Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	16 September 2022
Centre ID:	OSV-0005506
Fieldwork ID:	MON-0037868

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. However, a significant renovation is currently taking place and there were 25 places available in the centre.

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 available bedrooms are of single capacity with two providing en-suite facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

How we inspect

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
Friday 16 September 2022	10:00hrs to 16:05hrs	Margo O'Neill	Lead
Friday 16 September 2022	10:00hrs to 16:05hrs	Deirdre O'Hara	Support
Tuesday 20 September 2022	10:15hrs to 16:30hrs	Gordon Ellis	Support
Friday 16 September 2022	10:00hrs to 16:05hrs	Helen Lindsey	Support
Tuesday 20 September 2022	10:15hrs to 16:30hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

At the time of the inspection a large renovation project was in progress in the nursing home. Inspectors observed the registered provider had reduced the size of the centre as part of the building had been demolished and a part had been emptied and cleared of furnishings and fittings. The person in charge informed inspectors that the registered provider was now offering a service to 25 residents and that there were 24 living in the centre on the day of the inspection. The purpose of this inspection was to assess compliance with the regulations and standards to inform the decision on applications submitted by the registered provider to vary two of the existing registration conditions of the centre, and to remove condition 4. Inspectors found that the impact of this renovation project on residents was significant. There were serious risks in relation to fire safety, and non-compliance with the regulations in relation to residents rights, premises and infection control measures.

On arrival to the centre on both the 16th and 20th September, inspectors were met by a member of staff. They ensured that infection prevention and control measures such as hand hygiene and the wearing of face masks were implemented prior to entering the rest of the centre. They did not seek assurances from inspectors with regard to signs of respiratory infection and informed inspectors that this was not part of their procedure for visitors or staff entering or starting work in the centre. This procedure was not in line with current HPSC guidance.

During the two days in the nursing home inspectors spoke with 14 residents. Many reported they were aware construction work was taking place, to provide an improved nursing home. Most said they understood the changes in the centre, and that the noise wasn't affecting them too much, however one resident said they turned up their radio if it became too noisy for them. Residents said they were satisfied with the cleanliness of their bedrooms which were cleaned once each day. Feedback was positive about the meals and availability of drinks and snacks.

Other residents expressed that they did not like the changes in the centre. Some spoke about the increased use of facilities such as toilets by their rooms, and how the smell from the toilet sometimes was present in their rooms. Another resident said they felt claustrophobic in the new communal rooms. Another resident said that they had to walk a long distance in their nightwear to have a shower.

Residents reported that the staff were pleasant and came quickly to support them if they pressed the nurse call bell in their rooms. Inspectors observed positive interactions between residents and staff, and staff seemed to know residents well. There were conversations about families, and previous experiences going on throughout the inspection.

Over the two days inspectors spent time observing interactions and the environment in the communal rooms during lunch time and activities. There were examples of

the limited space impacting on residents,as set out in the following examples.

During one lunch experience, residents were seen to be frustrated at the lack of space available for dining, and other residents chosen activities in that space. The space required to open the door meant that one seat at the table could not be used because the occupant would have to move every time the door was opened. For 11 residents there were two dining tables with seating for five, and other residents were sitting on high back chairs. One resident used a tray table which they were leaning over to reach their food, eventually the resident put their meal on a cushion on their lap so they could reach it more easily. Another resident used a low coffee table to eat their meal from, and complained of digestive discomfort.

During an activity, the noise of the staff cleaning up after a meal was noticeable, including noise from putting away cutlery as Mass was showing on TV. During the in-person delivery of Mass by the priest, staff had to sit in the corridor, as there was no space for them to be in the room with the 10 residents.

Another small communal room was being used by three residents who were seen to spend the majority of their time in there with minimal social engagement except for the radio being on. While staff were seen in the room on a number of occasions, there was very little engagement with the residents.

There were residents with responsive behaviours (how people with dementia and other conditions, communicate or express their physical discomfort, or discomfort with their social or behavioural environment) living in the centre. Due to the close proximity of residents in the limited communal space, examples were seen of residents becoming frustrated with the way other residents were communicating and mobilising in the centre. This included residents shouting out at other residents in frustration.

The premises were in a poor state of repair during the inspection. Decor was worn, and some flooring was damaged. Due to the construction work taking place the centre was reduced in size. There were now four day rooms, two on each floor for residents to use. One of the communal rooms on each floor contained a kitchen area where food was received from an off site kitchen and then plated for residents on site. These communal rooms contained two to three tables for residents to dine at and televisions. Small group activities were also carried out in these rooms. As a result many residents spent much of their day in the same day room where they had their meals and attended activities. Inspectors observed residents using the communal space on both days and found there was insufficient space available to allow residents to mobilise freely, take meals at a table, or sit in a more relaxing area while watching TV or engaging in activities. When residents were independently mobilising with walking frames, inspectors noted the wheels were catching on other residents mobility aids as there was no clear path through.

There was one other small communal room where three residents were spending time, and another room that was previously the oratory. This was a larger room, and staff reported that larger gatherings such as mass took place in that room.

In the kitchen area inspectors observed a member of staff stacking dishes into a

dishwasher and completing other cleaning tasks following lunch. This all contributed to a busy, loud and crowded environment. The room also felt warm, with a thermometer showing at 28 degrees on the first day of inspection, with a note to say 'don't open' on the windows.

It was evident development work was taking place in the centre, due to holes in the walls and ceiling This is discussed further under regulation 28 fire safety.

While walking around the centre inspectors observed gaps in flooring and doors leading from building sites. There was evidence of dust on surfaces such as equipment, floor edges, window sills and fire extinguishers. The damage was due to the impact of the construction work that was ongoing, and inspectors were not assured that effective infection prevention and control measures were in place to protect residents.

Inspectors also observed, the design and finish of ancillary areas such as the clinical room and the sluice rooms, which were being used as dual purpose for housekeeping, did not facilitate effective infection prevention and control measures. The surfaces and finishes within the en-suite bathrooms were difficult to clean due to holes in tiles.

Inspectors observed that alcohol hand gel was available at the point of care and at strategic points throughout the centre. There were posters illustrating the correct procedure to perform hand rubbing, above all alcohol based hand rub dispensers. To ensure staff had access to dedicated clinical hand washing facilities, which were within easy walking distance of residents rooms, the installation of two new clinical hand wash sinks along corridors was in progress on the first day of the inspection, and was nearing completion on the second day. There were existing dedicated clinical hand wash sinks in the centre available to staff. These sinks, in the clinical room and some communal areas, did not comply with current recommended specifications for clinical hand hygiene sinks.

Inspectors observed concerns regarding compliance with fire safety precautions on arrival in the centre on the 16th September, and spoke to a director of the registered company that is the registered provider representative about those concerns shortly after their arrival. Inspectors observed items stored under the fire exit stairs, damage to walls and ceilings, holes through walls in to other compartment area. There were also desk spaces set up in corridors and other items in stairways that may have caused obstruction if residents and staff needed to evacuate.

The ground floor had been through the demolition phase of the building project and many external walls to the posterior of the premises had been taken down. On arriving at the centre inspectors observed that all that remained accessible on the ground floor was the entrance hall, stair well and lift lobby. The area was very dusty, with pipes hanging down from the ceiling, and evidence of holes through barriers that had been erected to other parts of the centre under construction. The provider arranged for the pipes to be fixed to the ceiling before the end of inspection on day one.

Concerns identified on day one remained on the second day of inspection, and additional issues were noted with the loft space compartmentation. Some fire doors had deficiencies and the outdoor evacuation routes and emergency lighting required a review.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to inform a registration decision on foot of an an application received to vary registration conditions 1 and 3 which would reduce registered bed numbers from 46 to 25 and an application to remove condition 4. Condition 4 of the registration states: The physical environment in the designated centre must be reconfigured to provide sufficient numbers of accessible toilets and bathrooms, storage and rooms of a suitable size and layout for the needs of the residents by 16 December 2022. The registered provider had provided additional information to the Chief Inspector outlining a significant building project that had commenced in July 2022.

On the first day of the inspection inspectors found that the provider had failed to ensure effective governance and management of major renovations of the centre and to effectively manage the totality of the risks associated with these renovations.

For example inspectors identified significant risks in relation to fire safety in the designated centre. This included inadequate arrangements for containing fires, precautions against the risk of fire, and evacuation arrangements. Following the first day of inspection, when inspectors set out the risks identified, the registered provider arranged for a fire safety risk assessment. The findings of the submitted fire safety risk assessment aligned with the findings of the inspectors from the first day of the inspection. On the second day of inspection the level of persisting risk to residents remained.

Inspectors also found non-compliance with regulations relating to premises, infection control procedures, and residents' rights which was impacting on residents' quality of life.

While there were management systems in place to oversee the operation of the centre, inspectors found that these systems did not identify or address the above issues or implement effective strategies to mitigate the risk to residents. Some of the issues relating to fire safety, and the premises were repeat findings from previous inspections.

There were staff allocated to oversee the works in the designated centre, however this had not been effective in identifying and managing issues of concern. For

example daily checks had not identified the storage on fire exits, risks relating to holes in walls and ceilings, and the poor experience of residents.

The provider had not taken all necessary steps to ensure effective infection prevention control measures were in place, including applying the *National Standards for infection prevention and control in community services* (2018). Weaknesses were identified in infection prevention and control and antimicrobial stewardship, governance, safe environment and equipment management.

The provider had nominated the nurse manager to the role of infection prevention and control champion, whose role was to support infection control practice in the centre. However, infection prevention and control expertise was not sought at the outset of the current building and refurbishment project as recommended in the National Standards for infection prevention and control in community services (2018).

The registered provider had a risk assessment for the management of aspergillosis (aspergillus, is a type of fungus that causes aspergillosis). However, practice in the centre did not reflect the measures set out in the risk assessment. Dust control measures were seen to be ineffective to meet the needs of the centre throughout the inspection and the provider did not have a local aspergillosis policy to guide staff. An updated risk assessment was completed by the second day of this inspection**.**

Regular audits were completed in topics such as hand hygiene and the correct wearing of personal protective equipment (PPE) and sharps management. Infection control audits completed did not identify findings during this inspection with regard to the following examples: safe management of clinical waste such as the safe storage of clinical waste bags, and environmental and equipment cleaning practices.

Regulation 14: Persons in charge

There was a person in charge of the designated centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to put effective management systems in place to ensure that the service provided was safe. Significant risks were present in the centre that had not been identified by managers, and therefore appropriate steps to mitigate those risk were not in place.

This included risks in relation to fire safety, infection prevention and control, and the premises. The management team had failed to identify the negative impact on residents of the change in the provision of service and had also not been identified and responded to residents needs. For example, residents in communal rooms with very little space becoming frustrated by other residents sharing the same space.

While there were some risk assessments in place, they did not cover all of the risks present in the centre, and did not give sufficient guidance to staff to mitigate the identified risk. An example was seen where one risk assessment stated windows were to be kept closed to reduce risk of aspergillosus. However, another risk assessment for poor ventilation stated to increase natural ventilation by opening doors, windows and vents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose required updating with the following information:

- The date of the statement of purpose required amending
- Details regarding arrangements in place for when the person in charge is absent from the centre.
- Details regarding specific therapeutic techniques used in the centre and supervision arrangements in place.
- The organisational structure required amending to include the registered provider.

Judgment: Substantially compliant

Quality and safety

While residents had their needs assessed and documented in care plans, the service being provided did not ensure they were receiving a service that met their social care needs.

Residents were receiving visitors on the days of the inspection, and reported to inspectors they were pleased to be able to see their families again. Residents were seen to be relaxing in their bedrooms, which were personalised in most cases, and had televisions and radios. The activities co-ordinator was spending time in the communal rooms in the centre, and residents were seen to be enjoying activities such as baking, quizzes and singing. There was also music of videos playing in the rooms when activities were not taking place, with residents watching and sometimes singing along, for example when popular Frank Sinatra songs were playing. While

residents were enjoying these active periods of time, the rooms were very busy and moving freely in the space was difficult for residents.

Inspectors noted there was insufficient storage in the centre, and in some cases items were stored in bathrooms and residents bedrooms. For example a large salon type hair dryer in a residents room**,** the placement of hoists in the bathroom limited the available space for use. As a temporary measure during the renovation the provider had set up a communal room on each floor that also had a small kitchen. The equipment and storage took over around a third of the space in the room. As the kitchen was not separated the heat from equipment could be felt in the room, the sound of setting up, serving, and clearing meals also impacted on the atmosphere in the room.

While it was evident that the provider was progressing a large renovation project to ensure the layout of the centre was appropriate to the number and needs of the residents, including sufficient number of accessible toilets and bathrooms, storage and rooms of a suitable size and layout for the needs of residents. Inspectors were not assured during the inspection that the required changes would be made by the 16th December 2022 in accordance with the centres condition 4 of registration.

The area previously a garden was now out of use as it was part of the construction site.

A selection of care plans were reviewed, and it was identified that most residents required some level of support with personal care and toileting. It was evident from care plans that equipment such as commodes were required for at least seven residents who could not access the toilets in the centre due to their layout. It was also noted that care plans for the safe care of a medical device and one resident with a drug resistant organism, were not in place to guide staff with regard to infection control care practices needed for these residents.

While there were areas of practice not in line with the National Standards for infection prevention and control in community services (2018), some effective infection prevention and control measures were seen. For example, alcohol based hand rub was available throughout the centre and personal protective equipment (PPE) was readily available. There was also good practice with regard to when staff were putting on and taking off PPE. There was an effective vaccination programme in place and plans were in progress to commence this year's influenza vaccinations in the coming weeks and it would be available to residents and staff.

While residents were being regularly monitored for signs of respiratory infection, staff did not confirm with their line manager at the start of each shift that they did not have any symptoms of respiratory illness, to align with best practice. Safety engineered sharp management devices were used, however, action was required to ensure that clinical waste was stored securely. For example, clinical waste stored externally was not locked to prevent unauthorised access which could lead to risk of blood borne viruses. Further details are provided under regulation 27.

In relation to fire, the inspectors found deficiencies in several areas, particularly in means of escape, fire doors, containment and compartmentation under regulation

28. This has consequences for the evacuation design strategy of the building which is based on progressive horizontal evacuation and ultimately for the care and welfare of residents living in the centre.

Furthermore, while staff were able to explain clearly the procedure to follow in the event of a fire alarm, they were describing the use of moving to the next compartment, when in practice there were issues with the function of the compartments. Further details of significant fire risks are set out under regulation 28.

Regulation 17: Premises

Parts of the registered premises of the centre were not in use, part of the premises had been demolished and part of the premises had been emptied and cleared of furnishings and fittings. The part of the registered premises that remained in use by residents was not appropriate to the number and needs of the residents in the nursing home during the inspection.

On the two days of the inspection, the premises were found not to be in a good state of repair, and were not laid out to meet the needs of residents. Inspectors observed the following:

- inadequate space for sitting, recreation and dining which was separate to residents' private accommodation- residents' main communal space did not afford sufficient space to move freely and allow for activities such as dining at a table, and relaxing in comfortable chairs.
- storage arrangements were not suitable- equipment was stored on corridors, in residents bedrooms or in storage rooms that were overfilled.
- flooring was damaged in some areas.
- the kitchen on both floors of the centre were not separate from residents communal space.
- there were insufficient bathing facilities, with just three showers available for all residents as the bath was out of order.
- there was a lack of appropriate storage space in the centre resulting in inappropriate storage of equipment. For example, commodes were stored in a communal bathroom.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured effective delivery of safe and effective infection prevention and control and antimicrobial stewardship as set out in National

Standards for infection prevention and control in community services (2018). This was evidenced by the following;

- while the provider had undertaken an aspergillosis risk assessment, the implementation of infection prevention and control measures to protect at-risk residents during the ongoing construction and renovation activities was not seen to be effective. For example: the oversight of cleaning was not robust, dust control measures were ineffective as dust and debris was seen around the centre (on fire extinguishers, flooring edges, an accessible bath and window sills). Gaps and holes were observed in walls and between floors and to the external building environment, which put the residents at risk of aspergillosis. There were no checks recorded to ensure that the appropriate measures were in place to protect residents from aspergillosis in line with evidenced based best practice.
- while the provider did have an infection control policy, it did not include information to guide staff in safe care delivery during planned building and renovation works. Additionally, staff had not received training relative to their role to minimise the risk of healthcare-associated infections, such as aspergillosis, to residents and staff.
- infection control specific audits did not cover topics such as environmental and equipment hygiene to ensure that the environment equipment was managed to minimise the risk of transmitting a healthcare-associated infection.
- the overall antimicrobial stewardship programme (antibiotic use) needed to be further developed, strengthened and supported in order to progress this programme. For example antibiotic use was monitored by the pharmacist, however, this data was not used to inform or target quality improvement initiatives by the provider.
- visitors and staff were not checked to identify if they had any symptoms of COVID-19 or respiratory infection before entering the centre which may result in onward transmission of a droplet or airborne infection to residents.
- the findings of this inspection identified a need to access an infection control specialist for education and advise.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- general wear and tear around the building such as doors, walls, grab rails, flooring, edging and grouting around sinks in residents rooms, bathrooms and communal rooms and clinical room. This impacted on effective cleaning.
- clinical hand wash sinks did not support effective hand hygiene practice to minimise the risk of acquiring or transmitting infection. They contained over flows or water poured directly into the drain, the seals or splash backs behind sinks were not intact or clean.
- routine decontamination of the care environment and small items of equipment was performed using a combined detergent and disinfectant solution or 70% alcohol wipes, when there was no indication for their use.
- Sinks in the sluice rooms were used as a dual purpose for making up cleaning

solutions and cleaning equipment. This increased the risk of cross infection.

Staff did not consistently adhere to standard infection control precautions. This was evidenced by;

- supplies used for resident care, such as un-used continence wear, were stored in open packets in storage cupboards, which could result in contamination of these supplies.
- personal hygiene products were stored within the shared bathrooms and inspectors were informed that these were used for communal use. This posed a risk of cross-contamination.
- green labels to alert staff to when equipment was last cleaned were observed on some items of equipment. However, this system was not consistently used. Many pieces of equipment such as hoists, a seated weighing scales and wheelchairs had high levels of dust and debris on their surfaces. This meant they were not routinely cleaned after use.
- the majority of commodes seen were unclean and wheels were rusty. Four commode bowls on a sluice room rack were unclean. This meant they could not be or had not been adequately cleaned and decontaminated or safe for further use.
- two out of three clinical waste bins stored externally were stored insecurely and were unlocked. This presented a risk to residents or staff being exposed to infectious clinical waste within them.

Judgment: Not compliant

Regulation 28: Fire precautions

From the findings of this inspection, the inspectors were not assured that there were adequate measures in place to ensure that residents living in Orwell Queen of Peace were safe and protected from the risk of fire.

Arrangements in place did not provide adequate precautions against the risk of fire. For example:

- The inspectors identified a number of fire doors were wedged open and interfered with the door closer mechanism. This practice would allow fire and smoke to spread more rapidly.
- On the day of the inspection, a security fence at the rear which separated the on-going construction site from the designated centre was not continuous and had gaps. This created a situation were residents could potentially walk into an active construction site.
- The inspectors identified areas where storage was inappropriate. This was evidenced at the bottom of both protected staircases, where cardboard boxes, building materials, tools, chairs, plastic trays, a portable heater and a

table were found.

Means of escape in the centre including emergency lighting were not adequate. For example:

- The inspector identified wooden storage cabinets along an internal means of escape, which contained flammable items such as linen, towels and cleaning products. This compromised the protected means of escape for residents.
- At the main entrance and fire exit, internal surrounding walls were lined with timber panelling. The level of fire resistance of the panelling was not clear and the inspector sought assurance regarding this matter.
- On the day of the inspection, inappropriate desks/office areas were present in circulation routes on both floors. One particular desk created a pinch point along a corridor which would impede residents and staff in an evacuation situation.
- The inspectors identified a fuse/distribution cabinet in a protected corridor which was not encased in fire-rated construction.
- An external gate that led to a fire assembly point was fitted with padlocks which could impede residents and staff accessing a fire assembly point.
- There was a lack of external emergency lighting to the rear and front of the centre to illuminate evacuation routes during night time periods.
- Adequate external directional signage was not provided for residents and staff to easily find the location of fire assembly points from external fire exits. Furthermore, above some fire exits, directional fire exit signage was not illuminated, and on one instance it was missing entirely.

Maintaining of means of escape, building fabric and building services required a review from the provider. For example:

- A pathway from a rear fire exit to an assembly point was uneven and had the potential to impede residents during an evacuation.This required repair. Furthermore, inspectors found poor management and oversight of escape routes with building materials and tools that had accumulated along some paths.
- The fire assembly point at the side of the building had the potential to be blocked by parked cars, making it difficult for residents to access the assembly point.
- Temporary walls erected to separate the existing nursing home from the construction works had large holes and service penetrations. Furthermore, holes were identified between compartment floors in several areas.This resulted in deficiencies with containment measures through fire-rated construction and would allow fire and smoke to spread more rapidly.
- The inspectors also identified multiple holes ranging in size, in fire-rated ceilings on the second floor which lead into the attic spaces above. Holes and gaps around ceilings and fittings were found for example: in high risk rooms, such as a comms room and a kitchen.

- From a review of testing and maintenance certificates for the fire detection alarm system and emergency lighting system, not all standard quarterly and

annual certificates were available on the day of the inspection to evidence that the building services were maintained and serviced.

Arrangements for fire precautions were not robust. This was evidenced by the following findings:

- Improvements along the wall to create a compartment between the lift opening and the bedrooms were to be actioned immediately in August 2021 by the provider. However during the current inspection it was identified this had not been actioned, the compartment had not been erected. This was of significant concern to the inspectors. Staff had based their evacuation design strategy of the building on the location of compartment, one of which did not exist. Ultimately in a fire evacuation situation, this would had significant consequences for the care and welfare of residents living in the centre.
- Penetrations through ceilings and walls were to have been fire-stopped and sealed. Upon the inspection multiple holes were found.
- Fire risks identified by the inspectors on the day had not been identified by the provider and were not adequately managed.

Inspectors were not assured that the fire procedures were fit for purpose and if persons working in the designated centre were aware of the procedures to be followed in the case of fire. For example:

- While regular fire drills were taking place, evacuation times and residents involved were not indicated on the fire drills reviewed, only one fire evacuation drill indicated this. There was also no record of fire drills with night time staffing levels being undertaken, in order to ensure night time staffing levels were sufficient for evacuation purposes.
- Personal Emergency Evacuation Plans (PEEPs) were in place for residents however the assessment did not taken into account mobility needs at night time.

Arrangements for containment and detection were not adequate. For example:

- Inspectors were not assured that temporary walls erected to separate the existing center from the construction site formed adequate compartmentation while construction works were being carried out.
- The inspectors identified a lack of compartmentation in the attic space above a designated compartment line and a protected enclosed staircase.
- A vision panel above a store room fire door, in a protected staircase was missing and pipework was found traversing the opening.
- Fire doors in general, were not fitted with suitable ironmongery, hinges were found to be weeping, some fire doors did not close fully when released and door closer mechanisms on fire doors sampled did not engage. Gaps over the maximum allowance were found on some bedroom doors and cross corridor doors.Furthermore, fire doors on a protected enclosed staircase were missing intumescent and smoke seals.
- The inspectors were not assured by the level of detection provided for in the centre. For example detection was not present in, a store cupboard

underneath a protected staircase and a store room in a protected corridor. This required a review by the provider to ensure detection is provided for throughout.

Arrangements for evacuation were not sufficient to meet the needs of residents :

The inspectors were not assured that adequate evacuation procedures were present for residents via their required evacuation aids, such as ski sheets. This was evidenced by the narrow width and configuration of the protected staircases serving each floor.Assurances were required from the provider that all evacuation aids would easily fit along these areas.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were in place to address residents identified health and social care needs. A nursing assessment had been completed on admission and care plans were updated every four months, or sooner if required.

A small number of examples were seen where the care plan did not reflect the residents current presentation, and they required updating. For example in the case of responsive behaviours the type of communication described in a care plan was not the same as the resident's current needs, therefore the recommended approach for staff was no longer sufficient to meet their needs.

Care plans for a resident with a drug resistant organism and the safe care of a medical device, such as a urinary catheters were not in place for another resident to guide staff with regard to infection prevention and control practices needed to prevent infection.

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place and staff had received training on safeguarding adults at risk.

Where any issues had been raised documents evidenced that the policy had been followed and appropriate support was provided to residents.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that due to the limited communal space available for residents, that individuals were not able to exercise choice without impacting on other residents. For example residents mobilising in the communal area at mealtimes impacted on other residents being able to dine in some parts of the room. Other residents verbal communication impacted on residents wanting to enjoy quiet or have conversations with other residents and staff. This resulted in residents becoming frustrated and annoyed with each other.

There was also noise from the kitchen's which impacted on resident's ability to watch TV, listen to music or converse with other residents.

Due to the level of support required, some residents were not able to exercise choice in relation to using available toilets in the centre. Staff informed inspectors of seven residents who had a commode in their room because they were not able to access the available toilets.

Judgment: Not 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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Orwell Queen of Peace OSV-0005506

Inspection ID: MON-0037868

Date of inspection: 16/09/2022

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the Inspections, the Registered Provider reviewed its managements systems to ensure that the service provided was safe, consistent, and effectively monitored, in circumstances where the Registered Provider has dedicated significant resources to the reconfiguration of the Centre and the development of property adjacent to the Centre with a view to providing an ultra-modern state-of-the-art facility in accordance with planned works previously advised to the Chief Inspector. With a view to addressing matters raised by the Inspectors during the Inspections by reference to Regulation 23(c) of the Care & Welfare Regulations, the Registered Provider has already notified the Chief Inspector of its decision to arrange for the planned and safe discharge (temporary) by the Centre's Person-in-Charge of all residents from the Centre in accordance with Regulation 25 of the Care & Welfare Regulations pending the completion of the planned works, including reconfiguration works, at the Centre.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Following the Inspections, the Registered Provider conducted a review of the Centre's Statement of Purpose and the provisions of Registration Condition No. 1 of the Centre's Certificate of Registration. The Registered Provider is assured that the Chief Inspector, through Registration Condition No. 1, required the Registered Provider to operate the Centre in accordance with the Statement of Purpose as agreed by the Chief Inspector on	

the date of registration and required through Registration Condition No. 1 that the said Statement of Purpose should not be amended without the prior written approval of the Chief Inspector. Noting the amendments sought by the Inspectors to be made to the Statement of Purpose, the Registered Provider following the Inspection prepared a revising draft State of Purpose to incorporate the amendments sought by the Inspectors to be made to the Statement of Purpose, and in accordance with Registration Condition No. 1 submitted that draft to the Chief Inspector by email dated 22 September 2022 and the Registered Provider awaits confirmation from the Chief Inspector of her approval of the amendments now made to that draft Statement of Purpose, so that it can become the Statement of Purpose for the Centre as required by the Chief Inspector.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Following the Inspections, the Registered Provider reviewed the premises of the Centre by reference to the matters raised by the Inspectors during the Inspections.

The review established that the Inspections were conducted to assess the compliance of a designated Centre on a footprint to accommodate a maximum of 46 residents, at a time when significant works were underway within the premises, including to reconfigure the Centre as required by Registration Condition No. 4 of the Centre's Certificate of Registration. The review also established that at the material time of the Inspections, the Registered Provider had submitted applications to the Chief Inspector pursuant to the Health Act to re-register the Centre as a designated Centre with a reduced maximum occupancy level of 25 pending the completion of the Works, which applications had been accepted by the Chief Inspector but were awaiting registration decision and statutory notifications which were still awaited on the dates of the Inspections.

Following the Inspections and having regard to the regulatory approach adopted during the Inspections, the Registered Provider reviewed the premises compliance with both Regulation 17(1) and 17(2) of the Care & Welfare Regulations, in circumstances where the Registered Provider has dedicated significant resources to the reconfiguration of the Centre and the development of property adjacent to the Centre with a view to providing an ultra-modern state-of-the-art facility in accordance with planned works previously advised to the Chief Inspector.

With a view to addressing matters raised by the Inspectors during the Inspections by reference to Regulations 17 of the Care & Welfare Regulations, the Registered Provider has already notified the Chief Inspector of its decision to arrange for the planned and safe discharge (temporary) by the Centre's Person-in-Charge of all residents from the Centre in accordance with Regulation 25 of the Care & Welfare Regulations pending the completion of the planned works, including reconfiguration works, at the Centre.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Following the Inspections and having regard to the regulatory approach adopted during the Inspections, the Registered Provider reviewed the Centre's compliance with Regulation 27 of the Care & Welfare Regulations, in circumstances where the Registered Provider has dedicated significant resources to the reconfiguration of the Centre and the development of property adjacent to the Centre with a view to providing an ultra-modern state-of-the-art facility in accordance with planned works previously advised to the Chief Inspector.

With a view to addressing matters raised by the Inspectors during the Inspections by reference to Regulation 27 of the Care & Welfare Regulations, the Registered Provider has already notified the Chief Inspector of its decision to arrange for the planned and safe discharge (temporary) by the Centre's Person-in-Charge of all residents from the Centre in accordance with Regulation 25 of the Care & Welfare Regulations pending the completion of the planned works, including reconfiguration works, at the Centre.

In advance of the safe and planned temporary discharge of all residents from the Centre pending the completion oof the works, the Registered provider arranged for the following further actions to be taken:

1. An SOP for the prevention and control of Aspergillosis was completed on 29 September 2022 with the measures in place to protect residents against any risk for contracting Aspergillosis, with steps taken to include increased dusting/mopping with hot soapy water. There was effective engagement with the building contractors carrying out the reconfiguration works in the Centre and following the Inspections the Registered Provider took steps to ensure that gaps and holes observed on the day of Inspection were remedied on 23 September 2022.
2. Training on healthcare-associated infections of Aspergillosis was provided to all the staff and was completed on 30 September 2022.
3. The Registered Provider has taken steps to ensure that enhanced training on auditing will be provided to the Centre's accommodation supervisor and completed by 30 October 2022, with a focus on ensuring that information to guide staff in safe care delivery during planned building and reconfiguration works and attendant steps to minimise the risk of transmitting infection.
4. With a view towards the overall antimicrobial stewardship programme (antibiotic use), an audit has commenced for the month of October 2022 and will be reviewed on a regular basis in the Centre's management meetings, with all registered nurses at the Centre to be required to complete an e-learning programme on anti-microbial stewardship via HSE to gain knowledge.
5. The visiting sign-in sheet was reviewed and updated following the inspections. Any visitors coming into the Centre are required to declare that they do not have Covid/Flu-like symptoms by signing in the visitor's signing sheet.

6. The Centre's staff are required to engage with the IPC Link Nurse in Orwell Private for education and advise on an ongoing basis.
7. Following the Inspections, the Registered Provider engaged with all of the Centre's staff on the use of green labels to alert staff when equipment is last cleaned. This practice is now in place with ongoing audit to be carried out by the Centre's clinical team to review compliance.
8. On the days of inspections and the days following, the Person-in-Charge ensured that all staff were given further education on the proper cleaning of commode chairs. All commodes in the Centre were power washed by the maintenance staff to ensure through cleaning of the same and will be continued monthly.
9. The Registered Provider has taken steps to arrange that only authorised staff have access to the clinical waste bins with same now being always locked.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the Inspections, the Chief Inspector referred asserted fire safety concerns to the Dublin Fire Authority (DFA). The Registered Provider engaged with the DFA and reached agreement as to how the asserted fire safety risks might be addressed to the DFA's satisfaction.

In addition, and following the Inspections and having regard to the regulatory approach adopted during the Inspections, the Registered Provider reviewed the Centre's compliance with Regulation 28 of the Care & Welfare Regulations, in circumstances where the Registered Provider has dedicated significant resources to the reconfiguration of the Centre and the development of property adjacent to the Centre with a view to providing an ultra-modern state-of-the-art facility in accordance with planned works previously advised to the Chief Inspector.

With a view to ensuring full compliance with Regulation 28 of the Care & Welfare Regulations and eliminating all risks to the beloved residents of our Centre, the Registered Provider has already notified the Chief Inspector of its decision to arrange for the planned and safe discharge (temporary) by the Centre's Person-in-Charge of all residents from the Centre in accordance with Regulation 25 of the Care & Welfare Regulations pending the completion of the planned works, including reconfiguration works, at the Centre.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The Person-in-Charge discussed matters raised by the Inspectors by reference to Regulation with all nurses on duty in the Centre and by 30 September 2022 a full review was completed. The Resident's care plan was reviewed and updated the day after the inspection to reflect the care needs for management of drug resistant organism and safe use of urinary catheters. Care plans will be audited monthly by the Person-in-Charge as appropriate to maintain compliance with Regulation 5.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following the Inspections, the Registered Provider reviewed its systems to ensure full compliance with Regulation 9 of the Care & Welfare Regulations, in circumstances where the Registered Provider has dedicated significant resources to the reconfiguration of the Centre and the development of property adjacent to the Centre with a view to providing an ultra-modern state-of-the-art facility in accordance with planned works previously advised to the Chief Inspector. With a view to addressing matters raised by the Inspectors during the Inspections by reference to Regulation 9 of the Care & Welfare Regulations, the Registered Provider has already notified the Chief Inspector of its decision to arrange for the planned and safe discharge (temporary) by the Centre's Person-in-Charge of all residents from the Centre in accordance with Regulation 25 of the Care & Welfare Regulations pending the completion of the planned works, including reconfiguration works, at the Centre.	

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 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	Red	28/10/2022
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	Red	28/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	28/10/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	20/09/2022
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.	Not Compliant	Red	28/10/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	28/10/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and	Not Compliant	Red	28/10/2022

	building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	28/10/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	20/09/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	20/09/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to	Substantially Compliant	Yellow	22/09/2022

	the designated centre concerned and containing the information set out in Schedule 1.			
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	30/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/10/2022