community College, Terenure College, Muckross Park College, Alexandra College, Coláiste Éanna College, Stratford College, The Teresian School, High School, St. Michael's and Gonzaga College. Transitional year students primarily worked with the Activities Team, Facilities team and assisting in the café, participating in Christmas decoration activities in the garden, and helping with preparations for the Marquee around Easter.

### Orwell Knowledge Library

Orwell Knowledge Library, an Artificial Intelligence (AI) based learning system was successfully launched in the third quarter of the year. This serves as the adaptive Learning and Document Management System, providing all employees with access to policies pertinent to their roles. Staff were assigned to read and acknowledge the schedule five policies soon after the launch. Following which fortnightly reminder emails were dispatched regarding the outstanding policies for acknowledgement to prompt staff to complete them achieving an overall compliance of 98%. The AI feature Cloda within this system allows staff

to ask any queries regarding Orwell's policies and procedure in their native language and fully grasp and understand the information, thereby improving rate of compliance.

### Review of Goals for 2025

<b>Goal 2025</b>	<b>Achievement</b>
Follow the Training plan developed for the year 2025, report findings and quality improvement plan at the learning and governance meetings.	Achieved
Maintain 100% compliance in Mandatory Trainings.	Achieved
Regular auditing on policy reading and learning path completion by new employees within the agreed time frames.	Achieved
Auditing of Lesson Plans, individual trainers and training sessions and provision of feedback in Governance meetings as a KQIs.	Achieved
Commence training on Early Identification and Management of Sepsis.	Achieved
Training of staff on Safeguarding Vulnerable Adults by conducting workshops and in person discussions.	Achieved
Introduction of monthly reflective practice sessions structured using Gibbs' Reflective Cycle	Achieved

### Goals 2026

- Follow the Training plan developed for the year 2026, report findings and quality improvement plan at the learning and governance meetings.
- Maintain 100% compliance in Mandatory Trainings.
- Regular auditing on policy reading and learning path completion by new employees within the agreed time frames.
- Auditing of Lesson Plans, individual trainers and training sessions and provision of feedback in Governance meetings as a KQIs.

- Training of staff on Safeguarding Vulnerable Adults by conducting workshops and in person discussions.
- Introduction of Catheter care training that includes Male catheterisation and Suprapubic catheterisation for Nurses.
- Successful implementation of IRESTORE Early Warning Score by providing required trainings and on-the-job guidance.

# Theme 8: Use of Information

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Standard 8.1: Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Communications during Outbreaks

Throughout 2025, the most up-to-date transmission-based precautions and Health Service Executive guidelines were communicated effectively and efficiently to staff, residents, designated contact persons, and visitors. Communication processes aimed to ensure that information was factual, timely, accessible, and supportive of safe service delivery while maintaining a person-centred approach.

New residents and families were encouraged to attend Family Induction Days, which included presentations from management and opportunities for questions and discussion, supporting open communication and partnership with families.

## Posters and Visual Information

Posters and guidance materials were downloaded from the Health Service Executive or developed internally and displayed throughout both centres. These materials highlighted infection prevention and control measures, including hand hygiene, respiratory etiquette, vaccination information, and transmission-based precautions. Notices were placed at key locations to remind staff, visitors, and residents of current public health guidance and best practice recommendations.

## Written Communications

Letters and emails were regularly issued to designated contacts and families outlining Orwell Healthcare's response to evolving HSE guidance relating to the prevention and management of communicable diseases. Throughout 2025, the centres remained open to visitors while providing guidance regarding precautionary measures during periods of increased infection risk or outbreaks.

## Staff Communication and Support

Staff received regular communication through email and internal updates to ensure awareness of current guidance, infection prevention measures, and organisational supports available. Orwell Healthcare continued to prioritise staff wellbeing by providing guidance, reassurance, and access to complimentary external mental health and wellbeing supports to help maintain positive staff morale during periods of increased pressure.

## Brochures and Resident Information

Printed materials, including brochures, guides, and resident information packs, remained available and accessible to residents and families. A comprehensive information pack outlining services, facilities, and key organisational information was provided to prospective residents and families during the viewing and admission process to support informed decision-making and person-centred care planning.

## Social Media

Orwell Healthcare maintains an active presence across a range of social media and digital platforms, including Facebook, Instagram, LinkedIn, Google, Glassdoor, Indeed, and the Orwell Healthcare website. These platforms provide important communication channels for residents, families, friends, staff, and prospective clients, supporting engagement, transparency, recruitment, and community connection.

During 2025, social media continued to play a significant role in showcasing resident activities, celebrations, staff achievements, and community involvement across Orwell Healthcare. Residents attending the Lord Mayor's Centenarians Celebration received widespread coverage across Orwell Healthcare's social media platforms, highlighting the importance of recognising and celebrating residents' milestones and contributions to the community. The event was also featured on the Lord Mayor's official social media platforms, further increasing positive public engagement and visibility for Orwell Healthcare.

Regular social media updates throughout the year also highlighted intergenerational activities, themed events, therapy dog visits, musical performances, staff recognition

initiatives, fundraising activities, and seasonal celebrations, reflecting the organisation's strong community-focused ethos.

### Media and Advertisements

In July 2025, Orwell Healthcare featured prominently in national media. Dublin's Centenarian Celebration included the Lord Mayor's visit to Orwell Private, with coverage published in The Journal.

The Irish Independent also profiled a resident celebrating their 100th birthday, sharing their "secrets to a long and happy life," further highlighting Orwell Healthcare's strong community-centred ethos.

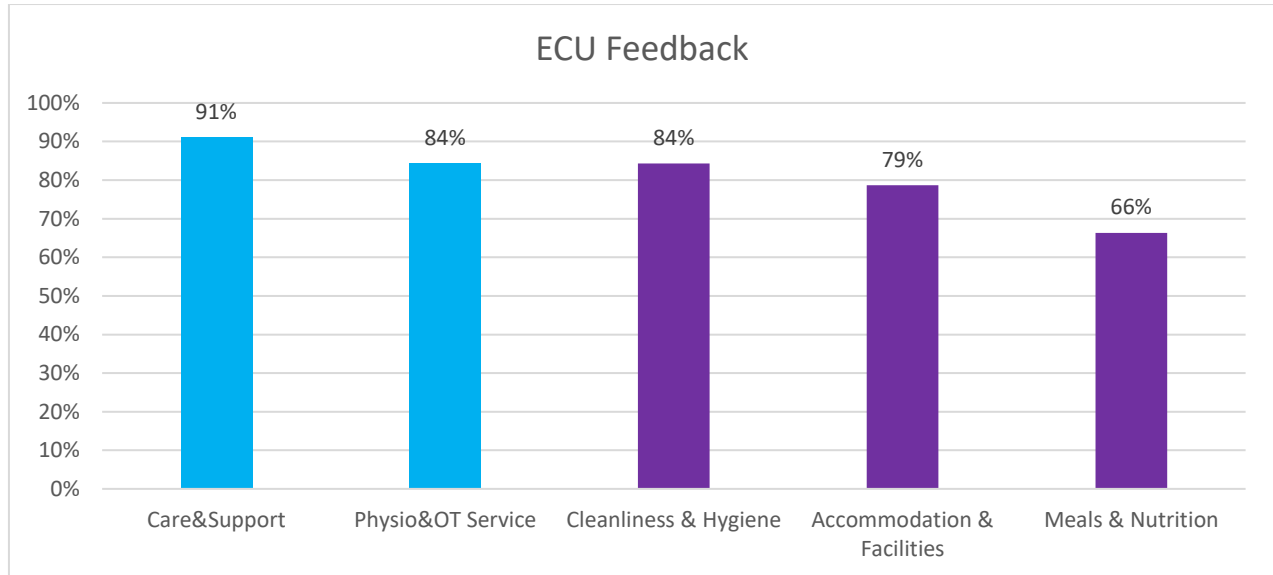
In November and December 2025, Orwell Healthcare received extensive national coverage following the announcement of 200 new jobs as its €30 million renovated care facility neared completion. As preparations continued for the launch of the new facility in Q1 2026, with Orwell Queen of Peace reopening as Garville Private, the expansion was reported across major outlets including RTÉ, Hospital Professional News, Business Plus, and The Business Post.

### Elgin Convalescent Unit (ECU) Feedback Forms

Feedback forms were received regularly from clients attending the Elgin Convalescent Unit (ECU), with reports on findings reviewed and discussed at departmental meetings every four months. Feedback from clients was overwhelmingly positive, particularly in relation to the care and support provided by nursing staff, physiotherapists, healthcare assistants, and the wider multidisciplinary team.

The feedback process continues to provide valuable insight into the overall customer experience and levels of satisfaction with the convalescent services provided at Orwell Healthcare. Information gathered through feedback forms is used to support ongoing service development, quality improvement initiatives, and the continuous enhancement of standards within convalescent care services at Orwell Private.

In 2025, 91% of respondents stated that their stay met expectations, while 7% reported that their experience exceeded expectations, reflecting high levels of satisfaction with the service provided.



**Comments from clients included:**

*“Every single member of the staff has the most wonderful genuine smiles. Nothing is too much bother for them and they all seem happy at their work. They go over and beyond their duty for Residents. Thank you all so much”.*

*“The perfect convalescence with lovely surroundings. The gardens were especially inviting and healing in the beautiful weather during my stay. I felt very safe and cared for in Orwell I would certainly recommend it to others.”*

**Resident & Family Newsletter**

The 4-page colour Resident Newsletter continued throughout 2025 and was issued in hard copy format. The newsletter focused on photographs, resident activities, celebrations, seasonal events, and highlights from across the service, helping to keep residents and families informed and connected with life within Orwell Healthcare. The newsletters were very well received by residents, families, and staff and continued to support communication, engagement, and community involvement.

## Staff Newsletter

The Staff Newsletter continued throughout 2025 and was accessible through the Orwell Academy platform. The newsletter remained a popular communication and engagement initiative among staff and included updates on HR-led initiatives, staff engagement activities, births, achievements, recent events, wellbeing initiatives, and photography from the gardens and across the centres. The newsletter supported staff recognition, communication, and organisational culture across Orwell Healthcare.

# Organisational Goals

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Organizational goals are strategic objectives established to guide service development, support employee efforts, and outline expected outcomes across Orwell Healthcare. These goals provide direction for the organisation, define performance standards, support accountability, and help ensure that resources and activities remain aligned with the organisation's vision, values, and objectives.

Setting clear organisational goals also supports the measurement of progress and assists in identifying areas requiring further development or improvement. Goals are developed using the SMART approach, ensuring they are specific, measurable, achievable, realistic, and time bound. This structured approach supports improved efficiency, productivity, service quality, and organisational performance.

Organisational goals are established by the Senior Management Team and are also developed at departmental and unit level. Staff involvement and feedback are encouraged throughout the goal-setting process and are discussed openly at departmental meetings and forums such as Care Monitor, supporting collaboration, engagement, and continuous quality improvement across the organisation.

## Responsible Use of Artificial intelligence (AI)

In 2025, the organisation progressed from exploration to controlled implementation of Artificial Intelligence (AI), focusing on governance, security, and practical operational benefit. Following a recommendation from our IT service provider, Microsoft Copilot was identified as the preferred AI assistant due to its enterprise-grade security, data protection controls, and integration within the existing Microsoft 365 environment.

During the year, three Microsoft Copilot licences were procured for designated roles (Director of Care, Personal Assistant, and Accountant), with access approved and monitored. In addition, Microsoft Copilot free functionality available within Microsoft Edge and Outlook was enabled across all company computers, including nurse stations, CNM offices, and the

Melrose office, ensuring consistent access to AI-assisted tools for administrative and operational tasks.

To support safe and responsible use, an AI Usage, Security and Accuracy Policy was developed, approved, and implemented in 2025. This policy defines acceptable use, restrictions, and governance controls, ensuring AI tools are used to support staff rather than replace professional judgement. AI is used with mandatory human oversight and is prohibited from autonomous clinical decision-making.

In line with national regulatory developments, the organisation is actively monitoring HIQA's Draft National Guidance for the Responsible and Safe Use of Artificial Intelligence in Health and Social Care Services, which estimated published date for public consultation in 2026. Our internal AI policy aligns with HIQA's core principles of safety, transparency, accountability, and human oversight, and we are prepared to implement the final HIQA guidance once it is formally published.

Overall, the measured introduction of AI in 2025 has supported administrative efficiency, strengthened governance, and ensured innovation is balanced with ethical practice, data protection, and resident safety.

### Review of Organisational Theme 2025

The organisational themes for 2025 focused on Collaboration, Quality, and Compliance, with significant progress achieved across all areas throughout the year.

#### Collaboration

During 2025, Orwell Healthcare continued to strengthen a culture of collaboration across all departments and services, encouraging staff to seek support and guidance and to work collectively across disciplines. Stronger internal communication and multidisciplinary working contributed to improved coordination of care and service delivery.

The organisation also strengthened relationships with external agencies and professional supports, including links with Nursing Homes Ireland, national advocacy representatives, disability case managers, and Psychiatry of Older People services. These collaborative

relationships supported improved resident advocacy, specialist input, safeguarding, mental health support, and overall quality of care.

Orwell Healthcare also participated in the Bealtaine Festival as part of National Nursing Homes Week and Arts initiatives, promoting resident participation, creativity, social inclusion, and community engagement through a range of arts and cultural activities.

### Quality and Compliance

Significant progress was made during 2025 in strengthening quality assurance and compliance systems through a more proactive and structured approach to governance and continuous quality improvement.

Improved outcomes across several key quality indicators demonstrated the effectiveness of these initiatives, including reductions in complaints, falls, and restrictive practices. Ongoing monitoring of incidents, audits, governance meetings, reflective practice sessions, and staff education supported early identification of risks and implementation of improvement measures.

External experts, including Nursing Matters, were engaged to support policy development. Additional auditing processes and Continuous Quality Improvement (CQI) initiatives enhanced oversight, accountability, and evidence-based practice across both services.

These developments supported Orwell Healthcare in moving towards a more proactive model of quality assurance, improving inspection readiness, strengthening compliance, and enhancing the overall safety and quality of care provided to residents.

## Organisational Theme 2026 – “One Family, One Standard”

As Orwell Healthcare continues to expand with the development of its sister nursing home, Garville Private, the organisational theme for 2026 is “One Family, One Standard.” This theme reflects the organisation’s commitment to ensuring consistent standards of governance, quality, compliance, communication, and person-centred care across both Orwell Private and Garville Private.

The theme aligns closely with the continued development and strengthening of the Continuous Quality Improvement (CQI) framework. CQI provides a more structured and measurable approach to quality improvement, supporting the organisation in moving from good practice to consistently evidenced best practice across both sites.

The CQI framework supports:

- Consistent governance across both facilities.
- Earlier identification and management of risks.
- Measurable and visible quality improvements.
- Stronger regulatory compliance and inspection readiness.
- Enhanced staff support and development to improve practice.

Throughout 2025, CQI initiatives were integrated into existing governance and operational structures, with pilot quality improvement projects introduced in priority areas. One of the first pilot projects focused on premises and environmental monitoring, where monthly premises checklists were trialled within two units following the identification of inconsistencies in tracking minor environmental issues.

This initiative resulted in:

- Faster identification and resolution of issues.
- Improved compliance and oversight.
- Clearer audit trails and accountability processes.

Further CQI initiatives during the year contributed to measurable improvements across several key quality indicators, including reductions in complaints, falls, and restrictive practices, alongside improved audit outcomes and enhanced regulatory preparedness.

The “One Family, One Standard” theme also reflects the collaborative culture developed throughout 2025, with stronger partnerships established internally and externally. Orwell Healthcare continued to strengthen links with Nursing Homes Ireland, advocacy organisations, disability case managers, Psychiatry of Older People services, and community initiatives such as participation in the Bealtaine Festival.

As the organisation moves into 2026, the continued expansion of CQI processes and the “One Family, One Standard” approach will support sustainable growth, organisational consistency, regulatory readiness, and the delivery of high-quality, person-centred care across all Orwell Healthcare services.

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