



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

Issued by the Chief Inspector

Name of designated centre:	Orwell Private
Name of provider:	MCGA Limited
Address of centre:	112 Orwell Road, Rathgar, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	17 November 2025
Centre ID:	OSV-0000078
Fieldwork ID:	MON-0048565

About the designated centre

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

Orwell Private is located in south Dublin close to local amenities such as bus routes, restaurants, and convenience stores. The centre can accommodate 170 residents, both male and female over the age of 18 years. They provide long term care, short term care, acquired brain injury care, convalescence care, respite and also care for people with dementia. The centre 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. The vast majority have en-suite facilities and a small number of bedrooms have shared bathrooms. Additionally on the premises there is a full time hair dressers, cafe, gym, library and training rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	165
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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 17 November 2025	08:45hrs to 17:00hrs	Sharon Boyle	Lead
Monday 17 November 2025	08:45hrs to 17:00hrs	Laurena Guinan	Support
Monday 17 November 2025	08:45hrs to 17:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

In general, on the day of inspection, inspectors found that the majority of residents were positive about their experience living in Orwell Private and said they were happy with the level of care and support they received.

On arrival to the centre the inspectors met with the Director of Nursing, the Deputy Director of Care and the executive PA. Following an introductory meeting, the inspectors completed a walk around the centre. During the walk around, the inspectors had the opportunity to meet with residents and staff as they were preparing to start their day. Some residents were observed to be up and dressed, some were having breakfast in the communal dining areas, while other residents were eating breakfast in their own rooms, depending on their preference.

Orwell private provides accommodation for 170 residents, and consists of three different buildings, referred to as Orwell House, The Raglan and The Elgin. Residents had access to a number of communal spaces including an area known as 'The Avenue', it was in this area that the hairdressing salon, a gym, a café and an oratory were located. Additionally, there were communal spaces on each unit and areas for residents to receive visitors in private as they chose.

Inspectors spoke with 27 residents and five visitors during the day of inspection. Feedback was overall positive about the service being provided, with particular mention of the staff being kind and helpful. One resident told inspectors that 'everything is excellent' and another said that there is always staff around to help. On the convalescence unit, one resident said that staff were well prepared and knowledgeable, and they don't have to wait long for assistance. One visitor had recently met with staff to assist with developing a care plan for their relative, while another said they were facilitated regularly to bring their dog in for a visit.

Throughout the day residents were seen to be choosing their daily routine. Some residents were up and dressed by 9am, others were having breakfast in their bedroom, and some were still sleeping. A staff member said residents tell staff when they want their breakfast, and gave an example of one person calling between 10 and 11, which was their preferred time to eat. There were a selection of communal rooms available to residents and their visitors. Some residents moved around independently to meet visitors, or attend activities, and others were supported by staff.

During the morning of the inspection there was a group of approximately 20 people gathered in the Orwell unit, hearing the rosary, then taking part in a movement to music class. There was a small group playing scrabble in the café, and an aromatherapy session in one of the units. In the afternoon, there was a music session with singers in the day room on the ground floor, and residents were seen to be enjoying the music, with many singing along. For individuals with further

advanced dementia there were a selection of sensory activities available, including some adapted games, and also memory boxes to support reminisce.

Overall, the premises was well maintained. Residents bedrooms were personalised with their belongings including photographs and some residents had brought furniture and plants from home. The centre was warm and bright, however, some areas had visible wear and tear and required an upgrade, this will be further discussed in the report.

The general atmosphere in the centre was calm and relaxed, and the inspectors heard staff assisting residents in a friendly and respectful manner. There were information boards on each unit which provided residents with useful details on advocacy services, the complaints procedure and the activities timetable.

The next two sections of this report set out the findings of this inspection in relation to the governance and management arrangements in place in the designated centre, and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to inform the renewal of the designated centre's registration. Inspectors also followed up on information received to the Office of the Chief Inspector since the last inspection in May 2025.

The registered provider was MCGA limited. There are five company directors. The person in charge is responsible for the day-to-day operations in the centre, and is supported in their role by the company directors, a deputy director of care and a director of nursing. Additional staff include assistant directors of nursing, clinical nurse managers, staff nurses, health care assistants, activity staff, maintenance, catering, household and administrative staff.

During this inspection, inspectors found that the registered provider had taken steps to address concerns previously raised regarding residents rights to ensure residents privacy and dignity. The registered provider had committed to take action to ensure that staff were provided with the knowledge and skills to enable them to take a human rights-based approach when providing person-centred care to the residents. Inspectors saw evidence that this had been implemented and was continuously discussed as part of the newly established staff meetings.

The Office of the Chief Inspector had been notified of an incident of where a plastic bin had caught fire due to a cigarette having been improperly disposed of. The centre had a designated smoking area in the garden, which was appropriately

equipped, however, the inspectors saw a number of outdoor areas that had been used for smoking which did not have appropriate fire precautions in place. Staff spoken with acknowledged that residents used these areas, but safety measures such as a fire apron or call-bell facilities were not provided. Some staff were unaware that these precautions were required in areas where residents smoked. While some residents' care plans reflected that residents used areas not designated as a smoking area, and while control measures were identified, these measures were not implemented by staff or residents. The use of unequipped smoking areas had not been highlighted as a risk. Additionally, residents told the inspectors that the smoking areas were not suitable for residents who require the use of mobility aids such as electric wheelchairs. This will be discussed under Regulation 23; Governance and management and Regulation 26: Risk management.

The inspectors reviewed four staff files and saw that they contained all the information as required in Schedule 2 of the regulations. While residents records were accessible on the electronic system, the inspectors saw that where paper files were still in use, these were kept secure in locked presses.

The inspectors spoke to a number of staff on the day, who said they felt supported in their roles. There was an induction process in place and staff who were completing it said that they felt it was well structured and of sufficient duration. Most of the training was completed online, and while there was a comprehensive suite of training available, staff spoken with felt that access to more in-person training would enhance learning. When reviewing incidents submitted to the Office of the Chief Inspector, the provider had committed to providing training in areas such as rights-based approach to care, and manual handling. These were seen to have been completed, and staff spoken with displayed a good understanding of best practice in these areas. Records of disciplinary procedures were reviewed and these were seen to be followed in line with the centre's policy.

There was a clear complaints policy displayed in each of the units. There was also information about other services such as advocacy, decision making support service, and the ombudsman. A review of complaints made showed that each complaint whether verbal or written was managed in line with the service policy. For formal complaints, acknowledgements had been sent to the person within 5 days, and an outcome letter within 30. If there was a delay in reaching an outcome, the complainant had been informed. Records showed a detailed review of information received, an investigation to the issues raised, and where appropriate learning to improve practice going forward. The complaints officer carried out a quarterly review to feedback to the management team. This included trending where complaints originated, the outcome, and the issues complaints were raised about. Following complaints from one unit earlier in the year about food, additional support had been provided to staff to ensure food was plated carefully to look appetising. There had only been one complaint about laundry across the year, indicating that the service was operating well.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame. The information set out in schedule 1 of the registration regulations was included in the application. However, on review of residents bedrooms it was noted that there were some discrepancies between the statement of purpose and floor plans submitted and the findings on the day of inspection. For example;

- Bedroom 1229/1230 was a single bedroom but was identified on the floor plans submitted as a double room.

Judgment: Substantially compliant

Regulation 15: Staffing

There was an adequate number of staff seen on the day of inspection. Call bells were answered in a timely manner and new staff were allocated to work alongside experienced staff until they completed their induction period.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role, and were adequately supervised.

Judgment: Compliant

Regulation 21: Records

Staff files contained the information set out in Schedule 2 of the regulations, and current residents' records were kept in a safe and secure manner.

Judgment: Compliant

Regulation 23: Governance and management

While it was evident that care was delivered to a high standard, gaps were identified in the oversight systems in place to ensure that all residents were safe. This was evidenced by;

- There was a lack of oversight of residents smoking in non-designated smoking areas, and resident's access to appropriate designated smoking areas required review to ensure that all residents were safe from the risk of fire when smoking.
- There was a lack of oversight of the premises to ensure that areas requiring maintenance are addressed in a timely manner.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints policy in place, recently revised to include the newly nominated complains officer. Copies of the procedure to follow, including who to raised concerns with, were displayed in a prominent area in each of the units, and the reception area.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in Orwell Private were supported to enjoy a good quality of life. Residents rights were promoted by a team of dedicated staff who knew and understood the residents well. Feedback from residents was that their right to choice was respected and they felt safe living in the centre. Nonetheless, risks and some areas of the premises required review to ensure full compliance with the regulations.

There was an activities team of five people. During the week there were three or four staff working weekdays, and two at the weekend. There was a weekly activities programme displayed in the units, and also a list of November events, which included music from singers and bands, and also an afternoon tea. Daily activities included arts and crafts, exercises, board games, and other games such as boccia (a ball sport). The centre had access to a bus for external trips, and had recently been to the theatre, and local places of interest. There were plans in place to decorate for the festive season, and to bring a marquee in to the garden to host events, such as local choirs, and festive activities for the residents. The majority of feedback about the activities provided was positive, with residents saying the staff were good at

getting everyone involved. Some younger residents felt that there could be more activities to cater for their interests.

Staff demonstrated a good knowledge of residents' assessed needs. Care plan documentation reviewed was found to be person-centred and suitably detailed to guide staff in providing good quality, safe care aligned to residents' needs and preferences. The inspectors reviewed a variety of care plans and saw that they were written in a person-centred manner. Care plans for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) clearly identified the types of behaviours expressed by the resident, potential triggers for that behaviour and de-escalation techniques for staff to use.

Residents meetings took place four monthly, and the meetings for May, July and October recorded attendance of over 40 people. There was a standard agenda covering food and hydration, falls prevention and safeguarding, laundry, and activities. Residents were also facilitated to raise any other issues they may have during this meeting. Overall the records showed residents were generally happy with the service, and gave occasional feedback on topics such as wanting newer books in the library.

Temporary absences or discharge of residents was seen to be planned. Inspectors reviewed the documentation sent with a patient when transferred to an acute setting and saw that priority information required to give a clear picture on the transfer was sent with the resident. Where a resident was admitted to the acute setting there was clear documentation that the residents progress, while an inpatient, was sought and communicated with all staff. A new process had recently been implemented following the review of an incident in relation to poor discharge communication, and staff were knowledgeable and confident in the new process.

Regulation 12: Personal possessions

Residents had access to storage in their bedrooms, including a lockable space for valuables. The bedrooms viewed by inspectors were seen to be personalised with ornaments and photographs displayed.

Feedback about the laundry service was positive, with residents confirming their clothes were well cared for. Clothing was laundered by an external company, and a process in place so staff could return items to the correct resident.

Judgment: Compliant

Regulation 17: Premises

Overall the centre was well presented. There were a small number of areas for the provider to address in the Orwell unit to ensure all areas were clean and suitably decorated:

- Furniture in the 1st floor communal room was showing signs of wear and tear. This included some damage down to the wood surface which would inhibit effective clearing
- There was some wear to decor in the Orwell unit, including some door frames, and the gate at the top of the stairs on the ground floor

There was sufficient storage in most of the centre, however, seven items of mobility equipment were stored in the Orwell unit dining room in the morning, though it was noted they were not present during the lunch meal.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

All relevant information about the resident was provided to the receiving hospital or centre or service. Since the recent implementation of a new process there is effective communication within and between services during the transfer of a resident to minimise risk and to share necessary information.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had not identified the use of unequipped smoking areas as a risk, therefore there were no measures in place to control the risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed and a care plan developed within 48 hours following the resident's admission to the centre. Care plans were person centred, and updated regularly to reflect changes to the resident's needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to television, radio, music, and films. There was wifi in the centre, and residents confirmed they were able to use IT such as laptops and tablets. Voting arrangements were in place, and residents had been supported to vote in the recent presidential election if they wanted to.

There was a developed programme of activities available in the centre, including large group sessions, smaller groups, and on to one support. External people came in to support the activities co-ordinators, such as singers and bands.

Where residents shared twin rooms, there was privacy screening around beds, and also sufficient space for residents to undertake activities in private, such as sitting on their chair to dress.

Judgment: 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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Orwell Private OSV-0000078

Inspection ID: MON-0048565

Date of inspection: 17/11/2025

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>A full review of all resident bedrooms will be completed to confirm current room designations. Any discrepancies between actual room use, the statement of purpose, and submitted floor plans will be corrected. Updated floor plans and an amended statement of purpose will be submitted to the Chief Inspector. A process will be implemented to ensure all registration documentation is reviewed and updated prior to submission.</p> <p>Person(s) responsible: Registered Provider / Person in Charge</p> <p>Timeframe: 23 January 2026</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>Oversight of smoking practices</p> <ul style="list-style-type: none"> • Clear oversight arrangements will be put in place within 6 weeks of this action plan to ensure residents only smoke in designated smoking areas. • Residents' access to appropriate designated smoking areas will be reviewed within 6 weeks and thereafter as part of ongoing risk assessments to reduce the risk of fire. • Staff will receive refresher guidance on supervising residents who smoke and on fire 	

safety procedures within 6 weeks, with this training incorporated into the ongoing mandatory training schedule thereafter.

Maintenance oversight

- Maintenance issues identified by HIQA inspectors on the day of inspection, as well as those identified through management walk-arounds, are recorded in the maintenance log on Care Monitor with immediate effect. Each issue is assigned a priority level and a target completion date. The Operations Manager reviews the log weekly to ensure issues are progressing and are addressed within agreed timeframes.
- Monthly environmental walk-throughs will be completed by the Person in Charge and the Operations manager commencing within 1 month of this action plan and continuing monthly thereafter to identify any maintenance or health and safety issues. Actions identified are recorded and followed up through the maintenance log until completed.

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Regulation 17: Premises

Substantially Compliant

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

- Damaged furniture in the first-floor communal room will be repaired or replaced to ensure surfaces can be effectively cleaned.
- Worn décor in the Orwell unit, including door frames and the gate at the top of the stairs on the ground floor, will be repaired and repainted as required.

Storage of mobility equipment

- Appropriate storage arrangements will be put in place to ensure mobility equipment is stored safely and does not impact on the use of communal dining areas.
- Staff will be reminded of the importance of returning equipment to designated storage areas when not in use.

Ongoing oversight

- The condition of furniture, décor, and storage areas will be monitored through regular environmental walk-arounds and logged for action where required.

Person(s) responsible:

Person in Charge / Operations Manager

Timeframe:

Repairs and replacement of furniture and décor completed within 6 weeks.

Storage arrangements implemented immediately and reinforced ongoing.

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Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The risk of residents smoking in non-designated or unequipped areas will be formally identified and added to the risk register. Risk assessments of all smoking areas will be completed, and control measures implemented, including restricting smoking to designated areas only, ensuring appropriate equipment is available, and providing supervision where required.

A designated smoking area has been identified in the Raglan garden, beside the Elgin convalescent unit, and in the Raglan yellow area for residents of this unit.

Staff will be informed of smoking risk management procedures, and adherence to these procedures will be monitored. The effectiveness of control measures will be reviewed on an ongoing basis through regular review of the risk register.

Person(s) responsible:

Person in Charge

Timeframe:

Risk identified and added to the risk register within 1 week.

Risk assessments and control measures implemented within 6 weeks of the action plan.

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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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	23/01/2026
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.	Substantially Compliant	Yellow	06/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	06/03/2026

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	06/03/2026
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	06/03/2026