



# 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:	Unannounced
Date of inspection:	14 February 2023
Centre ID:	OSV-0000078
Fieldwork ID:	MON-0038882

## 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:	167
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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
Tuesday 14 February 2023	10:15hrs to 18:00hrs	Margo O'Neill	Lead
Wednesday 15 February 2023	07:45hrs to 16:00hrs	Margo O'Neill	Lead
Tuesday 14 February 2023	10:15hrs to 18:00hrs	Kathryn Hanly	Support
Wednesday 15 February 2023	07:45hrs to 16:00hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

The inspection took place in Orwell Private Nursing Home over the course of two days during which time inspectors spend time observing and speaking to residents, their visitors and staff. All residents and visitors were complimentary in their feedback and expressed satisfaction about the standard of care provided and happy with the standard of environmental hygiene. Several residents highlight however issues with laundry going missing. Overall inspectors observed that residents appeared comfortable and relaxed as evidenced by residents moving freely and unrestricted throughout the centre. Visitors were seen coming and going on both days of the inspection. Visits were observed taking place indoors in residents' rooms, in communal areas and outside.

Orwell Private Nursing Home has 170 registered beds. The centre is located close to Rathgar village in South Dublin and is comprised of an older period house, Orwell House and two new adjoining buildings, Raglan and Elgin. The centre comprised of 11 units within the three interlinked buildings. Measures were in place to promote residents' independence and way finding. Good quality clear signage was used to help residents identify key areas such as toilets and bathrooms. The 11 small living units promoted socialisation and sense of community. This layout of these separate units also lent itself to effective outbreak management as each area could operated as distinct cohort area with minimal movement of staff between zones to minimised the spread of infection should an outbreak develop in one area of the centre.

Inspectors found the centre was warm and well ventilated. The accommodation comprises of 30 twin-occupancy bedrooms and 110 single bedrooms. Most bedrooms have en-suite facilities. Inspectors observed that residents' bedrooms were clean and comfortable and many were personalised with furniture, photos, bedding and keep-sakes. Overall residents who spoke with inspectors reported they were satisfied with their bedrooms however some reported that they would like some more storage space for their possessions. All multi-occupancy bedrooms were configured to ensure residents' right to privacy and autonomy. For example, each resident could enter and exit their bedrooms or en suite without entering other residents' private space.

All communal bathrooms were found to have sufficient space to allow residents to undertake their personal care activities independently or comfortably with assistance. However, in the centre's bathroom which homed an assisted bath, inspectors observed items such as a large support chair, stand aids and hoists being stored in this room.

There were a number of living rooms and dining areas throughout the three buildings where residents took their meals and spent time as they wished. All were found to be decorated nicely with appropriate furniture and layout to support residents and to enhance residents' mobility and independence. Throughout the two days of the inspection, residents were observed sitting in these areas of the centre,

participating in group or one to one activities, relaxing with drinks and spending time with their visitors. Inspectors also observed that residents' art works were on display throughout the centre and the registered provider had also decorated the corridors with antique furniture, memorabilia and artwork.

Inspectors observed that finishes, materials, and fittings in the Elgin and Raglan buildings struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. These areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The aesthetics and interior design of resident's en-suite bedrooms in Elgin and Raglan buildings were also of a very high standard, with carefully chosen, high-quality furniture to create a soothing, homelike and non-clinical feel.

In contrast some of the décor and finishes in the Orwell House were showing signs of minor wear and tear. The provider was aware that aspects of the premises required to be upgraded. Inspectors were informed that a maintenance schedule was in place to address many of the areas identified on this inspection.

The centre's oratory was located along the 'The Avenue', this room was decorated with stained glass, religious icons and appropriate seating. Additionally on the premises there is a Hair salon, café, gym, library and training rooms. A hairdresser attended the centre three times a week to facilitate residents having their hair cut or styled. During the inspection inspectors observed residents attending the salon, sitting and chatting as they were having their hair styled.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean. Equipment viewed was also generally clean with some exceptions. For example the majority of portable fans were unclean.

Residents had access to several enclosed courtyard garden areas and many residents had access to balconies off their rooms. Garden areas contained safe paths for residents to use when out for a stroll or taking in air and there was appropriate well maintained seating areas with chairs so residents and their families could sit and enjoy the outdoors. The garden areas also accommodated the centre's four pet chickens who were housed in a large coop. Overall the outdoor area was observed to be maintained to a good standard.

Residents appeared to be familiar with staff and the management team and residents who spoke with inspectors were very positive about the staff working in the centre saying that they were 'excellent'. Residents also reported that there was sufficient staff and that support was provided promptly when needed. Interactions observed by inspectors between staff and residents were respectful and staff were observed to offer choice and patient assistance to residents.

Residents were observed to receive visitors throughout the day of inspection. Visitors who spoke with inspectors were very positive regarding all aspects of the service and complimentary of the staff. Visitors and residents reported if they had any concerns or issues that they would speak to the person in charge or the managers on the different units. They reported that their concerns had always been

addressed in a satisfactory manner. Inspectors observed that all residents had received a rose for Valentine's Day; some residents had placed it in their rooms while other residents had offered it to visitors for Valentine's creating much laughter and fun throughout the day.

Residents had access to radio, televisions, newspapers and telephones to ensure they were informed regarding current affairs and connected to their community. There was an activity programme in place Monday to Sunday that included exercise classes, quizzes, art and crafts, mass and live music sessions. There was a team of dedicated activity staff employed full time to coordinate and facilitate the occupational and recreational activity programme for residents. A residents' meeting was held every three months to give residents a chance to provide feedback on the service and to voice any concerns. These meetings were chaired by members of the activity team.

A relaxed and social atmosphere was observed during meal times and there was sufficient numbers of staff available to assist residents. Staff provided unhurried and discreet support and offered choice to residents regarding the food and drinks on offer. Meal options were displayed in dining rooms each meal time for all residents. Residents who spoke with inspectors reported that the food was generally very good; however some residents reported that some of the food on offer was not to their preference and preferred simpler food and meals.

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

Residents reported their satisfaction to inspectors with the quality and safety of care they received. Full compliance was achieved in care planning, visiting and medicines and pharmaceutical services. Inspectors also found the registered provider generally met the requirements of the personal possessions, premises, protection and fire safety regulations but some action is required to be fully compliant and to ensure a safe environment was maintained for residents. Inspectors found however that the registered provider did not comply with Regulation 31, Notification of incidents and Regulation 27 and the National Standards for infection prevention and control in community services (2018).

The two day inspection was carried out to monitor compliance with the regulations and to inform the upcoming renewal of registration for Orwell Private Nursing Home. A completed application for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review. During the inspection there was an emphasis on Regulation 27, Infection prevention and

how effectively infection prevention and control standards were implemented in the centre.

The registered provider for Orwell Private Nursing Home is the MCGA Limited. There is an established senior management team in place with clear lines of authority and accountability. The person in charge, who has worked in the organisation for over 15 years and commenced their current role in 2015, is responsible for the day to day operations in the centre. There is a deputy director of care, one director of nursing and three assistant director of nursing in place to provide support to the person in charge.

Inspectors found that action was required to ensure that management systems were effective to identify all areas of risk and to ensure these risks were effectively mitigated. For example; weaknesses were identified in infection control governance, systems regarding the recognition and recording of safeguarding incidents and monitoring systems to ensure that all notifiable incidents were reported to the chief inspector as directed by the regulations.

A comprehensive resident satisfaction and feedback survey had been completed and provided to inspectors. This was being used by management to inform changes required in the service and quality improvement plans for 2023 and to inform the annual review of the service for 2023.

The provider had nominated an infection prevention and control link practitioner to increase awareness of infection prevention and control issues locally whilst also supporting staff to improve infection prevention and control practices. Protected hours were allocated to the role of infection prevention and control link practitioner. However the link practitioner had not yet received the appropriate training for the role.

Regular performance updates in relation to infection prevention and control were reported through the established governance structure. A suite of infection prevention and control audits were undertaken. However quarterly audits of multidrug-resistant organism (MDRO) care plans had failed to identify the issues identified during the course of the inspection.

Inspectors observed there were sufficient numbers of housekeeping staff to meet the needs of the centre. The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Regular environmental hygiene audits were carried out. Cleaning records confirmed that all areas were cleaned each day.

The volume of antibiotic use was monitored each month. Nursing staff had completed online antimicrobial stewardship training. The inspectors were also informed that the centre had engaged with the "Green/ Red Antibiotic Quality Improvement Initiative for Community Prescribers". This preferred antibiotic initiative classified commonly used antibiotics as either "green" which are generally preferred narrow spectrum agents or "red" which are broad spectrum agents



generally best used very selectively. Green/ red usage was monitored however the inspectors were informed that prescribers were not given feedback.

Surveillance of healthcare associated infection (HCAI) and MDRO colonisation was routinely undertaken and recorded. A review of a sample of acute hospital discharge letters and laboratory reports found that staff had failed to identify all residents colonised with multi drug resistant bacteria.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that staff were up to date with mandatory infection prevention and control training. However inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including Carbapenemase-Producing Enterobacterales (CPE). Findings in this regard are further discussed Regulation 27.

Inspectors were provided with a written statement of purpose and found that it contained the required information. An incident log was maintained in the centre and there was a review process in place by senior managers to ensure that correct processes and policies were adhered to and to ensure that learning could be identified. Inspectors noted however that not all notifiable incidents had been reported to the Chief inspector as required by the regulations. This is detailed under Regulation 31, Notification of incidents.

Inspectors found that records were maintained to a good standard in the centre and all records requested were promptly provided for inspectors throughout the inspection. A small number of volunteers attended the centre periodically. Inspectors found that volunteer records were well maintained and met the requirements of the regulations.

#### Registration Regulation 4: Application for registration or renewal of registration

An application for the renewal of registration of the designated centre had been received by the Chief Inspector and was under review.

Judgment: Compliant

#### Regulation 21: Records

Inspectors were provided with a sample of staff files, the restrictive practices register, daily nursing notes and fire drills records. These were found to be maintained in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems in place required strengthening in order to ensure the service provided was safe, appropriate consistent and effectively monitored. The following required attention:

- Inspectors found that the registered provider had not taken all the necessary steps to ensure compliance with Regulation 27, Infection control and the National Standards for infection prevention and control in community services (2018). Areas for improvement included infection control governance, oversight and monitoring systems. For example MDRO surveillance systems were not effective and there was some ambiguity regarding which residents were colonised with MDRO's. MDRO care plans did not outline appropriate infection and control measures to be implemented when caring for residents with MDRO's. Findings in this regard are further discussed under Regulation 27.
- Systems in place to ensure that notifiable incidents were reported to the Chief inspector required review to ensure that all notifiable incidents were reported as required by the regulations. For example; inspectors identified that several notification had been submitted outside the required time-frame outlined by the regulations.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of residents contracts were provided to inspectors and found to contain details such as the residents' bedroom number, occupancy level and fees payable.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available for inspectors and it contained the required information regarding the service and designated centre.

Judgment: Compliant

## Regulation 30: Volunteers

A sample of volunteer records was provided to inspectors and found to be well maintained and to meet the requirements of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

Inspectors identified through a review of resident satisfaction surveys and the complaints log that a number of notifiable incidents had occurred that had not been notified to the Chief Inspector. Furthermore since the last inspection in January 2022, on three occasions inspectors had to request the submission of notifications for notifiable incidents that occurred. Furthermore five notifications were submitted late. This required addressing to come in to compliance with the requirements of the regulations as outlined in Schedule 4.

Judgment: Not compliant

## Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There was evidence of regular resident committee meetings where residents were consulted with and could participate in the organisation of the designated centre.

Inspectors found that further action was required under Regulation 8, Protection, Regulation 12, Personal possessions, Regulation 17, Premises, Regulation 27, Infection Control and Regulation 28, Fire Precautions.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks. Inspectors observed a high level of visitor activity over the course of the inspection.

To enhance the feeling of homeliness and assist the resident with settling into the centre the provider encouraged and supported residents to bring items that are meaningful to them. Where residents choose not to manage their own laundry,

systems were in place to ensure that residents' clothing and other items were laundered regularly, and were returned to them in a timely manner. However several residents and relatives highlighted issues with the laundry service.

The provider had completed a number of works to the premises since the previous inspection in January 2022. For example the hand wash basins on corridors had been replaced with clinical hand wash basins that complied with the recommended specifications for hand hygiene sinks. However the stainless steel sinks in the dirty utility rooms did not comply with current recommended specifications for clinical hand-wash sinks.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection. Staff had also received appropriate training in the fitting and safe use of (FFP2) respirator masks.

The centre had effectively managed several small outbreaks and isolated cases of COVID-19. The most recent significant outbreak had occurred in December 2021. However a formal review of the management of the outbreak of COVID-19 had not been completed. This was a lost opportunity for learning.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were maintained and available for review. The fire procedures and evacuation plans were prominently displayed at the reception. Personal emergency evacuation plans were in place for each resident and were updated on a regular basis. Staff had completed their annual fire safety training and had participated in regular fire evacuation drills. A total of 39 fire drills had been completed and documented in the centre in 2022.

Inspectors were informed a fire risk assessment had commenced in recent months and was ongoing in the centre. Given the complex layout of the Orwell building which was an older building and laid out on several levels, the provider is required to have a competent person complete a fire risk assessment in this part of the building as a priority.

The provider had addressed fire safety issues with respect to fire seal replacement on fire doors since the last inspection. Nevertheless, fire issues were identified by the inspectors and further improvements were required by the provider to bring the centre into compliance, as evidenced under Regulation 28, Fire Precautions.

Electronic medication administration records were used for the documentation of medication administration. This software used bar code technology to record medications given with time and date captured, medication refused, and reason for refusal. The system also provided an analysis of all "as required" (PRN) drug administrations, including use and frequency of administration, a record of any re-occurring incidents and a print-out of the entire drug round if required. Staff reported that the technology was simple to use and all screens and instructions

were easy to follow. Prescriptions were reviewed every four months or sooner if required. A recent medication management audit carried out by a pharmacist found high levels of compliance with medication management.

Care plans were written on an electronic system and were accessible to inspectors. A review of a sample of care plans indicated they were person-centred and generally provided good guidance on the care to be delivered to residents on an individual basis.

Inspectors were informed of small a number of residents who from time to time displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors observed that staff were familiar with these residents, the potential triggers and the de-escalation strategies to use to positively support residents with these behaviours. Overall inspectors noted that there was ongoing efforts to ensure that restrictive practices used in the centre were reducing in number. Improvements had been implemented to ensure that all restrictive practices used in the centre were recorded appropriately.

The registered provider acted as a pension agent for one resident and did manage small amounts of money for residents who wished to avail of this. Inspectors reviewed a sample of records and balances and found these were well maintained and correct.

Steps had been taken to ensure the full workforce had undertaken safeguarding training which included information on detection, reporting and preventing abuse and there was a policy and procedure in place to guide and inform staff when dealing with a safeguarding concern. Although these measures had been put in place, inspectors became aware of a number of occasions where safeguarding concerns had not been recognised as safeguarding concerns. This is further detailed under Regulation 8, Protection.

## Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. A high level of visiting was seen over the course of the inspection. Residents were observed receiving visitors in their bedrooms, in the outside gardens and in the onsite café over the course of the inspection. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were generally supported to keep their own belongings however the facilities in one room did not enable them to have full control over these belongings. The only wardrobe was approximately 45cm wide. As this was the only storage in the resident's room to store the resident's clothes, the resident's family alternated their winter and summer clothes as needed.

Several residents told inspectors that their clothes are not always returned from the laundry and on occasion their clothes come back wrinkled.

Judgment: Substantially compliant

### Regulation 17: Premises

Some surfaces and flooring were worn and poorly maintained within a small number of rooms and, as such, did not facilitate effective cleaning.

There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment. For example there was inappropriate storage of equipment in the only bathroom in the centre. A second store room viewed was inaccessible due to the large amount of equipment in the room. Mobility equipment such as hoists was inappropriately stored in en-suite bathrooms around the centre when not in use.

Judgment: Substantially compliant

### Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example antimicrobial stewardship measures were not outlined in the care plans of residents that were known to be colonised with MDROs or that had a history of *Clostridioides difficile* infection. The antimicrobial stewardship programme was not multidisciplinary.
- Staff and management were unaware of which residents were colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents.

- Inspectors identified through speaking with staff that there was some ambiguity regarding the correct application of standard and transmission based precautions when caring for residents that were colonised with MDROs.
- A review of five MDRO care plans also found that accurate information was not recorded in resident care plans to effectively guide and direct the care of residents colonised with MDROs. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Cleaning trolleys observed did not have a physical partition between clean and soiled items. Cleaning carts were not equipped with a locked compartment for storage of chemicals. This increased the risk of cross contamination and ingestion of hazardous cleaning products.
- There were no sluicing facilities on Orwell Blue. Staff informed inspectors that commode basins used in this unit were brought to another unit for decontamination. This increased the risk of cross infection.

Judgment: Not compliant

### Regulation 28: Fire precautions

Action was needed to ensure that the registered provider had made adequate arrangements for maintaining of all means of escape. Assurances were required on the evacuation strategy for residents and that the evacuation aids identified for use for each resident can fit and manoeuvre along the full length of each escape route that may be used. For example:

- Decorative tables and furniture in the stairwells used as a means of escape presented a trip hazard and potentially could affect the flow of evacuation in the event of a fire emergency.
- The escape route from from three inner bedrooms in Orwell Orange was through a lobby/sitting area. Eight residents were observed sitting in this area during the inspection. A risk assessment had not been undertaken to ensure that the evacuation route was not obstructed in the event of a fire.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Processes were in place for the prescribing, administration and storage of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation

Electronic medication administration records complied with best practice and medicines were administered as prescribed. Inspectors followed up on issues found on the last inspection and found that these had been resolved. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of assessments, care plans and daily nursing records were reviewed by inspectors and found to contain person centred information to guide staff. A range of validated assessment tools were used to identify residents' care needs. Care plans were developed using these assessments and updated every four months or as required. Records indicated that residents and their families or nominated support person were involved with these care plan and assessment reviews.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were clear records in place where restrictive practices, such as bed rails, were in use. There was a multi-disciplinary team that reviewed any planned restrictions and monitored these practices on a four monthly basis, or more frequently as required.

Inspectors observed that residents who displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported in a dignified and respectful manner by staff who knew residents well and implemented de-escalation strategies as outlined in their behavioural support care plans.

Judgment: Compliant

### Regulation 8: Protection



Inspectors were not assured that all safeguarding incidents were being recognised. During the inspection inspectors became aware of situations and incidents that had not been recognised as safeguarding concerns but rather as complaints or as feedback from residents. Although these incidents had been investigated, measures implemented and managed appropriately to ensure residents' safety, there was no documentation in place to record these as safeguarding incidents and they had not been reported to the Chief Inspector.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Orwell Private OSV-0000078

Inspection ID: MON-0038882

Date of inspection: 15/02/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of all resident files in the Centre was carried out to identify any MDROs which were missed. The MDRO surveillance list has been updated following the inspection, the RPR is now assured that the list maintained is accurate and up to date.</p> <p>On receipt of any new admission or hospital return to the facility, the nurse manager who completes the SBAR has been assigned with the responsibility to check the lab reports, discharge notes and to update staff and the clinical management team if there are any new infections diagnosed in the hospital. Any new infections diagnosed will be documented in the SBAR notes, MDRO surveillance list in care monitor and an email will be sent to all nurse managers to ensure that appropriate infection prevention and control measures will be implemented to prevent the spread of the infection.</p> <p>The policy on MDRO was reviewed on 6th of March with reference to the NCEC Draft Guidance on Infection Prevention and Control 2022 (January 2022), National Standards for Infection Prevention and Control in Community Services 2018, HIQA, Antimicrobial use in Residential Care Facilities and Nursing Homes, Oct 2022, Guidelines for the Prevention and Control of Multi-Drug Resistant Organisms (MDRO) excluding MRSA in the healthcare setting, March 2019.</p> <p>The clinical staff are being trained and educated on best practice procedures on management of MDRO- Date of completion 30th April 2023</p> <p>The Deputy Director of Care has been enrolled to complete the Postgraduate Certificate in Infection Prevention and Control Nursing this year to further strengthen the Governance of Infection Prevention and Control. Date of completion :December 2023</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge is responsible for notifying HIQA (and Gardai when applicable) regarding any incidents/accidents, ABC incidents, falls, complaints which result in serious injury or raise an allegation of safeguarding concerns within the regulatory time frame. This is delegated to the Deputy Director of Care in her absence.</p> <p>Date of completion :Immediate and ongoing</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The resident has moved to a larger room on the same floor with more space to safely store her personal belongings.</p> <p>The room is now unoccupied. Renovation work is in progress to create more space.</p> <p>Date of completion:30th June 2023</p> <p>All staff are asked to report and record any laundry related issues as a complaint to identify any emerging trends or patterns and to take action to stop it re-occurring.</p> <p>The accommodation manager contacted the laundry company regarding clothes coming back wrinkled. The company will continue to follow the wash, dry and fold policy as covered in the contract of care.</p> <p>We have circulated the "Laundry tips for you" information leaflet to residents and family members so that any issues related to clothes missing due to non-labelling can be prevented.</p> <p>We have reintroduced a 15-minute classroom session on laundry care and management in our induction to train all staff on safe laundry procedures.</p> <p>A monthly "Personal Laundry" audit will start in April 2023 and it will be carried out by the Accommodation Manager and Supervisors. Findings and actions agreed will be discussed at Department Meetings held monthly.</p> <p>Date of completion: Immediate and ongoing</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
A planned preventive maintenance schedule is in place to replace the surfaces and floor coverings which are showing signs of wear and tear.

Date of completion: 30th June 2023

Additional racks and shelves have been erected in the storage room to safely store equipment in the storage room.

Date of completion: Complete

Any equipment which was faulty or not used by residents was disposed of to accommodate more space for storage. Checks will be carried out every weekend by the non-clinical manager on duty to ensure that the storage spaces are kept free from unnecessary clutter.

Date of completion: Complete

Any equipment stored in the assisted bathroom has been removed and kept clear and accessible for the residents' use.

Date of completion: Complete

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The General Practitioner was asked to review the policy on antimicrobial stewardship, and to outline the roles and responsibility of the GP in strengthening the programme.

Date of completion: 30th March 2023

A system is put in place to send monthly records of antibiotic usage, MDRO's and HCAI's to the visiting GP for their review and input.

Date of completion: Immediate and ongoing

A review of the cleaning trolley was carried out by the Person in Charge and the Accommodation manager on 23rd February. Staff are re-trained on the importance of separating clean and dirty to prevent cross infection, reiterating the procedure of bringing cleaning chemicals into the room while cleaning a resident's room to prevent access to chemicals by residents. Regular spot checks are being done by the Accommodation Manager and supervisor to ensure compliance.

All staff in the Accommodation department are shown the right way to arrange the trolley, a picture of the model trolley is displayed in all the cleaners' stores as reference.

Date of completion: Complete

The Accommodation Manager is in the process of procuring new cleaning trolleys which can facilitate easy segregation of clean and dirty and safe keeping of chemicals while in

the units or in residents' area.  
 Date of completion: 31st May 2023

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 Any furniture or equipment that partially obstructs the stairwells or escape routes has been removed to create a safe flow of evacuation.  
 Date of completion 28th March 2023

An internal risk assessment was carried out on 23rd of February by the Fire Safety Officer and Person in Charge in Orwell Orange  
 We have added an extra ski pad to assist with the evacuation needs of the residents. The seating area has been rearranged for the daytime to minimize the risk of delaying evacuation in the two compartments.  
 Three residents are risk assessed as safe to be seated in the well area, these residents can be evacuated to the landing in an emergency event.  
 Four residents are risk assessed as safe to be accommodated in the day space in the dining area.  
 The console table near the door has been removed to leave the exit clear and unobstructed.  
 A weekly fire drill takes place in this area to familiarize the staff with the emergency procedures.  
 We have spoken with residents and DCPs of residents who require an evacuation device and have offered to relocate them to the ground floor, while accommodating mobile residents in The Well area to reduce risk in the event of a fire.  
 Date of completion: 31st March 2023

A risk assessment was carried out by an external Fire Safety Consultant on 9th March. It was recommended to move the fire door at the end of the corridor further into the unit to create more space on the landing to safely accommodate four to five residents during an evacuation.  
 Date of completion: 31st May 2023

The evacuation plan for the residents in this area now includes an evacuation chair.  
 Date of completion: 31st May 2023

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
We are reinforcing our "zero tolerance" policy regarding any form of abuse at any level and are encouraging residents, staff and family members to report in an open and transparent manner.

We adopt a culture of openness and transparency and work towards a lower threshold for reporting.

Date of completion :Immediate and ongoing

We have scheduled safeguarding workshops twice in the year to raise the awareness among staff at all levels.

Date of completion: June and October 2023



## 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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	28/03/2023
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain	Substantially Compliant	Yellow	30/06/2023

	his or her clothes and other personal possessions.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/05/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2023

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	28/03/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	28/03/2023