



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Orwell Private
Name of provider:	MCGA Limited
Address of centre:	112 Orwell Road, Rathgar, Dublin 6
Type of inspection:	Announced
Date of inspection:	17 January 2024
Centre ID:	OSV-0000078
Fieldwork ID:	MON-0041148

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Orwell Private is located in south Dublin close to local amenities such as bus routes, restaurants, and convenience stores. The centre can accommodate 170 residents, both male and female over the age of 18 years. They provide long term care, short term care, brain injury care, convalescence care, respite and also care for people with dementia.

The centre is made up of a period premises that has been adapted and extended to provide nursing care and support through a number of units. The units provide bedroom accommodation alongside communal areas including sitting and dining areas and a kitchenette that are homely in design. Bedroom accommodation is a mix of single and double rooms, in the new areas of the centre the bedrooms are en-suite. Additionally on the premises there is a full time hair dressers, cafe, gym, library and training rooms.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	166
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 17 January 2024	09:00hrs to 18:45hrs	Margo O'Neill	Lead
Wednesday 17 January 2024	09:00hrs to 18:45hrs	Karen McMahon	Support

## What residents told us and what inspectors observed

From inspectors' observations and from what residents told them, it was clear that the residents received a high standard of personalised care living in the centre. Feedback from residents and visitors, who inspectors spoke with, was that the staff were great, the food was lovely and there were always plenty of activities going on. One resident said it was great that there was something different going on every day and that it wasn't a repetition of the day before.

Residents appeared to be well-cared for and neatly dressed according to their preferences. Residents' views on the running of the centre were sought through residents' meetings and surveys. The inspectors reviewed residents' surveys and the minutes of residents' meetings and saw that the provider had taken action to respond to any feedback. Residents had access to televisions, telephones and newspapers. Many residents were also observed to avail of the hairdressing service that was available on the day of inspection. This was clearly an enjoyable service that residents enjoyed, as they were seen laughing and chatting with the hairdresser and other service users in the salon throughout the day.

Residents were observed participating in activities throughout the day of inspection. In the afternoon two large groups of residents were gathered, in different areas of the centre, taking part in activities. There was a sing-a-long in one area and a quiz in a second area, facilitated by activity staff. Residents were engaged and enjoying participating in their chosen activity.

The centre has 170 registered beds across 11 units in three interlinked buildings; an older period house, Orwell House and two new adjoining buildings, Raglan and Eglin. Overall the premises was found to be maintained to a good standard internally and externally and inspectors were informed that there was an ongoing programme of maintenance carried out by the onsite team of maintenance personal.

The three buildings were linked by a link corridor called 'The Avenue'. This area contained the centre's café, a modern well-equipped hairdressing salon, therapist treatment rooms and oratory. Throughout the inspection, this area was observed to be a hive of activity with many visitors and residents spending time together while having a refreshment and chatting in the café.

The 11 units promoted socialisation and sense of community. Inspectors observed that the environment supported residents' independence and mobility and there was sufficient signage to assist visitors and residents to navigate and around the premises and to help residents identify key areas such as toilets and bathrooms. The centre was warm, clutter free and well ventilated.

Bedroom accommodation was divided into 30 twin-occupancy bedrooms and 110 single occupancy bedrooms. Most bedrooms have en-suite facilities. Bedrooms observed were clean and comfortable. Residents were encouraged to personalise

their bedrooms with furniture, photos, soft-furnishings and other personal items. Residents were positive regarding their bedrooms and regarding the centre as a whole. Communal bathrooms and en-suite facilities observed by inspectors were found to have sufficient space to allow residents to undertake their personal care activities independently or comfortably with assistance.

Inspectors observed that residents' art works were on display and the registered provider had decorated the corridors with antique furniture and artwork to enhance the environment and décor throughout the centre. Inspectors identified however that in one area where there was an open unprotected evacuation stairwell and exit route that items of furniture were observed, which posed a potential fire safety risk. Once identified to the management team, this area was cleared of all items immediately.

A number of enclosed courtyard garden areas were available to residents and many residents had access to balconies off their bedrooms. These areas were well maintained and contained save paths and seating areas with chairs for residents to use when spending time outside. Inspectors observed from these areas that it was possible to view into some residents' bedrooms; this affected residents' right to privacy.

Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. A menu was displayed on the dining tables. On the day of the inspection, residents were provided with a choice of meals which consisted of bacon, chicken or a fish dish, while dessert options included profiteroles, fresh fruit, jelly and ice cream, custard or semolina. There was also a choice of starter in the centre which was melon or soup. There was a hot and cold option available for tea in the afternoon and a choice of snacks and refreshments available throughout the day. Inspectors observed the dining experience at lunch time in two units and saw that the meals provided were well presented and smelt appetising. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind, discreet and respectful. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge. The services were delivered by a well-organised team of trained competent staff.

This was an announced inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspectors found that improvements had been made and the compliance plans identified on the last inspection had been addressed. Three pieces of unsolicited information were received by the Chief Inspector since the last inspection regarding access to the premises in the evenings, staffing levels, assistance for residents with additional communication needs and consultation with residents. Inspectors found these concerns were not substantiated during the inspection.

There was an established management structure with clearly defined lines of accountability and authority in place in Orwell Private. There was a schedule of governance and management meetings in place for 2024. Inspectors were provided with a sample of meeting minutes from 2023 that indicated that there was regular and comprehensive review of the service completed during these meetings where areas of risk and quality improvement were discussed. Regular audits were in place to ensure the service met the required standards, with action plans in place to ensure areas for improvement were addressed. Key performance indicators were monitored and reviewed on a monthly basis and trended to inform management of issues that required attention.

Inspectors found that the centre had sufficient resources to ensure the effective delivery of care and robust management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. Inspectors also found that an effective system had been put in place since the last inspection in February 2023 to ensure that the Chief Inspector of Social Services received the required statutory notifications as required by the regulations.

Inspectors found that there was sufficient staffing levels in the centre to meet residents' individual and collective needs. The management team responsible for the day-to-day operations within the centre was led by the person in charge, who was supported by a deputy director of care and three assistant directors of nursing. Seven clinical nurse managers and two night managers provided additional senior management support in the running of the service. An executive director, a household manager, a head chef, a human resources manager, facilities manager and chief financial officer were also on site to provide managerial direction for the various different departments in the organisation. Eleven nurses and 34.5 health carers were available daily Monday to Sunday to provide support to residents and nine nurses and 12 health care assistants worked at night with a night manager to provide clinical oversight. There was sufficient catering, household and maintenance staff available to provide the service as detailed in the statement of purpose. Two full time physiotherapists and an occupational therapist were also employed by the registered provider. Reception staff worked from 9:00hrs to 19:00hrs daily. Arrangements were in place to ensure that residents and visitors had access to the premises after reception staff had finished at 19:00hrs. This included issuing residents with electronic fobs and ensuring a call bell alerted staff on the ground floor of the building that a visitor was at the main door.

At the time of the inspection there was no reported use of agency staff and a small number of vacancies for clinical staff were reported which were actively being recruited for. A sample of staff files were reviewed and found to contain all required documents as outlined by the regulations including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

There was a comprehensive programme of training available for staff and training records indicated that the majority of staff were up to date with the centre's mandatory training requirements. All new staff starting in the centre completed a week-long induction programme which comprised of class-based presentations and mandatory training. Following on from this, care and nursing staff spent time with senior staff members and completed competencies prior to working independently with residents. Staff were appropriately supervised and supported and there were annual appraisals for review of staff performance in place.

There was an accessible and effective procedure in place for dealing with complaints which was displayed throughout the designated centre. This procedure had been updated to incorporate amendments made to this regulation in March 2023. Inspectors viewed a sample of complaints recorded on the complaints log and found that the person in charge followed their complaints policy when dealing with complaints. Residents informed inspectors that if they had a complaint or grievance they felt comfortable to approach the person in charge whom was well known to residents, to raise the issue or concern.

### Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 166 residents living in Orwell Private at the time of the announced inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records indicated that the majority of staff were up to date with the centre's mandatory training requirements. There was appropriate supervision arrangements in place to ensure that staff were supported and supervised when completing their work.

Judgment: Compliant



## Regulation 23: Governance and management

There was sufficient resources available to ensure the effective delivery of care in accordance with the statement of purpose. Robust and effective management systems were found to be in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

## Regulation 31: Notification of incidents

There were arrangements in place to ensure that all required notifications were provided to the Chief Inspector within the required time frames as stipulated in schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

## Regulation 34: Complaints procedure

Procedures were in place to ensure complaints received were promptly investigated and managed in line with the centre's complaints policy.

Judgment: Compliant

## Quality and safety

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. Inspectors observed a high quality service being delivered to residents. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. However, some improvements were required around the provision of fire safety precautions. This is further discussed under Regulation 28: Fire precautions.

Residents had good access to medical and health and social care professionals. A local General Practitioner (GP) practise provided GP services to the centre. The

centre had two full time in house physiotherapists working across six days a week and a full time occupational therapist. Orwell private also had access to other services including tissue viability nurses, dietitians and speech and language therapist, which were responsive when referrals were sent in.

A safeguarding policy and clear procedure was in place to safeguard residents from abuse. Staff received training on how to identify possible abuse and regarding their responsibility to report any concerns or allegations. Staff who spoke to inspectors were clear what steps to take to report if they were concerned regarding residents' safety. Safeguarding incidents that had occurred in the centre had been taken seriously and investigated and actioned. Comprehensive and clear safeguarding care plans were in place where required to direct staff on the measures to protect residents. Residents reported that they felt safe living in the centre and that if they were concerned about anything that they were comfortable to bring it to staffs attention.

A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

Residents' rights were clearly upheld within Orwell Private Nursing Home. Residents were supported to exercise their civil, political and religious rights. There was a varied activity programme available for residents to attend. These activities included music sessions, quizzes, outings and religious services. On the day of inspection the weekly Church of Ireland service took place. Arrangements for a weekly Mass for residents who were Catholic was also in place.

Inspectors observed that each bedroom had ample storage space for residents to store their personal belongings. Some bedrooms were observed to have personal items of furniture that residents had brought in from home. Every resident had access to lockable storage for safe keeping. Inspectors noted that improvements had been made to the laundry system and the return of residents' clothing since the last inspection. Improvements had also been made to the overall storage in the centre following the findings of the last inspection.

The premises was found well maintained internally and externally and was decorated in a homely and comfortable manner to meet the needs of the residents. Inspectors were not assured however that the privacy and dignity of residents in Elgin building was maintained. This is further discussed under Regulation 9 Resident's Rights.

There was ongoing fire evacuation drills occurring in the centre to ensure staff were familiar and confident with the actions to take in the event of an emergency. Staff who spoke with inspectors were clear regarding the evacuation procedures. Inspectors identified however concerns regarding the precautions and arrangements in place to ensure against the risk of fire. These identified issues are outlined under Regulation 28, Fire Precautions.

## Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required. All staff were trained in how to use any assistance devices recommended by these services.

Judgment: Compliant

## Regulation 12: Personal possessions

The person in charge ensured that all residents have access to and retains control over their personal property, possessions and finances.

Judgment: Compliant

## Regulation 17: Premises

The premises was appropriate to the number and needs of the residents using the service.

Judgment: Compliant

## Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

## Regulation 20: Information for residents

A copy of a resident information guide was provided to inspectors. It contained all required information as outlined by the regulations.

Judgment: Compliant

## Regulation 26: Risk management

The registered provider had a risk management policy in place which met the requirements of the regulation.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had a range of precautions and procedures in place to ensure that residents were protected from the risk of fire. Inspectors identified however that for one resident with high-dependency needs, that there was no suitable fire evacuation equipment in close proximity and that the personal emergency evacuation plan did not contain sufficient information to ensure the safe and timely evacuation of the resident from the centre, in line with their assessed needs. Once highlighted to the management team, a risk assessment was completed, appropriate equipment was located and installed in close proximity for staff to use and staff were briefed on the required procedure to be completed in the event of an emergency.

Inspectors also identified an area where items of furniture were observed next to an open unprotected evacuation stairwell and exit route. This posed a potential fire safety risk. Management had this area cleared of all items during the inspection.

Inspectors also identified two bedroom doors where there were large gaps between the door and the floor; this posed a risk to effective containment in the event of fire.

Judgment: Substantially compliant

## Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. Staff had received training in the safeguarding of vulnerable adults and were clear regarding their role to report any concerns, suspicions or allegations of abuse. Records of safeguarding investigations completed were maintained for inspectors to review.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had not ensured that all residents in the centre had their privacy and dignity maintained. Elgin house had boardwalks to the front of the building on all floors, located outside the bedroom windows of residents. These areas were accessible to other residents, staff and visitors and also had outdoor seating areas located on them. Furthermore the boardwalk outside the ground floor was frequently used by the contracted laundry company to deliver clean laundry. Inspectors could clearly see in the windows of the bedrooms in these areas, meaning the privacy and dignity of these residents was not maintained.

CCTV recording was in operation in communal areas around the centre, however there were no signs displayed to inform residents of this.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Orwell Private OSV-0000078

Inspection ID: MON-0041148

Date of inspection: 17/01/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Drop down fire seals installed for the two bedrooms, this will prevent the spread of flames and smoke in the event of a fire. Date of completion: Complete</p> <p>We are carrying out weekly fire drills in the identified unit to ensure staff are trained and aware of residents with additional support evacuation needs. All required evacuation equipment and personal emergency evacuation plans in place. Date of completion: Immediate and ongoing</p> <p>Plan to review and complete necessary resident relocation to minimize any delay in evacuation in the event of an emergency. Date of completion: Complete</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is CCTV signage on each unit's notice board to let residents, employees, and visitors know that they are being monitored for safety and security reasons. Date of completion :Complete</p> <p>To address the privacy issue on the ground floor and along boardwalk, we are in the process of applying mirror reflective privacy films to a portion of the window. This will block people seeing into the resident's room but will not block the view from inside the room or the entry of natural day light. Date of completion: 31st March 2024</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe	Substantially Compliant	Yellow	06/03/2024

	placement of residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/03/2024