

**Health Information and Quality Authority  
Regulation Directorate**

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



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| <b>Centre name:</b>                                       | Orwell House   |
| <b>Centre ID:</b>   | OSV-0000078  |
| <b>Centre address:</b>                                    | 112 Orwell Road,<br>Rathgar,<br>Dublin 6.                |
| <b>Telephone number:</b>                                  | 01 499 9000  |
| <b>Email address:</b>                                     | info@orwellhealthcare.ie                                 |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Orwell House Limited                                     |
| <b>Provider Nominee:</b>                                  | Peter Jones  |
| <b>Lead inspector:</b>                                    | Deirdre Byrne  |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 57   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 4  |

## **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 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.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 31 July 2014 08:30 To: 31 July 2014 17:30

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

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| Outcome 11: Health and Social Care Needs |
| Outcome 14: End of Life Care             |
| Outcome 15: Food and Nutrition           |

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was minor non compliant in relation to both of the outcomes.

Although the inspector found good practices in relation to food and nutrition and end of life care and while there was a satisfactory level of 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, the physical design and layout of the high dependency unit of the basement area continued to impact on the quality of life for residents in this area. The design and layout of the unit has been an issue at all previous inspections, and it continued to be in use at the inspection. The inspector found residents in the unit continued not to have the choice dining area on the upper floor as access was restricted, and due to the layout of the six bedded rooms, the privacy and dignity of residents continued to be compromised. A condition of the current registration for the centre is the unit to be made vacant by 1 July 2015. During the inspection, the inspector discussed the building plans for the high dependency unit with provider. Building works were underway and it was anticipated that the first phase of works would be completed by February 2015. The residents of the high dependency unit shall be the first group of residents to be transferred into the new building, with the unit fully vacated. There had been no new admissions to the unit since the last

inspection.

Residents requiring end of life care received a high quality and person-centred service at this stage of their lives. The inspector noted many examples of good practice in this area and staff were supported by prompt access to specialist services. Feedback shown to the inspector from a number of relatives of deceased residents showed that families were satisfied overall with the care given to their loved ones. However, care plans did not consistently guide the care to be delivered and consultation had not taken place with all residents regarding their end of life wishes. To address these matters, training was being rolled out by the person in charge, and all staff were expected to have participated in training before the end of September 2014. Family meetings were in process of being held with all residents and representatives where required, these matters would in turn drive improvement in end-of-life care plans.

The nutritional needs of residents were met to a good standard and there was access to specialist services. There was a good standard of nutritional assessment and monitoring and residents had very good access to the general practitioner (G.P.), dietician and speech and language therapist where required. Residents were provided with food which was varied and nutritious and respected their preferences. Residents provided feedback to the inspector, regarding the food and nutrition, which was overall mostly positive. However an area of improvement was required. Although there was sufficient clinical supervision at meal times, appropriate assistance was not provided for some residents at meal times.

These matters are discussed further in the report and in the Action Plan at the end of the report.

**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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**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:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

Care planning, as it relates to nutrition and end of life, was reviewed under this outcome. Minor non-compliance in care planning as detailed under Outcome 14 and 15 was identified.

No other aspect of this outcome was reviewed on inspection.

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

Overall residents received a good standard of end-of-life care which respected the values of the individual and resulted in positive outcomes for residents. However there were areas for improvement in the assessment and care planning and the implementation of the policy.

There was a policy on end-of-life care which was centre specific, and had been reviewed in November 2013. However, it had not been fully implemented at the time of the inspection. The person in charge had identified these areas for improvement within the self assessment.

The inspector reviewed documentation for a number of residents in relation to end-of-life care planning. There were some residents receiving active end-of-life care at the time of inspection. The inspector reviewed these residents end-of-life care plans. It outlined the residents physical care needs, including symptoms to watch for and pain management. The residents religious and spiritual wishes were set out along with their preferences and choice to remain in the centre. The person in charge explained a terminal end-of-life care plan would be developed to outline the any further comfort care that a resident required. The care plan for a recently deceased resident was reviewed. The end-of-life care plan was very detailed and guided care. It outlined the residents spiritual and religious preferences, along with details of symptom and pain management. It also included a terminal care plan which was put in place as the residents condition deteriorated. The person in charge explained that a new electronic care planning system was now in place. The inspector reviewed care plans on this system, and it included an updated end-of-life assessment and care plan. The inspector reviewed a further four care plans. However, improvements were required, as the care plans did not consistently guide the care to be delivered. For example, the care plans did not consistently set out the residents spiritual, emotional, social and psychological needs. The person in charge told the inspector this was a work in progress.

The inspector spoke to a number of residents who wished to discuss their preferences and wishes for the future. Residents said they did not fear their end-of-life and were prepared if they had to go. Many residents told the inspector they had discussed these matters with their relatives who knew what their wishes were. However, some residents reported they had not yet had their end-of-life preferences discussed with them by staff. The assistant director of nursing and nursing staff told the inspector that each resident will have an end-of-life care meeting, it will include family and the G.P. They had commenced having meetings and the inspector read minutes of a sample of meetings that had taken place. It was evident that residents and families were included at these meeting in the end-of-life care plans.

The decisions concerning future health care needs for some of the residents had been discussed with the GP and family. This was documented and reflected in the residents care plan. There was a system to review the status of these decisions every six months.

The person in charge and assistant director of nursing stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the nurses and G.P. The inspector saw that there was prompt access to the service when required. Staff members were knowledgeable about how to initiate contact with the service. This was documented in resident's files.

The inspector spoke to family of a resident approaching end-of-life. They spoke of the care provided to their loved one, and that their wishes were respected. They were very satisfied with the care which had been provided at the time of death.

Although many bedrooms in the centre were single, there were a number were multi-occupancy, including two six multi-occupancy bedrooms in the high dependency unit. A single room was provided in most cases for residents at this time. Refreshments were provided in the centre for relatives. Overnight facilities were provided for relatives, which they could use to be with the resident when they were dying.

Residents and visitors were informed sensitively when there was a death in the centre. The person in charge outlined plans regarding the use of a discreet sign or notice to be put on display to inform residents, relatives and family members.

The inspector found that there was information available for distributing to families following the death of a loved one. This included registering a death. The procedure for the management of resident's personal property was satisfactory. Personal possessions lists were updated since the last inspection, and a new form had been completed. There were appropriate bags available to handover personal possessions.

Records showed and the person in charge confirmed that up to 50% staff had received training in end-of-life care in 2014 and further training was planned. There was a plan to have all staff trained before the end of September 2014. Mass services took place weekly, communion was also offered weekly. Residents expressed their satisfaction with this service. Access to other religious representatives from other faiths was available if requested. Respect for the remains of the deceased was documented and family were consulted throughout the whole process.

Many of the staff attended deceased residents' funerals. Sympathy cards were also sent to families. A months mind mass was held for residents who passed away in the centre. A memorial mass was held every November for the residents who passed away the previous year. While staff said they reviewed the care delivered to residents following death, there was no documented post death review of the end of life practices to improve the services going forward. As part of the self assessment questionnaire the person in charge had an action plan in place to review the end-of-life policy by November 2014.

**Judgment:**

Non Compliant - Minor

***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:**

There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents which had been reviewed in July 2014. The inspector noted that these policies were comprehensive, evidence based and informed practice amongst nursing and health care staff. The newly revised policy had yet to be introduced to staff however, the person in charge held policy discussions at the six weekly staff at staff meetings. The inspector found an area of improvement was required in the provision of appropriate assistance at mealtimes.

In completing the self-assessment prior to the inspection, the person in charge had provided an overall score of minor non compliance and identified actions to ensure compliance including review of policies and completion of care plans and assessments for all residents. The inspector saw that these actions had been implemented.

The reports from the environmental health officer service inspection were reviewed, there was evidence of action taken from issues identified. The inspector reviewed results of satisfaction surveys that had been completed in February and June 2014 by the person in charge in relation to meals, food preparation and medication rounds at mealtimes. The minutes of residents' meetings were made available to the inspector and comments and suggestions made by residents were considered and the menus amended. For example, some residents wished to have liver and others requested more mushroom soup. The inspector noted these suggestions to food choices were acted upon promptly. Of the complaints recorded in the complaints log, one was concerned with a resident regarding food related matters and there was evidence it was acted upon.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. The nursing staff provided the catering staff updated information regarding residents' dietary requirements and assessed needs. It was contained in a folder in the kitchen. The chef informed the inspector that the assistant director of nursing provided him with a daily update of any changes to residents needs. The chef on duty demonstrated comprehensive knowledge of residents' preferences and dietary needs. There was evidence that choice was available to residents for breakfast, lunch and evening tea with regards to menu options and dining location. The menu is reviewed by the dietician for the centre, who also provided advice and recommendations on residents' meals.



A selection of prescription charts were reviewed by the inspector and nutritional supplements were prescribed and administered appropriately. It was observed that every effort was made to present modified diets in an attractive manner.

Breakfast was served to residents between the hours of 08:00 hrs to 09:30 hrs. Residents had a choice for breakfast; hot/cold cereals, breads, toast and beverages. Residents with whom the inspector spoke stated that they chose to have a leisurely breakfast in bed or at their bedside. The inspector observed residents having breakfast at a time of their choosing with some residents left alone as they preferred breakfast at a later time. The inspector sat with some residents in their bedroom who expressed their satisfaction with their meal.

Lunch was served at 12:30 hrs and the inspector observed the meal to be unhurried and a social occasion. There were two main areas in the centre where meals were served, in the high dependency unit there was one dining area, and in the ground floor residents had the choice to dine in the dining room, conservatory, sitting room or at their bedside. Dining tables in the dining room were attractively and invitingly set and a menu for the day was displayed. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required.

The evening meal was served at 17:00 hrs and the inspector observed that a number of options for food were made available to residents including sandwiches, salads and soup. There was a snacks served at regular intervals throughout the day, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available.

The inspector noted that breakfast and the lunch time meal were sociable occasions with assistance being offered in a discreet and respectful manner. However, an area of improvement was required in the high dependency unit dining room to ensure the assistance provided for residents was in a discreet manner. Although staff were observed sitting when supporting residents who required assistance at mealtimes, some staff stood over residents as they ate their meal. Furthermore, due to lack of a lift in the unit, not all residents were able to access the upper dining areas of the first floor. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspectors spoke were complimentary of the meals and snacks served. Residents were provided with adequate dining space with many residents choosing to attend the dining room for lunch and evening meal.

Residents with whom the inspector spoke were complimentary of the meals and snacks served, especially the home baked breads, desserts, birthday cakes and confectionery.

On reviewing the staff roster and from observation on inspection, the inspector noted that there were sufficient staff to meet the needs of residents during mealtimes.

Based on a sample reviewed by inspectors, care plans reflected assessment of nutritional needs on admission. As reported in outcome 14, a new computerised system of care planning had been introduced. Care plans were updated regularly and guided

the nutritional care needs of each resident. The inspector saw records that confirmed weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspector saw residents who had lost weight or had a high MUST score had increased monitoring with weight reviewed weekly and food and fluid monitored. The nursing staff understood the relevance of weight monitoring and reviewing resident food and fluid intake sheets. Inspectors saw that the advice of occupational therapist, dentist, dietician and speech and language therapist was accessed promptly, documented, communicated and observed.

The inspector noted that staff had received training in training food and nutrition throughout 2014.

**Judgment:**  
Non Compliant - Minor

### **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:***

Deirdre Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

|                            |              |
|----------------------------|--------------|
| <b>Centre name:</b>        | Orwell House |
| <b>Centre ID:</b>          | OSV-0000078  |
| <b>Date of inspection:</b> | 31/07/2014   |
| <b>Date of response:</b>   | 10/09/2014   |

### 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.

### Outcome 11: Health and Social Care Needs

**Theme:**

Person-centred care and support

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

Residents needs were not fully set out in end-of-life care plans.

**Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

As per the provider self-assessment questionnaire on end of life care and in view of the introduction of a new electronic care planning system on 4th March 2014. All end-of-life care plans will set out the needs of the residents by November 3rd 2014.

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

**Proposed Timescale:** 03/11/2014

#### **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:**

While there are arrangements in place for eliciting residents' end-of-life preferences further improvements were required to ensure all residents were afforded an opportunity to have their wishes considered.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

The person in charge in accordance with the recommendations of the hospice friendly hospitals end of life care map initially prioritised certain residents with regard to eliciting resident end-of-life preferences. Also, in view of the time period required to meet every resident and their families, it is planned for this action to be completed by November 3rd 2014 as indicated within the provider self-assessment questionnaire.

**Proposed Timescale:** 03/11/2014

#### **Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Residents were not consistently provided with assistance in a discrete manner.

**Action Required:**

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

Currently all staff who provide nutritional support to residents receive nutrition training throughout the year, including how to provide assistance in a discreet manner. In view of this inspection report, the person in charge will review the current nutrition training programme and will highlight this outcome to all staff at the next staff meeting, which is scheduled for the 24th September 2014.

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|---------------------------------------|
|                                       |
| <b>Proposed Timescale:</b> 24/09/2014 |