



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Orwell Queen of Peace
Name of provider:	MCGA Limited
Address of centre:	Garville Avenue, Rathgar, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	23 September 2019
Centre ID:	OSV-0005506
Fieldwork ID:	MON-0022876

About the designated centre

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

The centre is located in Rathgar, Dublin 6 and is close to local amenities such as bus routes, restaurants, and convenience stores. Orwell Queen of Peace was built in the 1970's. The premises consists of three floors with accommodation provided on the first and second floors. The centre is registered to provide accommodation to 46 residents. Currently the Nursing Home provides care and support to residents with long term care needs, including those with a dementia illness and those who require palliative care input. All bedrooms are of single capacity with 14 providing en-suite facilities. Both floors provide a communal area with a domestic scale kitchen, dining area and home-style living space. Residents can access a secure garden area with suitable seating which also contains facilities for those residents who wish to smoke.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Monday 23 September 2019	19:00hrs to 21:00hrs	Michael Dunne	Lead
Tuesday 24 September 2019	09:55hrs to 17:30hrs	Michael Dunne	Lead
Monday 23 September 2019	19:00hrs to 21:00hrs	Helen Lindsey	Support
Tuesday 24 September 2019	09:00hrs to 17:30hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Overall residents views on their experiences living in the centre were positive. They told inspectors that they found staff to be caring, kind and responsive to their needs. Residents mentioned that they were happy with the support they received with personal care with one resident stating "staff could not do enough for you". Another said "the staff are very kind". However feedback received from some residents and relatives indicated that residents often had to wait for their call bells to be answered and for staff to become available to provide timely support. Resident's were positive about their personal space stating that their bedrooms were spacious, warm and clean.

Inspectors observed staff interacting with residents in a person centred way and it was clear that staff were aware of each residents individual needs. Some residents who required assistance with their mobility were seen to receive this support in a discreet and unhurried manner. Residents were observed engaging in an organised activity programme. Residents who required assistance from staff to participate in activities received the necessary support and encouragement to do so. Residents told inspectors of the items they were making in activity sessions, a number of which were for a local charity.

Residents told inspectors that they were happy and content with the healthcare support provided by the centre. This included the management of their medication and access to the general practitioner (GP). These were areas that residents were particularly happy with.

Residents expressed mixed views on the quality of food, with some enjoying the variety of dishes on offer while others felt that it was not an enjoyable experience. Some residents mentioned that they could not remember what the main meal was as they were asked for their meal preference the day before. Inspectors did observe residents being asked prior to the meal which of the options they would like.

A number of residents told the inspector that they were aware that the premises was going to be upgraded in the near future and mentioned that management had told them about this in a residents meeting.

Capacity and capability

While complaints processes and setting up residents contracts of care were being well managed, improvements were required in relation to staffing, training and storage of records. Updates were also required to the statement of purpose.

The provider was planning upgrading and improvement to the premises that will provide single and double en-suite accommodation for all residents. However the premises currently requires significant improvements relating to the facilities available and the decor and presentation of the centre. The residents are living in a building that does not currently meet their needs fully and this was also identified at the previous inspection.

Records requested by inspectors were not available for inspection as they were stored in another designated centre operated by the provider. They were made available when requested but there was a delay while they were collected. When inspectors reviewed the documents they were found to meet the requirements of the regulations and were well organised.

Residents and their families were very positive about about the staff, and overall positive interactions were seen between staff and residents during the inspection. Many of the staff were familiar with residents and their needs. During the day there was variety of staff including clinical nurse managers overseeing the day to day practice in the centre, nursing staff, healthcare assistants and support staff such as kitchen assistants and cleaning staff. Members of the senior management team were also reported to spend time in the centre. While there were sufficient numbers of staff during the day inspectors observed that after 8pm staffing levels reduced to two staff per floor and this was not sufficient to supervise residents, support residents with personal care needs, and also answer a high number of nurse call bells.

There was access to a range of training courses, including mandatory training and refresher courses in safeguarding and fire safety. There was a gap in staff receiving appraisals, but this had been noted by the management team and steps were being put in place to provide appropriate supervision in place for all staff.

There was a clear complaints management process in place. It was set out clearly in a policy, and the procedure was posted around the centre in places residents and relatives would be able to see it. A review of the complaints register saw that all complaints received were being progressed in line with the policy. Residents and relatives spoken with were clear of the procedure and shared their experiences of using it.

Regulation 15: Staffing

During the day staffing levels and skill mix were seen to be appropriate to meet residents' needs. There were clinical nurse managers supporting the nursing staff, and healthcare assistants allocated to both of the floors. There were also activities co-ordinators and household staff. However, at the evening shift change staffing went down to two staff per floor, a nurse and a healthcare assistant. Inspectors observed that residents who required support had to wait until staff became available to support them, this left residents having to wait for support to go to bed or to the toilet. There was a period of time when residents in a lounge

area were not being supervised, and some of the residents had been identified as being at high risk of falls. A member of the management team arrived at the centre and ended up answering a number of nurse calls, and supporting residents who were mobilising in the corridors. Residents and relatives did say it could take some time for nurse calls to be answered, and also that they did have to wait for care at times.

Five of the existing staff team members were relatively new in the home with many having less than one years experience of working in the centre, but they were seen to know residents' needs well. The centres rosters were reviewed with staff cover being managed effectively. Staffing cover was arranged primarily in conjunction with the Director of Nursing. Staff confirmed they had access to training.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a training matrix available for inspectors to review which outlined the range of training provided by the centre. Inspectors identified some gaps in mandatory training such as fire safety and safeguarding, however the provider had made arrangements for all staff who had not completed courses to receive the required training in the coming weeks as part of their ongoing training programme. Other courses available to staff included managing responsive behaviours, dementia care, and staff were supported to complete other qualifications.

Staff spoken with in the course of the inspection were able to confirm that they had undertaken a range of training whilst working at the centre. They also confirmed that they found this training useful in their day to day interactions with residents and ensured that they provided care that was appropriate to residents identified needs.

Inspectors noted that there were a significant number of staff who had overdue appraisals. The provider was aware of this issue.

Judgment: Substantially compliant

Regulation 21: Records

Overall there was a good standard of record keeping contributing to effective analysis of information.

Records pertaining to the care of residents including care plans and risk assessments were stored, maintained and updated on an electronic system. Staff

access to these records were by means of a secure password. Other records seen, including those in relation to complaints and audits were also stored electronically and were secured with password protection and stored on an electronic system.

A review of staff records found that schedule 2 records pertaining to the centre were held at a different designated centre managed by the same provider and therefore were not available for inspection when requested by the inspectors. They were made available when requested but there was a delay while they were collected. When the records were reviewed they contained all the required information.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts were reviewed during the inspection. Those seen confirmed residents had a signed contract in place which set out the terms and conditions of residence and location of their bedroom in the centre. Costs for additional services were also included in the terms of the contract. The majority of residents living in the centre were in receipt of assistance under the Nursing Homes Support Scheme. A review of contracts confirmed there were suitable arrangements in place for the management of funds under this scheme. All contracts seen had the required signatures in place and where residents did not have capacity to give informed consent this was recorded.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which set out the services that were offered by the centre. There were a number of amendments required to ensure that services currently provided by the centre were accurately reflected in the centre's statement of purpose, for example an updated version of the centre's organisational chart and a more detailed description of the en-suite facilities available in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place to deal with complaints

received from residents or other stakeholders. The policy outlined the key stages of how a complaint was to be dealt with including investigation, feedback and appeal. The complaints policy was publicised in key locations within the centre. Residents spoken with in the course of the inspection were able to confirm that they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they were aware of the complaints policy and saw their role as one of helping residents with to use the complaints procedure.

A review of the complaints log was undertaken and it showed that all complaints received were logged appropriately. The log record also showed that complaints were investigated promptly, with feedback given at appropriate stages of the process.

Judgment: Compliant

Quality and safety

Resident health and social care needs were being met and there were effective arrangements in place to assess residents' needs and respond effectively when they changed. Improvements were required in relation to the premises and fire safety precautions.

Effective assessment and care management arrangements were in place. A comprehensive assessment was completed on admission to the centre and nursing staff then went on to develop care plans for residents identified needs. Care plans were seen to be person centred, reflecting residents' preferred routines and their likes and dislikes. Care records clearly set out residents' skills, their support needs, and any equipment or other support that were required. Where residents had additional support needs relating to responsive behaviours staff were providing effective support, and care plans gave clear guidance on what may cause residents anxiety and how to manage issues if they arose.

Throughout the inspection residents were seen to be making their own decisions about how and where they spent their time, a number stopped to speak to inspectors while they were moving around and said their personal choices were respected. There were a range of activities for residents to take part in, and inspectors observed a number of residents enjoying the groups and taking part. The weekly plan was posted on the wall, and informed residents what was happening in the week. Residents had access to television, radio, dvds and newspapers. Members of the local community visited the centre both for religious services, and to provide a range of entertainment. Music was reported to be important and something the residents enjoyed.

A range of nursing risk assessments were being used to support ongoing assessment of residents needs, these included screening for the risk of pressure areas, falls, and malnutrition. Records showed nursing staff were responsive when

changes were identified. For example residents' nutritional intake was being monitored, and referrals had been made to allied professionals for additional support where required.

Visitors were seen coming and going through the course of the inspection, and it was confirmed restrictions were only in place at the request of the resident. There were rooms to meet with visitors, but most people were seen to use bedrooms or the main communal space to meet.

The provider restated their commitment to upgrade and make improvements in the centre. On the day of the inspection the decor of the premises was seen to be in poor condition, and no improvements had been made to the number and accessibility of toilets and showers in the centre. Some bathrooms were seen to be used for storage during the inspection, further limiting their use. It was also observed that the multifunctional use of the main communal space was impacting on residents' ability to spend recreational time as they chose, or to enjoy a pleasant environment for mealtimes. While there were additional rooms available for residents to use, these facilities were seen to be infrequently used by residents.

There was a risk management policy in place, and it was seen to be in to practice in the centre. There was a risk register that documented identified risks and set out the measures in place to manage those risks. There was a process in place to review risks on a regular basis, and review arrangements in place if required. An area of risk that required review was in relation to fire safety.

There were records of the ongoing maintenance of all fire equipment, for example emergency lighting, fire extinguishers and the fire alarm. Staff reported that each bed was fitted with an evacuation sheet should it be required. While there was fire safety training provided to staff on an annual basis, those spoken with during the inspection were not able to describe the procedure to be followed in the event that an evacuation was required, this included those nominated as the fire marshal. There was a policy in place that described that progressive horizontal evacuation would be carried out if required, however there was no procedure that set out how this was to happen. A review of compartment doors and screening at fire escapes was required to ensure appropriate measures were in place to contain fire.

Regulation 10: Communication difficulties

Residents' communication needs were discussed on admission, and care plans were put in place if residents had needs in relation to hearing, sight, and cognitive skills to understand and process information.

Care plans set out residents' skills and abilities and the areas where they required additional support. Care plans described hearing and sight needs clearly and had clear instructions for the management and cleaning for equipment such as glasses and hearing aids.

Judgment: Compliant

Regulation 11: Visits

Residents were seen to be enjoying visits from relative. There were no restrictions on visiting other than those set out by the residents themselves. There were separate visitors rooms in the centre, and all bedrooms were single, so they could meet privately if they chose.

Judgment: Compliant

Regulation 17: Premises

While inspectors are aware of the plans to upgrade the premises and address all areas of non-compliance, the residents are currently living in a premises that does not fully meet their needs. Some improvements that were required could have been implemented ahead of the full upgrading of the centre.

The decor in the building is very worn. Walls in communal areas and bedrooms are marked with scratches and gouges. Many doors have damaged paint, and the wood is exposed on some. Flooring is worn in some areas with some tears managed with tape to remove the risk of tripping.

There is a lift in place, travelling between the three floors, but inspectors were informed it has been breaking down.

There are a range of communal areas in the centre, a multipurpose room, and two visitor rooms on each floor, and a large room on the ground floor. However the way these rooms were being used meant most residents were spending time in a communal room on either the first or second floor. These rooms are used for a number of functions, including a sitting room, dining room and kitchen. This impacts on how residents can use this space, due to the noise levels from some activity, and other activities taking place. For example a resident was seen to want to watch TV during a meal time, but the TV could hardly be heard due to the noise created in preparing, and eating the meal. When the area on the 2nd floor is used for Mass the room is set up with seats for that purpose, so people cannot use that space for other purposes. There was a large room on the ground floor that had previously been used as a dining room, however there was very little furniture in this room, and it would be difficult for residents to access independently. This was the only room that offered access to the garden. The garden was well maintained, however feedback was received that it was hard to access independently and could not easily be seen from the communal rooms on the first and second floor. Inspectors did observe staff taking residents for a walk around the outside

area.

While there were storage rooms identified inspectors observed items of equipment being stored in the bathrooms. There are four toilets for residents on each floor, of which three are located near the nurses station. None of them are accessible toilets, and they do not have sufficient space to enable a resident to use them with staff support. 14 bedrooms were en-suite with a shower. The number and location of bathing facilities for residents without en-suite also required review.

Other parts of the premises did meet the required standard. There was a range of equipment available and it was maintained in good order. There were handrails along corridors, and grab-rails in bathrooms to support mobility. Each bedroom was single, and had sufficient space for a bed, chair, locker with a lockable drawer, wardrobe and had a nurse call near the bed. Residents had personalised their rooms to their own tastes, and had been able to bring small items of furniture with them. There were signs around the centre to support wayfinding, and colours were used to support identification of the two floors (blue and orange).

Judgment: Not compliant

Regulation 18: Food and nutrition

There were policies and procedures in place in relation to food and nutrition in the centre. Where residents had been identified as requiring support to maintain healthy nutrition there were clear plans in place, and advice was sought from the appropriate allied healthcare professional when required. Residents were seen to be taking nutritional supplements when prescribed, and were provided with a modified diet where this had been assessed as necessary. Where residents were at a higher risk of malnutrition care plans reflected the plans in place to offer the most appropriate supports, for example daily records of intake were maintained, and the resident may be weighed weekly to monitor any changes.

Inspectors observed a mealtime in the centre on both floors. Residents were seen to be presented with a choice of drinks and meal options. There were instances where the resident was not clear what was being offered to them, as choices were provided verbally with no written or pictorial menus available.

Some residents said they enjoyed the meals, and felt everything was well cooked, giving an example of well cooked meat that was easy to eat, and a selection of traditional Irish options that they enjoyed. Others said they did not enjoy the food being served. Water was available, and drinks and snacks were offered regularly to residents through the day and evening.

A nutritional review had been completed of the menu and it was seen to provide a nutritious range of meals. Residents were satisfied with the portion sizes, and the meals were well presented.

Where residents required support to eat their meals it was provided discreetly, however examples were seen where residents were waiting to be supported while all other people in their vicinity were already eating. Inspectors did not see these residents receive an explanation of why they were waiting.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a resident guide that set a range of useful information. For example it set out a summary of the services and facilities, procedure for complaints, and arrangements for visitors.

Judgment: Compliant

Regulation 26: Risk management

The risk policy available in the centre set out the process for hazard identification and assessment of risks in the centre. The policy covered risks in relation to a range of areas including abuse, aggression and violence, and accidental injury to visitors, residents and staff.

There was a risk register in place that set out a wide range of risk and management arrangements in relation to the premises, people on the premises, and needs of residents in the centre. Records of meetings showed that these were reviewed periodically and amended if necessary.

There were also individual risk assessments in place for residents where specific risks had been identified, for example the use of bed rails, or where residents had responsive behaviour.

Records were seen of health and safety walk around, and many of the issues relating to the premises identified by inspectors had also been identified through this process and there was an action plan in place to address issues. It was noted that not all areas of risk relating for fire safety in the centre had been identified and this is covered under Regulation 28.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to ensure adequate precautions were in place against the risk of fire.

There was a fire safety policy in place. It set out legislation and the roles and responsibilities for different grades of staff. While there was a lot of information available in the policy inspectors could not ascertain from the document what the steps were for evacuation, other than the process would follow horizontal evacuation arrangements.

Fire safety training was provided to staff on induction and annually. It covered a range of topics including evacuation procedures, building layout and the fire alarm. While the description of the training provided was comprehensive, some staff who would be responsible for coordinating the evacuation of residents were unclear about the fire evacuation procedures for the centre which would indicate that this training was ineffective. For example they spoke about keeping residents comfortable where they were rather than to evacuate from an area, which did not align with the process described by the management team.

Fire extinguishers were available through the designated centre, and were serviced annually.

Annual servicing certificates were available for emergency lighting, and there was a plan in place to renew those found with faults at a recent review. There was a contract in place to maintain the fire alarm system. Quarterly servicing documentation was seen for 2019, but was not available for 2018.

Daily, weekly and monthly checks were in place, and documents showed they were completed as required. During the inspection one door was found to be blocked by chairs, and an escape route had items stored in the refuge area at the top. These items were moved when brought to the attention of the management team.

Inspectors walked the premises and found some areas, specifically compartments and emergency exit routes, did not have the required containment arrangements in place, for example some doors for compartments and emergency exit routes had a lower fire rating than would be expected for their location. All bedrooms were fitted with door closers and fire doors, and would close automatically on the activation of the fire alarm.

Fire drills were being carried out regularly, but there was no detail of the scenarios being practiced, for example the largest compartment, or night time staffing levels. They also did not set out how long the drill took, or whether any improvements were needed to make it more effective. While verbal information was provided around the timings of drills, without documented evidence the provider could not be assured adequate arrangements were in place to effectively and safely evacuate

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of care plans showed that there was a system in place to assess residents needs prior to admission to ensure their needs could be met in the centre. On admission care plans were developed for any identified needs. There were care plans in place for nutrition, cognition, communication, mobility and a range of other areas where residents may require support. Care plans reviewed were person centred and reflected the residents preferences and preferred routines.

There was a process in place to review care plans on a four monthly basis, or more frequently if required. Most records showed that reviews had been carried out by nursing staff, however, one care plan reviewed did not reflect the residents current needs, as there had been a significant change. This was fed back to the management team on the day of inspection.

Judgment: Substantially compliant

Regulation 6: Health care

A range of evidence based nursing tools were being used to support the initial assessment of residents abilities and areas where support was required to ensure residents health and social care needs were being met. These were also supported by risk assessments that included any steps being taken to reduce the risks identified.

Inspectors observed handover, that included nursing and healthcare assistants. The details discussed showed staff were familiar with the residents, their usual routines, and so were quick to notice any changes in their health. Examples were discussed of changing needs and the steps being taken to review the resident and the decision making process for making referral on to other allied health care professionals was seen. Referrals were made to speech and language therapy, dietician and tissue viability nurse, for example.

A general practitioner (GP) visited the centre once a week, and nursing staff held a record of which residents needed to be seen each week. There was also access to the on call doctor if it was required. Residents were able to maintain their own GP if they chose to.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff in the centre were seen to have a good relationship with the residents, and were able to support residents with responsive behaviours effectively. Inspectors observed staff intervening with residents in a way that reduced the risk of further escalation. This was noted to support the residents to maintain a good quality of life, and reduce the need for more focused interventions.

Staff had attended a range of training courses including supporting people with dementia and managing responsive behaviours. They were seen to be implementing the learning from these courses, both in their interactions and in the records and documents setting out residents needs.

Staff were supported to know about residents as there were very clear care plans. They provided clear details of residents skills and abilities, and areas where they required additional support, what may trigger residents responsive behaviours and effective methods to support them to be less anxious or upset.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred.

The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training and were clear on what may be indicators of abuse and what to do if they were informed of, or suspected abuse had occurred.

Judgment: Compliant

Regulation 9: Residents' rights

There was an activities programme in place, and activities staff were available every day in the centre. On the day of inspection residents were taking part in a number of different activities including knitting, a music group, and an exercise session. Some residents went for a walk with staff on a one to one basis. There was a

programme in place for every day, and this was displayed on notice boards in places in the centre where they could easily be seen. During the inspection there were additional activities taking place as part of a falls awareness week. Residents also reported there were trips out on occasion that they enjoyed.

Residents were seen to be exercising choice in relation to their routines. Residents who spoke with inspectors said they got up when they wanted to, some said they liked to stay in bed in the mornings, as they stayed up later in the evenings. Residents were also seen to be choosing where to take meals, whether to join in the activities in the centre, or whether to carry out their own activities in their rooms.

Resident had access to televisions in their rooms, and in communal rooms, there were papers available, and radio and other types of music were also available. Wi-fi was available through the centre. Many residents had their own mobile phones, but there were telephone booths available if residents chose to use them.

There were residents meetings in the centre. They had previously been held monthly, but recently changed to three monthly. Recent topics discussed included the renovations and staffing changes. There was a suggestions box available in the centre for feedback to be provided at any time.

Mass was celebrated and lead by a priest in the centre, using the altar area on the top floor. The rosary was also lead daily for those resident's who wished to take part. Residents with other religions were supported in line with their personal preferences.

There were posters on notice boards giving the contact details of local advocacy services, these were also set out in the residents guide.

Inspectors noted the room used as a dinning room was also used to prepare meals, as the kitchenette was in the same place. There was significant noise generated from a blender being used, washing up at a sink, and then a dishwasher being turned on all while residents were eating. Some residents were seen to be looking in the direction and frowning. Some residents could not hear the people sitting with them or staff due to the level of noise in the room. The activities going on while people were eating had a negative impact on the dining experience of residents. The environment did not promote a pleasant dining experience and impacted on the quality of service being provided to residents.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Orwell Queen of Peace OSV-0005506

Inspection ID: MON-0022876

Date of inspection: 24/09/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider, subsequent to the Inspection, has taken all necessary steps to assess staffing levels on both floors of the Centre by reference to the dependency levels, care needs of the residents, skill mix and competency of the staff and the lay out of the building.</p> <p>With a view to addressing the Inspectors’ assessment during the Inspection, the Registered Provider dedicated extra staff during the night shift in the Centre. The rostered hours were increased from 28 October 2019 to assist and supervise the residents until 2100hrs. An additional night healthcare assistant is rostered to work as a float between the two floors of the Centre from 4 November 2019.</p> <p>We will continue to keep this under review as the building project progresses.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: There was one staff member due to attend mandatory fire safety training in September. This staff member was rostered to attend the next training day.</p> <p>The nine staff due to attend the Fire Refresher training for this year have now completed this.</p> <p>On the day of the inspection, no staff member was due or overdue for their six week or</p>	

six-month appraisal, these were carried out in a timely manner.

Management have identified 14 members of staff who are due to have their annual appraisal. A three month plan (Sep-Nov) was developed in September 2019 to have these appraisals completed by November 2019

Regulation 21: Records

Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The Registered Provider has conducted a review of all records to ensure compliance with Regulation 21 and wishes to assure the Chief Inspector of its compliance with this regulation.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been amended to reflect changes to the Organizational Chart, food transport arrangements, HSE referral procedures and detailed description of the en-suite facilities available in the Centre. The updated Statement of purpose is submitted to the Chief Inspector.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider is committed to conducting a review by reference to assuring itself of compliance with Schedule 6 of the Care & Welfare Regulations. The Registered Provider has also raised with the Inspectors its plan to expend significant resources to modernize and reconfigure the Centre. The Registered Provider expects the project to be completed by March 2022.

In the interim, additional storage areas will be made available to store equipment. A plan has been initiated to maintain the walls and doors with monthly checks and touch ups.

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Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Menus will be displayed on the tables during meal times from 11 November 2019. Staff have been educated on the introduction of the menu which is easy to follow for residents, i.e. menus with bigger font and pictures will be made available in folders as a method of taking orders for meals.

A food satisfaction survey will be carried out in November 2019 to get the residents' feedback which will assist in making necessary changes as per residents' choices and preferences. The PIC is completing the self-assessment questionnaire on Food and Nutrition published by HIQA to assess compliance against standards and regulations, and to identify ways in which the service can be improved. Staff training in nutrition and hydration will be prioritized for the training plan in the first quarter in 2020. We have reviewed and refined the meal time audit tool used, in order to assess the dining experience of the residents, including the assistance and interaction between staff and residents.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

In order to address the Inspectors' concerns, the Centre's Fire Safety Officer is carrying out simulated evacuation drills with the staff in the Centre. The plan is to carry out two simulated evacuation drills per week, ensuring that all grades of staff working both day and nights shifts are trained and educated on scenario driven fire evacuation procedures.

The simulated fire drills are carried out based on the largest compartment, the compartment with the highest number of maximum dependent residents and night time staffing levels.

A fire extinguisher is now placed in the communal room on both floors.

Daily checks will be carried out by the CNM on duty to ensure that all fire escape routes and refuge areas are kept clear. Night nurses are responsible to ensure that the fire escape routes are kept clear.

We have appointed a competent person to carry out the fire safety risk assessment, door assessment and compartment integrity assessment which will be completed by 28 November 2019.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Training is arranged for December 2019 focusing mainly on terminal care planning. The current medication management system is in the process of transition to use of the EMAR system, where any errors in relation to prescribing, transcribing and omissions will be minimised. The new system will be implemented in the centre on 11 November 2019. Use of Emar training is arranged for the nurses on 5 November 2019.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Noise has been reduced in the dining room to promote a pleasant dining experience, the blender is not used during mealtimes, and the dishwasher is only used once mealtime is over.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	14/11/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Not Compliant	Orange	31/03/2022

	under Regulation 3.			
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.	Not Compliant	Orange	31/03/2022
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	07/11/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	07/11/2019
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	07/11/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building	Not Compliant	Orange	07/11/2019

	services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	07/11/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	29/02/2020
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/11/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be	Not Compliant	Orange	31/12/2019

	followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/11/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2019
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 placement of residents.	Not Compliant	Orange	31/12/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out	Substantially Compliant	Yellow	07/11/2019

	in Schedule 1.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2020
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	21/11/2019