Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Orwell Private
Centre ID:	OSV-0000078
Centre address:	112 Orwell Road, Rathgar, Dublin 6.
Telephone number:	01 499 9000
Email address:	info@orwellhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Orwell House Limited
Provider Nominee:	Peter Jones
Lead inspector:	Helen Lindsey
Support inspector(s):	Shane Walsh;Sheila McKevitt
Type of inspection	Announced
Number of residents on the date of inspection:	134
Number of vacancies on the date of inspection:	36

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 January 2017 09:00	17 January 2017 17:30
18 January 2017 09:00	18 January 2017 16:15

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Orwell Private is a nursing home was extended in January 2016 to increase the size of the nursing home from 101 to 170 places. They provide a service to people with a range of needs including long term care, short term care, brain injury, convalescence, respite and dementia.

Inspectors were satisfied that the residents received a good quality service. There

was a high level of compliance with the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Inspectors found that residents received person centred care from a team of staff who had received appropriate training to ensure they were able to carry out their role effectively. Residents fed back to inspectors that they were receiving a good service and felt safe in the centre. Assessments of care needs were carried out prior to admission, and care was seen to be provided as described in care plans for residents specific needs. Systems to ensure risk was managed without limiting resident's independence were seen to be in place. There was a wide range of activities taking place in the centre, with resident's encouraged to move around the building to join groups and encourage a social experience. Where residents stayed in their own areas by choice, activities were facilitated around them. There were also links with the local community with some people attending the centre for events, or residents going out to events or local places of interest.

The premises had been designed and furnished to offer resident's comfortable accommodation.

There was a clear management framework in place that worked to ensure the quality of the service provided was maintained. The centre was sufficiently resourced to meet the needs of the residents.

One area for improvement was identified in relation to the Fire Safety policy. This is discussed further in the body of the report and the action required is included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose set out the services and facilities in the designated centre and contained all the requirements of schedule 1 of the regulations. It was kept up to date and revised in January 2017.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors found that the centre was resourced effectively and there were systems in place to ensure that a quality and safe service was provided to residents.

There was a clearly defined management structure, and for each role, there was clear responsibilities and accountability. All staff spoken with were clear of how to escalate

any areas of concern to their manager, and felt confident the issue would be addressed.

There were clear records of all management meetings that were held regularly. Each set of minutes showed the actions identified and those responsible for taking it forward. Review of records such as maintenance records and risk records showed that action was taken where risk was identified. For example the centre had recently reviewed radiator temperatures and coverings and had fitted radiator covers where risk was identified following the review.

There were effective management systems in place for example there were regular management meetings focusing of all the different areas of responsibility in the centre, where topics such as safety and residents needs were discussed at regular intervals. For example the clinical management meeting, and facilities meeting. All of the documents reviewed and the feedback from the staff spoken with showed that the management team was responsive to feedback and took action when it was required.

An annual review for 2015 was available on the day of the inspection. The 2016 review was underdevelopment on the day of the inspection and sent in to the inspector for review shortly after. It covered progress made in the last year, and plans for the coming year.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
There was a guide to the centre available to the residents. Each resident had a written contract that dealt with the care of the resident.

There were three guides to the centre available to residents, a guide for residents receiving convalescent care, for residents with an acquired brain injury and for all other residents receiving long-term care. The guides were provided to every resident on admission. All three guides contained detail on the complaints procedure, a summary of services in the centre, the terms and conditions of residency and information for visitors.

The inspectors reviewed a total of 5 contracts. Each contract dealt with the care and welfare of the resident and listed all services that would be provided to the resident. All

standard and additional fees were outlined in the contract. All contracts were signed by a representative of the provider and by the resident or their next of kin.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
There was a full time person in charge of the designated centre who had the relevant experience and qualifications required to carry on the role. They demonstrated a good understanding of the regulations and standards and had effective systems in place to make sure they were being met in the centre. Resident care and satisfaction with the service was seen to be a priority.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
All documents read by inspectors were well presented and written in a clear and

accessible way. All of the documents required in schedule 2, 3 and 4 of the regulations were available for review and met the requirement of the regulations. For example staff recruitment records, the statement of purpose and residents guidance were available for resident's and included the required information, records in respect of each resident including any correspondence that related to them.

There was a policy on document retention, and records were seen to be stored safely but remained accessible when necessary.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

The assistant director of nursing was available to deputise in the absence of the person in charge.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
Inspectors were satisfied that measures were in place to safeguard and protect residents from abuse, that there were systems in place to promote a positive approach to behaviours that challenge, and the management of restrictive practices were in line with the national policy.

There was a policy on and procedures in place for the prevention, detection and response to abuse that was comprehensive, and guided practice. The management team was familiar with the new procedures and guidelines for safeguarding vulnerable adults from the Health Service Executive.

Inspectors spoke with staff who were able to describe the different types of abuse as described in the centres policy, and what to do if they witnessed, suspected or were informed about an allegation of abuse. They also knew who to make any reports to. All staff had completed up-to-date training in safeguarding of residents, and records read confirmed this.

The management team, including the person in charge were familiar with the procedures to follow to carry out an investigation and what their role would be. There was a designated person nominated to oversee the investigation of allegations of abuse.

Residents who spoke with inspectors said they felt safe in the centre, and the surveys completed by residents and staff and sent to HIQA also confirmed that people felt safe.

There was a commitment in the centre to work towards a restraint free environment. The few cases where a restrictions had been identified as the most appropriate action to take, such as use of bed rails, a full assessment was completed including whether other solutions that were less restrictive would meet the needs of the residents. There were also risk assessments to ensure any risks were identified, reduced and monitored. There was a review of all restrictive practice at least 4 monthly.

Inspector's also reviewed the policies for management of behaviour that was challenging, and the use of restraint. Both followed national best practice. A number of the staff had also undertaken training in how to support residents with responsive behaviour (challenging behaviour).

Where residents had responsive behaviour there were care plans that set out how residents should be supported. Staff spoken with were found to know the residents well, and were seen to be supporting the residents in line with their care plans during the inspection.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors found the health and safety of residents, staff and visitors was actively promoted. There were adequate systems around managing the risk of fire, however some improvement was required around the documentation of the procedure to be followed in the case of fire.

There was an up to date safety statement that had been signed by the provider in the centre. There was a risk management policy in place and this was reviewed by the inspectors. The inspectors also reviewed the risk register for the centre and found that indentified risks were rated and there was controlling measures detailed to mitigate the level of risk. There was also a detailed and comprehensive emergency plan in place for the response to major incidents.

The centre had a sufficient amount of fire equipment throughout the building. Fire exits were clearly marked and unobstructed. The service records for fire equipment confirmed that they were being serviced on an annual basis. The fire alarm and the emergency lighting had also been serviced on a quarterly basis. The centre was compartmentalised through the use of fire doors on magnetic self closing mechanisms. These fire doors would automatically close on the sounding of the fire alarm. All fire doors also had smoke seals and heat seals in place to slow the spread of fire and smoke.

There was a fire safety policy in place in the centre and all staff had received up to date training. The policy and practice needed review to ensure that adequate means of escape are provided in the centre, specifically the safety of residents during an evacuation. It also required more detail around the procedure in order to guide practice and provide staff with a reference point around the exact procedure to be followed. For example, the inspectors spoke to a number of staff around the procedure to be followed in the case of fire. While all staff had a good knowledge of the procedure some staff were uncertain around how many staff return to the fire panel following review of the area where the alarm was activated.

Summarised copies of the procedure to be followed in the case of fire were displayed throughout the centre. Fire drills occurred in the centre on a regular basis. A fire drill was carried out approximately once a week.

Inspectors observed staff following infection control procedures, and personal protective clothing and hand sanitizers were available through the centre if required.

Judgment:

Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
The medication policy gave clear guidance to nursing staff on areas such as ordering, transcribing, prescribing, administration of medicines 'as required' (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

The prescription sheets reviewed were clear and provided information to support the correct identification of residents, for example photographic identification

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the GP as suitable for crushing. Resident's medication was reviewed every four months by their general practitioner.

Nurses kept a register of controlled drugs, and storage was seen to be secure. They were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

There was an effective system in place to manage the return of out of date and unused medication, with records providing a clear audit trail.

Any medication errors were appropriately recorded and followed up to reduce the risk of them occurring again.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

Findings:
Inspectors reviewed the notifications submitted by the person in charge. Both three day and three monthly notifications had been submitted when required.

A review of the incidents, accident and complaints records showed there was a process in place to identify if a notification to HIQA was required and this had been followed by the staff team.

Judgment:
Compliant

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

Theme:
Effective care and support

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

Findings:
Residents needs were being assessed prior to admission, records showed a good standard of risk assessment and care planning to set out their needs, and the documentation was regularly reviewed. Staff knew the residents well, and took action when it was noted that their needs had changed.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice, which specific staff allocated the task of completing the assessment.

All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better. Plans were developed for areas where resident's needed care or support. They provided clear instruction for the staff supporting the resident, they were person centred and reflected the likes and dislikes of each resident. There were also risk assessments in place to ensure care was delivered

safely but without limiting residents independence.

Records showed that where medical treatment was needed it was provided. They showed that residents had timely access to general practitioner (GP) services, and referrals had been made to other services as required, for example the speech and language therapist or dietician. Where allied professionals had made recommendations these were seen to be put in place, for example modified diets are recommended by the dietician or speech and language therapist.

Evidence was seen during the inspection that residents were closely monitored, and where there was a change in the presentation of the resident, action was taken quickly to respond to that. For example if residents appetite or weight changed then the dietician was contacted and an assessment was completed.

Residents who spoke with inspectors said they felt they were being well supported and cared for by staff who were nice and helped them feel comfortable. Questionnaires received by HIQA from relatives and residents also showed satisfaction with care and support and said they were kept informed of any changes through regular meetings.

If any concerns were raised about standards, records showed the evidence that information was responded to and acted on.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when residents returned to the centre, for example from hospital, there was a clear summary of the residents needs and guidance on any interventions needed.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The layout and design of the centre met the needs of the residents and was appropriate for its intended purpose.

The centre was divided into four areas, Orwell, Elgin, Raglan and an area for residents in receipt of convalescent care. Both Elgin and Raglan were purpose built extensions to the right and left of the original Orwell building. Residents' bedrooms were located over a total of four floors and there was a lift available to all floors in each area.

The centre was well laid out and beautifully decorated. The corridors throughout the building were wide and had handrails. Staircases also had handrails on both sides. The centre was clean, in good repair, well lit and was suitably heated. The centre was decorated in a homely manner. The management of the centre had clearly made great efforts to achieve a homely feel through the use of furniture. Examples of some of the furniture throughout the centre consisted of large leather armchairs and couches, decorative mirrors, bookshelves and chandeliers. In one of the day rooms there was also a baby grand piano.

There was access to a large external and secure courtyard. The courtyard contained raised flower beds, benches and a smoking hut. There were also a number of areas of artificial grass, which was installed as some residents had fed back that they disliked walking in wet grass. Residents and relatives had explained that the courtyard was regularly used, particularly during the summer when the weather was warmer. None the less the inspectors did observe a number of residents using the courtyard throughout the inspection. Residents, visitors and staff also had access to a fully stocked shop and a small café that were on site. There was also a hairdressing room, a physiotherapy gym and a staff training room in the centre.

There was sufficient amount of communal space in the centre. The inspectors visited each area in the centre and found that there was an appropriate amount of dining areas and day rooms for residents. The communal areas were well laid out and decorated. Many of the armchairs and couches were facing each other in order to promote social interaction. Residents also had access to private areas if they wished. In Elgin and Raglan parts of the day rooms had been sectioned off to create a private space for residents. Residents in Orwell had access to the library if they wished for privacy.

The inspectors reviewed a number of residents' bedrooms. All bedrooms were single or double rooms. Each room had a wardrobe and bedside locker for each resident. Residents had a lockable storage space to use if they wished. Double occupancy bedrooms had screening curtains in place to respect residents' privacy and dignity. Bedrooms all had portable call bell systems. These call bells could be taken with the residents if they were in a communal area and wishes for staff assistance. There were a sufficient number of accessible toilets, bathrooms and showers in the centre. Grabrails were in place in these areas.

There was storage for hoists and wheelchairs in the centre. The inspectors reviewed the service records for the equipment and found that they had been serviced within the last year.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
All complaints were being recorded in centre. Complaints were being listened to and acted upon.

There was a complaints policy in place in the centre which outlined the various steps to be taken in order to manage complaints. It outlined a nominated person to manage complaints and a nominated person to oversee the management of complaints. A suitable appeals process was also detailed in the policy. There was a complaints procedure on display throughout the centre which outlined how residents or relatives could make a complaint.

The inspectors reviewed the complaint records and found that both written and verbal complaints were being recorded. The records included detail of the complaint, the actions taken and the satisfaction of the complainant. The inspectors were informed that the outcomes of complaints were often introduced to training programs in order to implement learning from complaints. There was no evidence to suggest that anyone was adversely affected from making a complaint.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
There were systems in place to make sure that where residents were approaching end

of life that appropriate care and support was available to meet their needs.

Records showed that where residents had expressed their views about end of life care they had been recorded so that they could be followed by the staff when the time came. Information included their wishes in relation to where they wanted to be cared for, any religious support they wanted, and preferred funeral arrangements.

There was an oratory in the centre available for use by residents and family.

A policy was available for staff to refer to about end of life care and how residents were to be supported in the centre. This included using signage in the unit to make others aware a resident was at end of life. It also included the policy that family and friends were free to visit residents who were at end of life in line with the residents wishes. Staff confirmed this happened and that they could access the unit kitchens for drinks and snacks as required.

Palliative care support was available for resident, and also to give advice to the staff team where required. Staff reported that it was a responsive service and a good support for residents.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Inspectors observed residents had choice about what meals and drinks they wanted at each mealtime, and where to take their meals. Residents were observed taking meals in their bedrooms, in lounge areas and in the dining rooms. The tables in dining rooms were nicely laid and meals were seen to be well presented, including modified diets. The menus were available for each meal, and the staff asked resident what food they wanted for the following day. However, this choice could be changed in the resident had changed their mind the following day. Inspectors also heard specific meals being requested from the kitchen that were facilitated where possible. There were drinks and snacks available at all times in the kitchenettes on each floor in the units. Residents and relatives were able to make drinks for themselves.

Where residents required support this was documented, and was provided discreetly to them.

All food was made onsite, including the food served in the café. The kitchens were very organised, and the staff team committed to providing good quality meals for residents. Food was seen to be properly and safely prepared cooked and served. The chef attended the residents meetings, and all of the kitchen staff were involved in serving meals in the units and so were available for feedback.

The questionnaires received back to HIQA completed by residents and relatives were mostly positive about the food, as were the comments received during the inspection. Where any concerns were raised in the centre, there was evidence that they were addressed, for example the residents meeting records.

There were systems in place for ensuring residents food and nutrition needs were met. Residents weights were taken monthly, and any loss or gain was responded to appropriately. In cases where there was a significant loss or pattern of loss, referrals were made to a dietician or speech and language therapist. Where recommendations were made following an assessment they were seen to be implemented. Residents were seen to receive modified diets in line with the allied professional's recommendations. Where there was a concern about resident's intake then food and fluid balance charts were completed.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Inspectors found that there was a person centred approach to the residents in the centre that respected their privacy and dignity.

There was a wide range of activities and support in the centre that provided the opportunity for residents to be involved in activities and occupations that were of interest to them. There were groups, meetings and activities held in different areas of

the centre, and inspectors saw staff supporting residents to make their way to the sessions where support was required. Movement for social activities was encouraged around the centre, and inspectors saw residents visiting family and friends in other parts of the centre or in communal areas such as the café or the library. There were also groups from the community invited to the centre for example a local choir attended to give performances.

The activities taking place during the two days of the inspection included baking, choir practice, singing sessions, 'toss and talk', pastoral care, 'play your cards right' gardening, mass and relaxation sessions. The sessions were provided through the day from about 10 through to around 6pm. Some sessions ran twice in one day so residents could choose a session at a time that suited them.

Inspectors also saw examples of other activities happening in the day that were not planned, but resident had expressed an interest in. There were also groups of residents choosing to spend time together and chatting about current affairs.

There were arrangements to support individuals with activities or tasks that they had a particular interest in, or skills from previous life experience. A 'men's shed' was also in the process of being set up, and a part of the garden was being cultivated so residents could grow items in the garden for use in the kitchen.

Photographs and newsletters were seen with details about trips out of the centre to the local seaside, and to the concert hall, which residents reportedly enjoyed.

Throughout the inspection residents were seen to be making choices about how their day to day life. For example when to get up, what to have to eat and drink at meal times, where to spend time in the centre, and whether to get involved in activities taking place in the centre. There were places for residents to meet their relatives in private and carry out other activities in private. There were televisions, radios and newspapers available for residents to access. There was a telephone on the unit that could be used by residents in private, and also a private phone in their rooms.

Where residents had communication needs they were identified in their assessment and care plan's, and staff were familiar with the most effective was to engage with them.

There were regular residents meetings, and records showed that topics such as the food in the centre, the laundry service, staffing levels and activities in the centre were regularly discussed. Where issues were raised feedback was provided to the residents on the outcome of their request.

There was access to advocacy in the centre, details were provided in the residents guide. Staff gave examples when they had facilitated residents to make contact with advocates.

Residents were supported to vote in elections if they chose.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
Inspectors saw that residents had sufficient space for their belongings, including a lockable storage space in their bedroom. Furniture provided in rooms included a wardrobe and a set of drawers for resident to store their belongings. Some residents had chosen to hang pictures/ photos and other ornaments to personalise their personal space.

Property lists were completed when residents were admitted to the centre. They were stored on the computer system and could be updates as required.

The laundry in the centre was outsourced. Each resident had an individual laundry bag and all of their clothing was labelled. Inspectors spoke to staff, resident and relatives around the laundry arrangement and all were happy that laundry arrangements allowed for the safe return of residents clothing to them.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Inspectors reviewed the staffing levels and found there were sufficient staff, with the required skills to meet the needs of the residents who were in the designated centre. The staffing took in to consideration the layout of the centre. Each floor on each of the three units had allocated staff, and there was nursing staff available covering one or two floors each. There was also a CNM or lead nurse available for each unit. There was also an assistant director of nursing involved in supervising the shifts and providing support to the staff and residents as required.

Inspectors spoke with many of the staff and found them to be enthusiastic about providing person centred care to the residents, and spoke of the importance of getting to know the resident and arriving in work with a positive attitude. It was noted by the inspectors how well the staff knew the needs of the residents, and were able to answer many questions without referring to the residents records. When this was cross checked with the paperwork they were correct in the information they provided.

There were also housekeeping, catering and administration staff in sufficient quantities to ensure the needs of residents were being met. They were also seen to be interacting in a positive way with the residents and were respectful of their needs and abilities.

The centre had a system in place for monitoring if staff training was in date. The inspectors reviewed mandatory training in fire safety, manual handling and recognising elder abuse. All staff had received up to date training. The was a programme of training in place where staff identified the need, for example in supporting people with Dementia.

There were effective recruitment procedures in place in the centre. A total of five randomly selected staff files were reviewed. All of these staff files contained the requirements as per Schedule 2 of the regulations. All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland.

There were volunteers in the centre. Inspectors reviewed the files of three volunteers in the centre and found that all were garda vetted, had their roles outlined and had appropriate supervision from staff. Management confirmed that all volunteers were vetted before entering the centre.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Orwell Private
Centre ID:	OSV-0000078
Date of inspection:	17/01/2017
Date of response:	14/02/2017

Requirements

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

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

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Fire Safety Management policy required review to ensure there are adequate arrangements for means of escape that ensure the safety of residents, and to provide staff with detail of the procedure to be followed.

1. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for

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

maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Following feedback from the Inspectors, we reviewed our procedures around what to do when the fire alarm is activated. We risk assessed the procedure and have changed it so that in the event of an activation during the day (08.00-20.00hrs) including Fire Drills, designated staff will report for assembly to the Fire Points and will undertake the emergency procedures. Other staff will remain on their floors. If the fire alarm is activated at any time other than this (20.00-08.00 hrs) (which is unplanned and high risk), all staff will assemble at the Fire Points as per our previous practice. This has been discussed and approved by our fire consultant. This process will be updated in our Fire Safety Management Policy, Residents' Guides and Statement of Purpose and Function and all further fire drills will be held in this manner.

Proposed Timescale: 14/03/2017