



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

Issued by the Chief Inspector

Name of designated centre:	Orwell Queen of Peace
Name of provider:	MCGA Limited
Address of centre:	Garville Avenue, Rathgar, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	08 November 2021
Centre ID:	OSV-0005506
Fieldwork ID:	MON-0034675

About the designated centre

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

Orwell Queen of Peace is located in Rathgar, Dublin 6 and is close to local amenities such as bus routes, restaurants, and convenience stores. The centre is registered to provide accommodation to 46 male and female residents, over the age of 18. Currently the Nursing Home provides care and support to residents with long term care needs, including those with a dementia illness and those who require palliative care input. Orwell Queen of Peace was built in the 1970's, and the premises consists of three floors with accommodation provided on the first and second floors. All bedrooms are of single capacity with 14 providing en-suite facilities. Both floors provide a communal area with a domestic scale kitchen, dining area and home-style living space. Residents can access a secure garden area with suitable seating which also contains facilities for those residents who wish to smoke.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 8 November 2021	10:15hrs to 14:15hrs	Michael Dunne	Lead
Monday 8 November 2021	10:15hrs to 14:15hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

The overall feedback from residents was that the designated centre was a nice place to live and that staff were kind, caring and attentive to their needs. Although residents received good care and were well supported by staff, there were some areas that still required further monitoring and improvement such as the effective monitoring of care plans and the garden area to ensure that this environment was safe and secure for resident use. This inspection focused on the registered providers compliance plan which was submitted after the inspection held on the 25 August 2021 and the improvements to the premises resulting from the addition of toilet facilities on both the first and second floors.

Inspectors spoke to around 15 residents, either on their own or in groups waiting for activities, or ahead of lunch. All residents said they were happy and enjoying the day. There was positive feedback about the activities, and residents were seen to be enjoying an exercise class on the morning of the inspection. Feedback about the food was also positive, and residents said they were enjoying the fresh soup of the day and looking forward to the main meal.

Some residents spoke about the premises and reported that they were currently comfortable in their bedrooms, and in the communal space provided. Some residents confirmed they had been going out to the garden in the good weather. Other residents spoke about seeing their families, and were heard checking who was due to be visiting them that day.

Inspectors walked around the premises and noted most residents had personalised their rooms with personal possessions and small items of furniture. The centre was warm, and everywhere was seen to be visibly clean. Each room had sufficient storage for residents belongings, a bed and a comfortable chair.

Residents were observed gathering on the blue floor in the morning to take part in an exercise class, and were seen to be engaging very positively with the member of staff responsible for the session. Later residents were observed watching television, reading papers and chatting to staff. Lunch was seen to be a very social occasion with a number of resident taking the opportunity to chat and catch up with other residents. There were staff around to support residents if required, and a range of equipment such as adapted cutlery was available to support residents to be as independent as possible.

Staff were very responsive to residents, and were taking action in line with residents requests, for example one resident wanted a 'hot pot of tea' and it was arranged for her. Staff clearly knew the residents well, and were able to ensure they received drinks and snacks in line with their preferences and assessed needs.

There was a range of mobility equipment available in the centre and was located

within easy access to support residents when needed.

Some areas of the premises were showing significant signs of wear. Many surfaces were showing damage, such as flooring. Paint was being used to colour code the two floors, and in bedrooms to support residents in orientation. Two rooms with baths had been adapted to include a toilet, which increased the overall number of toilets available in the centre. It was noted for some residents there was a significant walk to the shower, as there was only one on each floor, located at the end of the building.

Preparation building works was taking place in the grounds, and part of the garden had been fenced off. It was noted however that it was possible to access this area as the barrier had been moved away from the wall. There was a grass area, and a patio type area, some of which was covered for shade. There was some storage of building items in this area, but they were removed when pointed out to the facilities manager.

A wooden cabin in the garden area supported visiting, and it had been decorated to provide a comfortable environment. While there were electrical items in the cabin, there was no smoke detector. The provider addressed this before inspectors left the centre

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and on how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

There was a strong commitment evident among the managers and staff to provide a quality service in order to achieve positive health and social care outcomes for the residents. There was evidence of proactive communication between the registered provider and residents to ensure residents voices were heard and that their contributions influenced and shaped the service provided. Inspectors noted that the registered provider had made a number of improvements since the last inspection which included the addition of a toilet on both the first and second floors in order to improve resident access to these facilities.

Orwell Queen of peace is a 46 bedded nursing home located in the Rathgar area of Dublin. Accommodation is provided in single rooms of which 14 had en-suite facilities. The designated centre was operated by MCGA Limited who is the registered provider. The registered provider was actively involved in the running of the service and was knowledgeable about the needs of the residents.

There was a clearly defined management structure in place with identified lines of accountability and responsibility which ensured good quality care was delivered to the residents. The person in charge had recently departed and at the time of the

inspection the designated centre was being managed by the director of care and assisted by two clinical nurse managers. Other staff resources included staff nurses, healthcare assistants, activity staff, housekeeping, maintenance and catering staff. The registered provider informed inspectors that they had recruited a replacement person in charge who would be starting at the end of November 2021.

This inspection was carried out to assess compliance with the Health Act 2007 and to follow up on a recently submitted compliance plan following an inspection held on 25 August 2021. In addition inspectors reviewed upgrades to the premises to improve resident access to toileting facilities.

Some improvements had been made to make the premises more comfortable for residents, and they were seen to be enjoying the communal areas for activities and dining, in a quieter environment since the kitchenettes were moved to a separate room. The registered provider had plans in place to recommence redevelopment works of the designated centre to provide upgraded facilities to residents.

A review of the registered provider's compliance plan confirmed that all records in relation to rosters had been updated. The person in charge had also met the requirements of the regulations with regard to the submission of information under regulation 31.

Regulation 14: Persons in charge

At the time of this inspection there was no person in charge in place however management cover was being provided by the director of care along with two clinical nurse managers who were available on a day to day basis to ensure clinical oversight of residents needs.

Judgment: Not compliant

Regulation 21: Records

The registered provider had updated the designated centres rosters to indicate the resource available to the centre in respect of additional senior management input. Rosters were also available to show the hours worked by activity staff, maintenance staff and for physiotherapy provision.

Judgment: Compliant

Regulation 23: Governance and management

Resources were required to ensure that the premises were suitable to meet the needs of the residents. Inspectors confirmed that the registered provider had ensured that the majority of improvements identified in the previous compliance plan had been actioned, however some required further input such as the monitoring of the garden area to ensure it was safe for resident use particularly when building work was underway. In addition improvements to storage facilities for oxygen cylinders were being actioned on the day of the inspection.

Systems that monitored and recorded residents personal care support required review to ensure that care interventions accurately recorded the support provided to the resident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The registered provider's compliance plan was reviewed during this inspection and inspectors confirmed that all incidents had been reported to the Office of the Chief Inspector consistent with the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Inspectors were satisfied that residents' health care needs were met to a good standard and they maintained good access to healthcare services and opportunities for social engagement.

The registered provider had plans in place to upgrade the premises to provide facilities to meet the needs of the residents. These plans were delayed due to the onset of COVID-19 however arrangements were in the process of being finalised for these works to recommence. The registered provider had recently installed two additional toilets which improved resident access to these facilities. Residents had access to one shower on both the first and second floors.

The provider had put robust systems in place to manage risks and to ensure that the health and safety of all people using the service was promoted. However, controls and interventions to mitigate against some of the risks identified in the August 2021 inspection had yet to be completed. The registered provider made arrangements during the inspection to improve the storage of oxygen cylinders and

to ensure more robust restrictions to the building site were in place.

A significant amount of work had been undertaken in the premises to address fire safety, including new fire doors, and replacing some ceiling materials, the following issue required the provider to address them. Inspectors noted all fire exits were clear of items, and a number of doors had been replaced or fitted with additional fire safety measures.

Inspectors identified additional risks in relation to the storage of PPE (Personal Protective Equipment) and the placement of building rubble which had been left in an area of the garden used by residents. The registered provider removed this during the inspection.

All of the care plan records reviewed had been updated in accordance with the compliance plan. Documentation in relation to identifying personal care interventions required improvement to distinguish between the type of support provided. While care plans identified whether the resident required an assisted shower or a bath, care notes did not accurately describe the type of support provided. This meant that there was a risk that residents were not provided with the personal care support that had been identified in their care plan.

There was a good menu choice available to residents for all meals. Residents were seen to be provided with adequate support from the staff team. Meal times were seen to be social occasions where staff and residents were seen to discuss the activities of the day.

Visits were being managed well in line with the regulations with residents supported to receive their visitors in private or in designated areas

Regulation 17: Premises

While the provider planned to redevelop the centre at the time of the inspection the following was identified:

- significant wear and tear to the flooring.
- decor showing signs of wear in some areas.
- There was limited communal space on the blue and orange floors to facilitate residents recreation, dining and space for religious activities.
- the layout of the building had showers situated at some distance from residents bedrooms.
- oxygen was not stored correctly in the outside storage unit.

Judgment: Not compliant

Regulation 28: Fire precautions

One area that remained outstanding was the significant storage of cardboard boxes and other flammable items in rooms on the ground floor which could be a fire risk, in a location under residents bedroom accommodation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of resident care plans indicated that overdue care plans identified in the previous inspection held on the 25 August 2021 had been reviewed and updated. Although care plans described residents needs, interventions in respect of personal care support were not clear. In cases where residents required a shower, the records relating to whether this activity was carried out were not clear. Discussion with the director of care and a clinical nurse manager confirmed that the recording methods for these activities needed review.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Compliance Plan for Orwell Queen of Peace OSV-0005506

Inspection ID: MON-0034675

Date of inspection: 08/11/2021

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A person in charge has been appointed who will take over the role from March 2022. An NF30 has been submitted via HIQA portal and documents required as per the regulation has been uploaded in the portal.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Monitoring of the garden area to ensure it was safe for resident use particularly when building work was underway: The preliminary Health and Safety Plan produced as part of the construction documentation will give careful consideration to risk assessing and separation of areas during the construction period – residents will have access to safe open outside space during the construction. Plans shall be discussed with the residents and DCPs prior to and during the works. The Design Team are producing detailed safety analysis plans for the project.</p> <p>Date of completion: 28/02/2022</p> <p>The nurses and carers working in the Nursing Home have been educated on recording the routine daily care records with accurate information. This is being audited at present by the DOC and the Clinical nurse managers, any non-conformances noted are communicated to the staff. Ongoing training on documentation of routine daily records and auditing at regular</p>	

intervals will be carried out until the compliance is achieved in terms of documentation of resident care.

Date of completion:30/01/2022

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- significant wear and tear to the flooring.

While it is acknowledged the floor is dated, it is being maintained in a safe manner with regular inspection and localised repairs – all floors will be replaced in the centre during the planned refurbishment of the centre – the current plan is that all residents will be in the new area of the centre in December 2022.

- decor showing signs of wear in some areas.

The areas where the residents are living are maintained on a scheduled PPM basis with quarterly touch ups to public areas and rooms reburbished upon requirement or request,we have maintenance persons and a gardener assigned weekly

- There was limited communal space on the blue and orange floors to facilitate residents recreation, dining and space for religious activities.

It is acknowledged that there are limited numbers of communal spaces however we would note that there is over 200m² of communal space over the two floors and the required area for 46 residents as per the regulations would be 184m² – we have separate visiting areas on the ground floor

- the layout of the building had showers situated at some distance from residents bedrooms.

We acknowledge the current layout is a dated one however with recent works we have improved facilities to ensure residents have adequate access to toilet and bathing facilities. The new development will provide ensuite facilities for each resident.

- oxygen was not stored correctly in the outside storage unit

This was actioned on the day of the inspection, the storage location was moved and graded racking added to the storage unit.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

One area that remained outstanding was the significant storage of cardboard boxes and other flammable items in rooms on the ground floor which could be a fire risk, in a location under residents bedroom accommodation

The above is due to an overstock of supplies from the HSE which they advised cannot be returned. We have worked to reduce the stock level and improve the arrangements of how the remaining stock is stored ie, it is more evenly distributed throughout the room and less dense in volume – it is anticipated that all this stock will be removed by the end of January 2022.

Date of completion:30/01/2022

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The nurses and carers working in the Nursing Home have been educated on recording the routine daily care records with accurate information as per the care provided to the resident.

This is being audited at present by the DOC and the Clinical nurse managers, any non-conformances noted are communicated to the staff.

Ongoing training on documentation of routine daily records and auditing at regular intervals will be carried out until the compliance is achieved in terms of documentation of resident care.

Date of completion:30/01/2022

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	31/03/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2022
Regulation 23(a)	The registered provider shall	Substantially Compliant	Yellow	31/12/2022

	ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/01/2022
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	Substantially Compliant	Yellow	31/01/2022

	been assessed in accordance with paragraph (2).			
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