



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Orwell Private
Name of provider:	Orwell House Limited
Address of centre:	112 Orwell Road, Rathgar, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	19 and 20 April 2018
Centre ID:	OSV-0000078
Fieldwork ID:	MON-0023958

## About the designated centre

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

The centre is set in south Dublin close to local amenities such as bus routes, restaurants, and convenience stores. It is made up of a period premises that has been adapted and extended to provide nursing care and support through a number of units. The units provide bedroom accommodation alongside communal areas including sitting and dining areas and a kitchenette that are homely in design. Bedroom accommodation is a mix of single and double rooms, in the new areas of the centre the bedrooms are en-suite. Additionally on the premises there is a full time hair dressers, cafe, gym, library and training rooms. The provider is registered to offer 170 beds to male and female residents over the age of 18. They provide long term care, short term care, brain injury care, convalescence care, respite and also care for people with dementia.

**The following information outlines some additional data on this centre.**

Current registration end date:	05/04/2020
Number of residents on the date of inspection:	162

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
19 April 2018	09:45hrs to 18:30hrs	Helen Lindsey	Lead
20 April 2018	08:30hrs to 11:30hrs	Helen Lindsey	Lead
19 April 2018	09:45hrs to 18:30hrs	Ann Wallace	Support
20 April 2018	08:30hrs to 11:30hrs	Ann Wallace	Support

## Views of people who use the service

Residents were positive about the care and support they receive in the centre. Those who spoke with inspectors said they enjoyed the range of activities and felt the visiting arrangements were good to support them keeping in touch with family and friends. Residents reported they felt safe in the centre, and that staff were very kind and approachable. Inspectors were told of the wide range of choice that was offered in relation to how people wanted to spend their time, for meals and snacks, and generally in moving around the centre to enjoy the different facilities. On the day of inspection residents were enjoying live music in the garden where they sat in the well presented gardens and many joined in singing along the entertainment provided. Residents felt their privacy and dignity was respected, with staff being courteous, and always asking ahead of entering bedrooms or delivering any support required.

## Capacity and capability

The centre was well managed with clear arrangements in place to monitor the standard of care delivered to residents. There were clear systems to review the quality of care delivered, effective recruitment and training of staff, and information for residents on the complaints procedure. There was a clear contract for residents setting out the terms of their stay and it included the occupancy of the room, with the bedroom number was to be added to all new contracts.

The provider had developed a clear management structure in the centre, and had delegated responsibilities to named people. For example there were leads in the centre on clinical governance, facilities, and administration to ensure standards were maintained in all areas. Regular meetings between the leads reviewed practice in all areas of the centre, and they carried out a review of the standard of care and progress against operational targets. They also reviewed any information received from families, and topics such as complaints were covered in detail. Records showed a report was provided in relation to each complaint received, the issues raised, the action taken to investigate, and any response required to drive improvements. Examples were provided to show where improvements had been made following feedback received.

When speaking with residents, and where appropriate their families, inspectors were assured that they were aware of the complaints process and who to speak to if they wanted to raise any issues. Information was displayed clearly in the units and

communal areas of who to contact in relation to complaints. The policy also had information on what to do if a complainant was not satisfied with the outcome presented to them.

In each unit staff were allocated to support residents with activities of daily living, such as getting up, having a wash, getting dressed and with mealtimes. Inspectors observed positive interactions between residents and the staff, and that care was being delivered in line with residents' care plans. Staff spoken with confirmed they had good access to training, and some had completed courses such as communication, management of aggression, and infection control. Staff were also taking part in a program to improve meaningful activity for residents with dementia in residential settings. While there were times when residents were noted to be waiting slightly longer for staff support during staff breaks, overall there were sufficient staff to meet the needs of the residents in the centre.

### Regulation 15: Staffing

Nursing staff were available at all times, and there were sufficient staff to meet the needs of residents including household staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a range of training opportunities to support them in carrying out their role in the centre. This included safeguarding training, fire safety, and infection control training all carried out annually.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place with all staff clear of their roles and responsibilities. There were arrangements in place to oversee the running of the centre and to respond to any issues that arose. Systems for

improvement included regular audits and reviews of practice in the centre with clear action plans in place where it was identified improvements were required.

Judgment: Compliant

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

There was a contract in place that set out the terms of the stay in the centre and the occupancy of the bedroom to be occupied. The provider confirmed the bedroom to be occupied was to be added to all new contracts.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place. Residents and relatives spoken with were clear about the procedure, and information was displayed clearly about the process to follow. Where complaints had been made they were followed up and actions were taken to make improvements if identified as necessary.

Judgment: Compliant

### Quality and safety

Residents were receiving a good standard of care and felt safe in the service. A review of residents' care records, the practice of staff, and feedback from residents found that healthcare needs were being met in a timely way and care provided reflected residents' preferences. Residents were safeguarded by effective procedures in the centre, and their rights were respected. One area for improvement was in the level of detail recorded in some care plans to ensure residents' needs were understood fully, and care was provided to meet that need.

Care records were reviewed in all of the units visited, and all were found to reflect the residents' individual preferences, information about their life before moving to

the centre and a health history. Many of the care plans reviewed were of a good standard and clearly set out the residents need, and treatment required, the equipment needed, and the frequency of the treatment. There were also social care plans setting out effective means of communication, and the types of activities and daytime occupation they were interested in. Of the records reviewed a few examples were seen where additional detail was required to ensure staff had a clear picture of residents needs, and could respond appropriately. For example some care plans for residents with responsive behaviour did not reflect the staff knowledge of the type of behaviour that may occur, the possible reasons it may occur and the most effective approach to bringing the incident to a close.

In practice staff were seen to know the residents needs well, and were responsive to changes such as reduced intake of food, or changes in mobility levels. Where residents were identified as being at risk of incidents or accidents, for example falls or developing pressure areas, contact was made with the appropriate healthcare professional in the centre and assessments were carried out. Where necessary health professionals outside of the service were contacted to provide support, for example tissue viability, speech and language therapy or a consultant geriatrician.

Any use of equipment or approaches that restricted residents free movement, for example bed rails or locked doors, were agreed by a multidisciplinary team and regularly reviewed. The assessment always included whether alternative measures had been trialled and that it was the least restrictive option available. Staff were clear about when restrictions could be used, and were able to explain clearly the checks carried out regularly to ensure the residents safety.

Residents' rights were seen to be respected in the centre. The design of the premises enabled residents to spend time in private and communal areas both in their own unit and in other communal areas of the centre. There was open access to the garden from the ground floor units, and to outside areas on the other floors. Resident's were being supported to make choices about how they spent their time, with a range of activities being offered in different places around the centre, and for some residents attending activities off site. The provider used different ways to get feedback about the quality of the service, and it included questionnaires about the service being provided, feedback from advocates and feedback from the regular residents meetings. Staff were observed checking with residents through the day about what they wanted to do, where they wanted to sit, what drinks or snacks they might like, and what activities they would like to take part in, including physical options, mind based activities and religious observance. Information was accessible for residents in the centre, with public notice boards in key areas, and access to the resident guide and other documents about the service including regular newsletters.

## Regulation 20: Information for residents



The residents' guide included a summary of the services, summary of the contract of care, complaints process and arrangements for visits. This information was supplemented with information on notice boards through the centre and a regular newsletter giving information about what was going on in the centre.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

There was a process in place to ensure that where residents were temporarily absent from the centre all relevant information was sent with them to the hospital or relevant place.

Judgment: Compliant

### Regulation 26: Risk management

The risk management system supported the provider to identify where risks were occurring. Actions were put in place to control risks where they were identified.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were able to use a pharmacist of their choice, or the pharmacy service selected by the provider. There were clear arrangements in place for the ordering, receipt, storage, administration and disposal of medication, including controlled drugs.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents needs were assessed prior to admission to ensure their needs could be met in the centre. Care plans were developed on admission and reviewed at regular intervals to ensure residents needs were being met. While many good examples were seen of care plans with clear detail about how residents needs were to be met, some were seen where the detail was not sufficient to guide the staff and may risk residents needs not being fully met.

Judgment: Substantially compliant

## Regulation 6: Health care

There was good access to a range of healthcare professionals relevant to residents' needs. In the centre there was physiotherapy, neuro physiotherapy, occupational therapy and a part time clinical psychologist. There was also access to a general practitioner arranged in the centre, or residents were able to select one of their choice. Nurses were seen to be providing care in line with professional standards.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Overall there were good outcomes for residents with responsive behaviour. Support was being provided by staff that had received training and they were seen to be effective in practice at supporting residents with anxiety and behavioural and psychological symptoms of dementia (BPSD).

Judgment: Compliant

## Regulation 8: Protection

There were clear safeguarding procedures in place, and staff were clear on the steps to take if they witnessed, suspected or had abuse reported to them. There was regular training in the centre with a strong focus on balancing resident rights

and the requirements for protection in some circumstances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported as individuals, their care assessments included gathering information on their life, experiences, and preferences to ensure care provided was person centred. There was a range of opportunities to be involved in meaningful occupation and recreation, and residents spoken with enjoyed the program of activities provided.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Orwell Private OSV-0000078

Inspection ID: MON-0023958

Date of inspection: 19/04/2018 and 20/04/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All registered nurses will be provided with training and education on person centered care planning in the next 6 months</p> <p>All residents care plans will be audited by trained auditors by October 2018 ensuring that the assessments and care plans are person centered and that the care plan developed are implemented while providing care to the residents.</p> <p>Each residents care plan will be reviewed in the next 4 months or if there is a change in residents needs or circumstances with maximum participation from the resident and is agreed with the resident in order to ensure that the care agreed are provided.</p>	

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2)	Substantially Compliant	Yellow	October 2018