

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Orwell House
Centre ID:	ORG-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
Person in charge:	Dermot McCann
Lead inspector:	Deirdre Byrne
Support inspector(s):	Gary Kiernan
Type of inspection	Announced
Number of residents on the date of inspection:	61
Number of vacancies on the date of inspection:	0

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.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 December 2013 08:30 To: 16 December 2013 20:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Overall, inspectors found that the provider and person in charge were committed to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. There was evidence of ongoing and consistent improvements being made to the operation of this centre with a committed management team in place. The centre is family owned and run by Mr. Peter Jones who is a director and the named provider on behalf of Orwell House Limited, and Dr. Mary Jones who is the medical director, oversees the clinical governance arrangements in the centre.

As identified at previous inspections carried out since 2009, inspectors found that the design and layout of the premises did not meet residents' needs. Significant

improvements are required to the premises in order to comply with the Regulations and the Authority's Standards by 1 July 2015.

Inspectors were not satisfied that the design and layout of the high dependency unit (HDU) on the ground floor which provided care to a range of residents with diverse needs such as older people with end stage dementia and younger people with physical disabilities, met the needs of the residents. Residents had a variety of health care and social needs and while their general health care needs were met, the unit was not suitably designed to allow for maximum independence, and privacy and dignity. The unit was comprised of two six-bedded rooms and two single rooms. There was no lift to access the area. The provider was acutely aware of the deficits and constraints of the premises and had definite plans to address them with the commencement of building and refurbishment works in January 2014 pending final planning approval.

Inspectors found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard.

The provider and person in charge promoted the safety of residents. A risk management process was in place for the centre. Robust fire procedures and an emergency plan were in place. Staff had received training and were knowledgeable about the prevention of elder abuse. Inspectors found that most of the issues identified at the previous inspection in March 2013 had been addressed with the exception of the deficits in the premises.

A number of actions were required from this inspection which are detailed in the report and included in the Action Plan at the end of the report. These include aspects of health care management, some documenting of care plans and medical records, the arrangements around end of life and, the provision of choice to residents in aspects of their day.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied a written statement of purpose was in place that met the requirements of the Regulations. The statement of purpose was regularly reviewed by the provider. It accurately outlined the services and the manner that care was to be provided reflecting the range of needs of residents. It was summarised in the Residents' Guide and was available in the centre for residents.

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that each resident had an agreed written contract with the provider. However, an area of improvement was identified.

A sample of contracts of care were reviewed. They were in place within one month of admission to the centre. An area of improvement was required insofar as the contract outlined the services to be provided and a list of services which would incur an

additional fee. However, a social programme fee was also charged, but the details the programme and fee were not included in the contract. This was discussed with the provider who said they would rectify the matter immediately, and informed that a new contract would to be rolled out to all residents who opted to avail of the social programme. The provider carried out a regular review of the social programme as to who was participating in it, a copy of which was seen by inspectors.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied the centre was managed full-time by a registered and experienced nurse in the area of the nursing older people. For the duration of the report he shall be referred to as the person in charge.

Inspectors found the person in charge demonstrated a good knowledge of the Regulations, the Authority's Standards and their statutory responsibilities. He managed the centre with authority and accountability. The staff said they regularly met with him, and regular staff meetings held, minutes of which were read by inspectors. He was familiar with the residents and their health and social care needs, and observed interacting with them during the inspection.

The person in charge had maintained his continuous professional development by attending relevant training days and courses and keeping up to date with evidence-based practice.

He was supported in his role by a clinical nurse manager (CNM). The inspector met with her during the inspection, and found she was familiar with the residents health care needs, and was knowledgeable of the Regulations, and the Authority's Standards.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors saw medical records of investigations, diagnosis, and treatment were maintained for each resident in the centre. However, some improvements were identified, as records were not consistently maintained for some medical investigations. For example, there was no record maintained following a number of reported visits to residents in the centre.

Otherwise, inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

The directory of residents met with the requirements in the Regulations. There was a Residents' Guide, which was clearly outlined the services to be provided, and summarised the statement of purpose. Appropriate insurance cover was in place for residents personal effects.

Outcome 05: 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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the person in charge had suitable arrangements in place to manage the centre in his absence. At the time of the inspection he was not planning on taking leave from the centre which required notification to the Chief Inspector.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied measures were in place to protect residents from being harmed or experiencing abuse. There were records to indicate that staff had received training on identifying and responding to elder abuse. A clinical nurse manager facilitated training for staff. Inspectors found that the staff spoken with were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge.

Residents spoken with confirmed to the inspectors that they felt safe in the centre, and would talk to the provider and person in charge if they had concerns.

There was a centre-specific comprehensive policy on the protection of vulnerable adults which gave guidance to staff on the types of abuse and the procedures for reporting alleged abuse and investigating an allegation of elder abuse.

Inspectors reviewed the arrangements for the safekeeping of residents' money with the provider, which appeared to be adequately managed and, in line with best practice guidelines.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied the provider was proactive in ensuring the health and safety of residents, staff and visitors was promoted and protected.

There were health and safety and, risk management policies in place which met the requirements of the Regulations. There was evidence that risks were identified and assessed. A comprehensive risk register was read by inspectors. An area of risk identified at the last inspection regarding the laundry had been assessed. Inspectors saw additional control measures had been put in place to manage risks in this room. The layout of the room is discussed in more detail in Outcome 12.

Inspectors found a health and safety committee met regularly, which was chaired by one of the providers. The minutes of a sample of the most recent meeting was read, and a range of issues were discussed such as fire drills for night staff, the risk register and improved lighting in the centre. Monitoring procedures were carried out by the provider to ensure the controls outlined were implemented. For example, inspectors saw records of daily and monthly health and safety checks carried, and which were seen by the inspector.

Inspectors were satisfied that the policies and procedures on infection control provided sufficient guidance to staff. Records seen confirmed staff had completed training. Disposable aprons, gloves and hand gel dispensers were available throughout the centre.

There were arrangements in place to manage adverse events or serious incidents involving residents.

Inspectors found safe flooring was provided. There were grab-rails in circulation areas and handrails in toilets, bath and shower areas.

An emergency plan was read, which outlined the evacuation measures to be followed, and alternative accommodation should residents need to be relocated.

The provider ensured that precautions were in place to manage the risk of fire. Staff spoken with were knowledgeable of what to do in the event of fire and, had received training in fire evacuation and safety on an annual basis. Inspectors were satisfied that all other fire arrangements were in line with the Regulations and promoted resident, staff and visitor safety.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were protected by safe medication management practices.

A comprehensive policy was in place which provided direction to staff. Staff nurses involved in the administration of medications had completed training in best practice. Inspectors reviewed a sample of resident's prescription and administration sheets, and generally good practices were observed.

Medication errors/near misses were recorded, and reviewed by the person in charge. They included actions to be taken and improvements made. He explained, all errors/near misses were reviewed by him, and discussed with the nursing staff. He carried out monthly audits of errors/near misses, and the findings and analysis were read by the inspectors. They identified areas for improvement, and recommendation to reduce further errors occurring. The person in charge said the increased auditing, and the vigilance of staff improved the identifying and investigation of errors.

Inspectors saw regular reviews of residents' medications were completed by the GP, pharmacist, and a CNM. The pharmacist also carried out regular audits to identify areas of improvement. Inspectors met the pharmacist who outlined details of the auditing process she carried out, and that findings were brought to the attention of the person in charge.

There were procedures in line with professional guidelines for the storage and administration of medications that required strict control measures (MDAs).

A small number of residents self medicated at the time of inspection, and a centre specific procedure was in place to guide care.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that a record of all incidents was maintained and, where required notified within the specified time frame to the Chief Inspector.

The person in charge was aware of the requirement to notify the Chief Inspector of certain incidents. In addition, a quarterly report outlining other incidents in the centre was made to the Chief Inspector.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied there was a system in place to review and monitor the quality of care and experiences of the residents.

The person in charge had developed a system of auditing a wide range of clinical and non clinical areas. There were ongoing audits completed regularly, some as frequently as every month. The person in charge gathered a range of data on key performance indicators, and carried out a detailed analysis of the findings, compiling the findings and actions into a report every month. A clinical governance meeting met regularly to discuss the key performance indicators and policies. A director of nursing action plan had also been developed for 2013.

Inspectors reviewed the findings for a sample of audits. For example, one audit on the catering service was reviewed. It looked at a range of areas and included food safety management and cleaning systems. Where improvements were identified such a need for additional thermometers, there was evidence they had been followed up at the next audit carried out the following month.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found residents had good access to GP services, and to a range of allied health professionals. Nurses had a good understanding of the care needs of the residents. However, aspects of the residents' health care management were not fully met specifically in relation to the management of restraint and falls. There were some improvements identified in the documentation of care plans. Inspectors found arrangements were in place for residents social care. However, they were not based on all residents needs.

The residents' care plans were in electronic format and a sample were reviewed by inspectors. Overall, there were good practices found and residents were regularly assessed for a range of health care needs with care plans in place to guide care. However, inspectors found care plans did not guide practice in some areas. For example, care plan had not been consistently updated after some falls, there was no care plan for one resident at risk of developing a contracture, social care plans were not reflective of residents needs and likes.

Inspectors found the management and use of restraint required improvement. There was a comprehensive policy in place which provided direction to staff. However, it was not fully implemented in practice. For example, although there was a detailed risk assessment carried before bedrails were considered, there was no record of what alternatives been tried. When bedrails were in use checks were not consistently

recorded. There was a multi-disciplinary approach to reviewing and assessing restraint was followed, with a physiotherapist, occupational therapist involved in the process.

While there were good practices in the management of falls, and area of improvement was identified. A policy was in place that guided care, however, it was not fully implemented in practice. For example, where falls occurred, there was no evidence if neurological observations of the residents had been completed for residents suspected of suffering head injury. Inspectors found all falls were reported and, resident were re-assessed, with a post falls assessment completed following each fall. There was access to a physiotherapist who met residents after a fall to provide exercises and mobility classes. Residents confirmed this with inspectors.

There were good practices found in the management of wound care, although an area of improvement was identified. Inspectors reviewed care plans for a number of residents with wounds. These residents had been assessed, and detailed care plans were in place outlining the care to be provided. There was access to a tissue viability nurse, and residents had been reviewed. However, there was no system in place to review mattress settings in accordance with the residents weight and manufacturers guidelines.

Inspectors also reviewed the arrangements in the management of behaviours that challenged, and nutrition and found evidence of good practices in this area. There were policies in place to guide staff and staff had received training to enhance their knowledge of these areas. There was evidence that residents were regularly assessed and where a need was identified, a care plan were developed.

Inspectors found residents had a range of needs in the centre and, the provider and person in charge had arrangements in place to meet their social care needs. However, improvements were found in the overall assessment of how residents likes to spend their day in the high dependency unit (HDU). While the residents were assessed for their likes and interests, their care plans did not generally guide the care to be delivered. For example, the residents in the HDU had a range of diverse needs, such as dementia, and physical injuries. Inspectors found the activities programme for the unit did not fully reflect these residents needs, and did not provide for meaningful engagement for the residents. In other parts of the centre, an activities programme was in place which met the residents needs. An activities coordinator oversaw the provision of activities, and she had completed a Sonas course (a music and exercise therapy for residents with communication impairments), which she introduced in the centre.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

As outlined in previous inspections, inspectors found that the physical environment in Orwell House Nursing Home did not meet residents' needs and the requirements of the Regulations. Furthermore, significant improvements are required to the premises in order to comply with the Regulations and the Authority's Standards by 1 July 2015.

The provider advised inspectors that there is a definite costed plans in place to address the deficits in the premises in order to meet residents' needs. The building and refurbishment works were expected to commence in January 2014. However, at the time of report writing planning permission had not yet been obtained.

The provider said that all of the outstanding issues with the premises identified at the previous inspection would be addressed by the new extension and renovation project.

The deficits in the premises are outlined below.

The HDU continued not to meet the needs of the residents in this unit. The unit has spaces for 14 residents, who are highly dependent with varying degrees of cognitive impairment. The unit consists of two single rooms and two six-bedded rooms. Inspectors viewed the unit. It does not meet the need of residents as it is only accessible by a stair case, with no lift access as required by Regulations. Inspectors spoke to a family member who outlined their concerns with the unit. They told inspectors their loved one and the other residents "could not go outside from the unit, they were unable to easily access it and the other parts of the centre, they were not aware of the other residents in the centre".

Also located in the HDU are the two six-bedded rooms. Inspectors found the design and layout of these rooms was unacceptable and did not meet residents' needs. One of the rooms was mixed gender, and posed issues in terms of privacy and dignity for the residents. There was lack of space between beds to minimise noise, malodours from other residents. There was limited space for residents to personalise the area around their bed, and limited room for residents to store their clothes. The provider had still not addressed the deficits, however, he informed inspectors that the planned new building would address it. These rooms would be the first to be vacated in the new build.

The laundry room in the centre was not adequate, while the provider had carried out a risk assessment, and improved control measures were put in place as outlined in outcome. However, it did not have sufficient counter space to segregate and sort clean and unclean laundry.

There continued to be a lack of safe, secure outdoor space directly accessible from the

centre. A small area to the front of the building was identified as a space for residents, however, it is not suitable as residents would have to cross a car park to access it, and it was not fully secured.

As outlined in the previous inspection, there had been ongoing refurbishment works carried out in the centre, which inspectors observed during this inspection. However, there were some aspects of the interior that required improvements. For example, the carpet was worn and unclean in areas of the building.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as hoists and the lift and found they were up to date.

Inspectors found that the laundry, sluice and kitchen facilities were satisfactory and met the requirements in the Authority's Standards.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Complaints were well managed. The complaint's policy was in place and the inspectors noted that it met the requirements of the Regulations. The complaints procedure was on display throughout the centre. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

A complaints log was maintained and inspectors found that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found improvements were required in the management of residents' needs who were approaching end of life.

While inspectors found there was a comprehensive policy on end-of-life care, it was not fully implemented in practice by staff. There was access to the services of a palliative care team if required, and staff had received training in this area. Inspectors reviewed the end-of-life care plan for one resident approaching end of life. However, improvements were identified as it did not guide practice. For example, the residents religious needs, and the frequency of pain assessments and management of as required controlled medications were not outlined in the care plan. Residents end-of-life care needs were not consistently assessed and recorded, in accordance with the centres policy.

An action from the previous inspection had been addressed, and a single bedroom was available for residents of the HDU approaching end of life. This room was located close to the nurses station. It was seen by inspectors during the inspection and found to appropriately provide residents with privacy and dignity at this time in their lives.

A visitor's room was available for relatives and friends for privacy if required.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that resident's were provided with meals that were wholesome and in accordance with their assessed needs. Residents' dietary requirements were met to a good standard.

Inspectors spent time with residents in the dining room at lunch time and, they found residents were discreetly and respectfully assisted with their meals where required. A menu was displayed on each table with the choice of meal for the day and, there was evidence of choice for residents on a modified consistency diet. The catering staff discussed the special dietary requirements and preferences of residents' with inspectors, were knowledgeable of the residents' assessed needs. There was a three-week rolling menu which was reviewed by the person in charge to ensure a quality meals and choice at meal times.

Inspectors saw residents being offered a variety of snacks including fresh water, fruit juices and, hot drinks during the day. Inspectors visited the kitchen and found it was well laid out and stocked with a good supply of food.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found there were arrangements in place to facilitate consultation and participation with residents in the organisation of the centre. While the provider had ensured a residents' committee was in place that met every six weeks, the issues discussed were mostly organisational issues, and not the residents own. For example, the minutes of a recent meeting did not included any issues or matters had been raised by the residents, and if so, what improvement or change had come about as a result. This was discussed with the person in charge and provider.

A survey had been carried out by the person in charge of the mealtime experience of residents, and nutrition. There was evidence that residents were listened to, and the residents had decided they would like to move from the conservatory off the dining room to the smaller visitor rooms at mealtime. This was facilitated for the residents. However, inspectors observed a small number of residents wearing white plastic aprons at mealtime. There was no evidence of the choice given to residents to wear these, or what options on other types of clothing guard was available.

The inspectors were shown the centres in house newsletter, which was published by the

centre on a monthly basis. It included photos and stories of what had been going on in the centre the previous month.

A programme of events in the centre took place throughout the year it displayed on the notice boards. There was a programme of Christmas events for residents' which included Irish dancers, a Christmas party and carol singing. On the night of the inspection, two groups of residents were going on a trip to see the Christmas lights.

Religious and spiritual rights and wishes of residents were respected. The provider had ensured there were links in place for residents of all religious denominations. The centres administrator outlined the services available to the residents.

Throughout the inspection, staff were observed speaking respectfully and politely to residents. They appeared friendly and personable.

Residents could access a hands-free phone or the use of an office phone in the nurses' station they wished. There were televisions provided, and television sets were provided in residents bedrooms.

The provider and person in charge ensured residents' voting rights were facilitated and, residents exercised their right to vote on the most recent referendum. One residents told inspectors she had voted at the last inspection in the centre.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that measures were in place to protect residents' personal property and possessions. However, an up-to-date list of personal possessions was not maintained for all residents. The provider was aware of this issue, and assured inspectors it was an area of work they would be addressing.

Residents had access to private lockable space to store personal valuables. There were systems in place to launder residents clothing and residents clothing were clearly marked with their name to prevent any loss occurring.

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection. Staff, relatives and residents agreed that there were adequate levels of staff on duty.

Inspectors found that there was a recruitment policy in place and inspectors were satisfied that staff recruitment was in line with the Regulations. An action from the previous inspection was addressed, and there was evidence staff had received medical declarations of fitness from a medical practitioner.

Inspectors reviewed a sample of files and found that nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013. There were a number of volunteers working in the centre, and records reviewed confirmed there was An Garda Síochána vetting and, a written agreement of their role in the centre.

Records seen confirmed all staff had up-to-date mandatory training in fire safety, manual handling and elder abuse. As outlined in Outcome 6, a CNM facilitated training for staff in a range of areas. A detailed training programme for the year was read by inspectors which showed training for staff had included cardio pulmonary resuscitation (CPR), infection control, behaviours that challenge, wound care, food hygiene. Staff also told inspectors about some of the training courses they had completed.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Orwell House
Centre ID:	ORG-0000078
Date of inspection:	16/12/2013
Date of response:	13/01/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contract of care did not include all of the additional services and fees to be charged to residents.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:

Orwell House plan to review all residents' contracts of care to ensure that they include all of the additional services including any social programme fees to be charged to residents.

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

Proposed Timescale: 31/03/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A medical record of investigations made were not consistently maintained on residents files.

Action Required:

Under Regulation 25 (1) (c) you are required to: Maintain, in a safe and accessible place, a medical record in respect of each resident with details of investigations made, diagnoses and treatment given, and a record of all drugs and medicines prescribed, signed and dated by a medical practitioner.

Please state the actions you have taken or are planning to take:

We have now highlighted this issue to all Medical Practitioners concerned.

Proposed Timescale: 14/01/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Aspects of residents health care needs were not fully met in relation to restraint, falls and wound care.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

Please state the actions you have taken or are planning to take:

A new assessment for identifying alternatives to restraint will be introduced and completed on residents prior to the application of restraint.

We will highlight to all healthcare staff through handover and staff meetings, that any witnessed or un-witnessed falls where a suspected head injury occurs will require full neurological observations to be completed.

The clinical nurse manager will complete a monthly audit for all residents who are being cared for on a pressure relieving air mattress, to ensure that the mattress settings correspond to the resident's weight and pressure area needs outlined in their pressure area care plan.

Proposed Timescale: 28/02/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there were activities available to residents they were not relevant to all residents individual capacities.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:

The clinical nurse manager, in collaboration with the activities coordinator, the residents and their families will complete a full review of the activities in the HDU, to ensure that the activities are relevant to the individual resident's needs. The activities care plans for each resident will be updated to reflect any changes.

Proposed Timescale: 31/03/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Care plans were not updated to reflect residents changing needs.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:

We have a formal system in place to review care plans every 3 months and we also conduct a weekly audit of care plans. This year we are focusing on end-of-life care. This will be discussed with all healthcare and allied staff through handovers, care plan training updates and staff meetings onsite.

Proposed Timescale: 30/06/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The multi-occupancy bedrooms were institutional in nature and did not provide adequate privacy and dignity. These bedrooms could not be personalised to residents requirements.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:

There will be ongoing refurbishments and the new building is due to commence in 2014 pending planning approval from An Bord Pleanala.

Proposed Timescale: 01/07/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was inadequate secure, accessible outdoor space for residents.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

Please state the actions you have taken or are planning to take:

The new building is due to commence in 2014 pending planning approval from An Bord Pleanala. This will provide secure, accessible outdoor space for all residents.

Proposed Timescale: 01/07/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no lift access to the HDU.

Action Required:

Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

Please state the actions you have taken or are planning to take:

The new building is due to commence in 2014 pending planning approval from An Bord Pleanala. This will provide passenger lift access to all areas of the building.

Proposed Timescale: 01/07/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Storage facilities for residents in the HDU were unsuitable.

Action Required:

Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

Please state the actions you have taken or are planning to take:

The new building is due to commence in 2014 pending planning approval from An Bord Pleanala. This will provide adequate storage facilities available for all residents.

Proposed Timescale: 01/07/2015

Outcome 14: End of Life Care

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents approaching end of life did not have their physical and religious needs set out in their care plan.

Residents end-of-life care needs were not consistently assessed or recorded.

Action Required:

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

Please state the actions you have taken or are planning to take:

As previously stated, we are focusing on end-of-life care in 2014. All end-of-life care plans will be prioritised with all staff to ensure that more frequent and consistent reviews of residents' needs are completed. As part of this review, all care plans will include the physical and religious needs of the residents. This will be part of End of Life Care training for all healthcare and associated staff in 2014.

Proposed Timescale: 30/06/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The arrangements for residents to participate in the organisation required improvement to demonstrate residents feedback is acted on.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:

We will continue to encourage residents to participate in the resident meetings and will structure the meeting to ensure any feedback provided is discussed and acted on appropriately.

The Third Age Advocate, in collaboration with the residents and the activities co-ordinator, will ensure an increased distribution of information prior to and following any resident committee meetings. Feedback will be provided in the form of minutes, newsletters and with the use of notice boards to allow all residents, including those with sensory deficits, to receive feedback and be aware of any actions taken.

Proposed Timescale: 31/03/2014

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents were not provided with a choice of alternative clothing guards at mealtimes.

Action Required:

Under Regulation 10 (b) you are required to: Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

Please state the actions you have taken or are planning to take:

We will provide a choice of protected clothing guards to residents.

Proposed Timescale: 31/03/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

An up-to-date list of personal possessions was not maintained for all residents.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

Please state the actions you have taken or are planning to take:

Orwell House will conduct a resident survey to include any family members, to ascertain what residents would define as "personal possessions". Following this survey, a new

checklist will be developed to ensure an up to date list of resident's personal possessions is maintained.

Proposed Timescale: 30/06/2014