



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:	16 December 2020
Centre ID:	OSV-0000078
Fieldwork ID:	MON-0031475

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	139
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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
Wednesday 16 December 2020	09:00hrs to 16:50hrs	Michael Dunne	Lead
Wednesday 16 December 2020	09:00hrs to 16:50hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

On entering the designated centre the inspectors had their temperatures taken and were asked to adhere to a range of infection prevention and control processes.

All residents who were spoken with on the day of the inspection mentioned that they were happy living in the centre. They said that they were well looked after and that staff were kind and caring to them. Residents said that their rooms were kept clean and that they were warm and comfortable. Resident rooms were observed to be personalised in a homely manner with items personal to each individual resident located within their room environments. Residents were complimentary about the food provision on offer and said that if they did not like what was on the menu staff would provide an alternative meal.

Residents who were unable to receive visitors were supported by the staff team to use social media platforms to maintain contact with their loved ones. Residents who expressed an opinion mentioned that they found tablets and phones useful in maintaining contacts with their family. Where national guidance allowed for one to one visits the provider had a visiting hut in place, for the three buildings which made up the designated centre. The provider was keen to support visits on compassionate grounds where possible.

Activity coordinators were seen engaging with residents across different units throughout the day. One small group session was observed to comply with social distancing measures while ensuring that residents were able to fully participate.

Staff who spoke with inspectors said that they had daily safety huddles to keep them up-to-date with any changes or developments in the centre. They told inspectors that this level of support and the training they attended regarding infection prevention and control helped prepare them for managing the COVID-19 outbreak.

Capacity and capability

This risk inspection was unannounced and was prompted by a second COVID-19 outbreak in the designated centre which was reported to the Office of the Chief Inspector on the 27th of November 2020. This was the second COVID-19 outbreak within a four month period. The Office of the Chief Inspector arranged a meeting with the provider prior to this inspection to review the providers responses to managing the current outbreak. Inspectors were not assured that the providers responses to managing this outbreak were sufficiently robust to ensure that the

spread of the infection throughout the designated centre would be prevented. It was agreed at that meeting on the 11th of December 2020 that the Office of the Chief Inspector would liaise with public health to provide input to the centre in managing this new outbreak.

During the inspection inspectors noted that the provider had a preparedness plan in place which gave details indicating how the provider would manage a COVID-19 outbreak. A review of these arrangements are discussed further under regulation 27 but overall inspectors found that there was good management oversight of the current outbreak. There were still some outstanding areas for the provider to review however these areas were on the providers agenda to resolve.

Inspectors did find that the provider had arrangements in place to cohort COVID -19 detected cases with their own dedicated staff team. In addition there were additional arrangements provided for residents who presented as COVID-19 suspected cases and for new admissions to the centre. Inspectors found that the provider had taken on board advice given by Public Health in managing the current outbreak and was actively engaging in the outbreak control meeting process.

Inspectors reviewed the designated centres responses to areas that required review as identified in the 17th of September 2020 risk inspection. Inspectors found that the provider had maintained its staffing resources as identified in their statement of purpose with all rosters indicating a full complement of staff. Where the provider was unable to arrange cover through their own resources then agency cover was arranged and suitably supervised. There was a nursing resource in place dedicated to ensuring infection, prevention and control protocols were actively monitored. Inspectors observed that all staff had received Infection prevention and control training.

Inspectors found that management structures in the centre had not altered since the last Inspection held on the 17th of September 2020, however it was noted that the management of communication systems between night and day staff had been strengthened and were subject to regular monitoring through an audit process. A review of on call arrangements and rota management arrangements were also strengthened by the addition of more rota checks by the management team.

Regulation 15: Staffing

Inspectors reviewed the staffing numbers of each unit in the centre with the director of care and found that the staff skill mix was sufficient to meet the needs of the residents. There were arrangements in place to ensure that there was sufficient nursing and care support available throughout the centre with staffing numbers consistent with details given in the centres statement of purpose. A number of student nurses were seen in some units of the centre and were supernumerary to existing staffing resources.

A review of the centres rosters indicated that where gaps arose cover was arranged through either using existing staff resources or by engaging agency cover. Inspectors saw evidence that where agency cover was arranged there was an induction checklist in place to orientate agency staff about the layout and emergency procedures in the centre. All checklists seen were signed by appropriate personnel working in the centre.

Inspectors were informed that there were arrangements in place to ensure staff supervision was maintained when clinical staff took their breaks with units communicating with each other to arrange suitable break times.

There was evidence of activity workers engaging with residents on all units throughout the day.

Judgment: Compliant

Regulation 16: Training and staff development

Training records provided to inspectors showed that all staff had received training in infection control specific to COVID-19 such as hand hygiene and donning and doffing of Personal Protective Equipment (PPE), standard and transmission based precautions, cleaning, and waste management. Infection control was overseen and regularly audited by a nurse manager whose main role was to support practice in Orwell Private. This member of staff provided regular formal and informal infection control training to the centre's staff, including students and agency staff before they commenced working in the centre .

Staff were observed to have good practices and had good knowledge of the procedures and requirements for preventing the spread of infection. There were regular audits to ensure that the training was effective.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. Staff roles and responsibilities were clear for all areas of care provision, this was consistent with previous inspections of this designated centre. This inspection found that management systems regarding the transfer of handover information from night to day staff had been strengthened with management audits in place to ensure that communication between night and day staff was regularly monitored. The provider had also reinforced their on call systems to ensure that communication between the centre and members of the management

team was in place.

The designated centre did have sufficient resources to provide care and services in line with its statement of purpose and maintained staffing levels as required on the roster. Where the centre utilised the services of an agency it was found that all agency staff working in the centre received an induction beforehand and were equipped with knowledge regarding the layout of the centre including its health and safety procedures. Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, which included setting up an outbreak control team, where the person in charge was identified as the lead person during this outbreak. The centres emergency plan had been regularly updated to reflect national infection control guidelines and learning as the pandemic progressed. A suite of infection prevention and control audits had been developed and were taking place. Training and audit results were reviewed at the centres management meetings

Judgment: Compliant

Quality and safety

The provider had made amendments to internal processes which enhanced the experiences of residents living in the centre. Arrangements for additional oversight of the centres roster ensured that all areas of the centre were suitably staffed with the required numbers of staff with the required skill mix. A review of all the units on this inspection indicated that all units were staffed according to the centres statement of purpose. In addition a number of student nurses supernumerary to the roster were located in a selection of units across the designated centre. This facilitated more communication between residents and nursing staff.

Throughout the inspection residents rights were seen to be promoted with staff available to provide care and support when needed. Residents were seen to be supported to make choices about their care and the nature of the service they received. Staff were aware of the residents needs and were able to respond in an appropriate manner to meet those needs. All residents observed on the day were well dressed in appropriate clothing and footwear. Mobility equipment was seen to be kept in good order and was observed to be clean and in good condition.

There were a range of clinical audits in place to monitor the standards of care delivered to the residents. Oversight and clinical governance systems were in place to provide guidance and direction on resident care.

While infection prevention and control processes and procedures were in place and the centre was observed to be clean, there were some areas identified under regulation 27: Infection Control which required further review and action.

Regulation 27: Infection control

During the COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the outbreak in the centre. The provider and person in charge liaised closely with Public Health and local infection prevention control nursing specialists and frequent outbreak control meetings were seen in communication documentation between them. Advice and guidance given to the provider with regard to resident placement by public health specialists and the cohorting of staff arrangements aligning to national guidelines was reviewed by inspectors and were found to be in place.

The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre. The centres policy on the management and prevention of COVID-19 had been updated on 3 December 2020.

There were systems in place for on-going monitoring of residents, to identify signs or symptoms of COVID-19 however there were gaps seen in staff monitoring records, this was identified on the last inspection. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Staff were aware of the local policy to report to their line manager if they became ill.

Visitors to the centre were checked for symptoms of infection before they could enter the centre and there was Personal Protective Equipment (PPE) available for their use. The provider had put in place cabins on the grounds of the centre to facilitate visiting, the seating arrangements required review to ensure a safe distance could be maintained. However there was no visiting taking place on the day of inspection.

There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift. There were separate staff changing and dining areas for staff in each unit. Physical distancing measures were observed by staff when they were on break. Residents were seen to be dining mostly in their own rooms due to the outbreak. Those residents that chose to eat in the dining rooms were sitting a safe distance from other residents.

There were safe laundry and waste management arrangements in place. There was appropriate infection prevention and control signs on display around the centre. Isolation areas were well signposted for staff entering this area.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in the centre. Staff were observed donning and doffing (putting on the taking off) PPE in the correct sequence. However staff were seen to wear a ring and long sleeved clothing and no apron when handling laundry.

This was partially addressed during the inspection.

Alcohol based hand rub was available throughout the building and easily accessible at the point of care. Hand hygiene practice was good on the day of inspection.

There were a range of systems in place to monitor infection prevention and control in the centre. Infection control audits had been further developed since the last inspection, such as hand hygiene practice, correct use of PPE, waste management, medical equipment and environmental cleaning. However the hand hygiene facilities audit did not identify the lack of splash backs and non-intact seals behind some sinks and sluices to allow for effective cleaning. Where gaps were identified, these were actioned and audits were seen to be discussed at management meetings. Since the last inspection the provider has put in place a dedicated member of staff who was solely allocated to infection prevention and control responsibilities in the centre. Audit findings and the monitoring of antibiotic usage and infection rates were also discussed at management meetings.

Cleaning was overseen by the cleaning supervisor. A guidance policy with regard to cleaning processes had been updated since the last inspection, to include clear instruction for staff for terminal cleaning of rooms. There were good cleaning processes in place which was documented in cleaning sign off records. Staff who spoke with inspectors were familiar with their roles and responsibilities regarding cleaning and decontamination of environmental and patient equipment.

Other findings on the day of inspection identified the following areas for review or improvement:

- Replacement of a cracked sink in a visitor's toilet was required.
- The walls and the floor in one laundry room were badly damaged which would not allow for effective cleaning.
- The labelling of cleaning solutions so that staff could identify which solution they were using was required.
- Storage of continence wear and storage of items on the floor of a store room which was identified at the last inspection.
- Storage of rubbish and used laundry in janitorial sinks.
- While there was no cleaners room available on one floor, inspectors were told that there were plans in place to convert a store room to facilitate this.
- The provision of hand soap and hand towels and appropriate splash back in the cleaner's room in Raglan unit.
- Inappropriate storage of intravenous stands in one sluice room.

Judgment: Substantially compliant

Regulation 8: Protection

Residents spoken with during the course of the inspection mentioned that they felt

safe in the centre and that if they had a concern then they would raise it with any member of the team. A review of training records indicated that staff had completed safeguarding training which informed their practice in protecting residents from abuse. Amendments to oversight arrangements regarding the written handover of communication between the night and day staff was seen to be in place. Audits regarding the safe transfer of information was in place with recommendations in place where more focus was needed.

Additional management checks were in place to ensure that rosters were covered with communication updated daily by a team of clinical nurse managers. On call arrangements were in place with a duty placed on the person in charge to liaise with the centre to ensure that staffing rosters were covered.

Inspectors noted that the centre had a preparedness plan in place which detailed measures to manage their current outbreak COVID-19 outbreak. Inspectors observed that the provider had cohorted residents who were COVID-19 case detected into a zone with its own cohort of staff. A separate area was designated for residents who were suspected cases and for new admissions to the centre who required an isolation period of 14 days.

Inspectors observed that staff were supportive of residents needs and noted where call bells were sounded they were answered in a timely manner.

Judgment: Compliant

Regulation 9: Residents' rights

All residents spoken with during the inspection reported that they felt safe in the centre and mentioned that their rights, choices and views were respected by the staff. There was a relaxed atmosphere noted in the units visited with supportive communication observed between staff and residents. Where residents has specific communication needs staff were seen to afford residents time and space to air their views. Inspectors noted staff using good communication technique which assisted the resident make an informed choice and communicate their views, for example staff were seen to use active listening skills and did not interrupt the resident when they were airing their views.

There were facilities in place for recreational activities in each unit with residents observed to be participating in small group activities whilst adhering to social distancing protocols. Inspectors saw activity workers engaging with residents on all units visited throughout the day.

There were visiting huts in place for each of the three units to facilitate family visits when safe to do so. Inspectors noted that there were arrangements in place to ensure that the safety of residents when transferring to their respective unit hut with infection prevention and control measures in place which included an identified

team member to facilitate this process.

Inspectors reviewed records related to the recording resident activity engagement and saw an improvement since the last inspection. An audit carried out by the centre and subsequent recommendations and actions was seen as the source of this improvement.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Orwell Private OSV-0000078

Inspection ID: MON-0031475

Date of inspection: 16/12/2020

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Our responses to the findings are as below:</p> <p>The cracked sink in the visitor's toilet will be replaced by 10/02/21.</p> <p>The walls and the floor in the laundry room have been replaced with white rock and lino which is easy to clean/washable and in line with industrial standard, which was completed on 15/01/21.</p> <p>All the cleaning solutions that is used by the accommodation staff are labelled so that staff could identify the solution contained in the bottle. This will be audited by the Accommodation Manager, IPC nurse and the PIC to ensure consistency. This is ongoing and will be reported in the IPC and Accommodation Governance reports.</p> <p>All staff are informed and instructed not to store any items on the floor. We are in the process of creating a central storage area for medications so that staff can return any medications to the Central store which will be stored and secured by 31/03/21.</p> <p>The cleaning staff are advised not to store any items on the floor, additional shelves or storage spaces will be made available in all the cleaners store .This is ongoing with date of completion by 31/03/21.</p> <p>There is a Cleaners store now available in the Orwell Orange unit which was completed on 04/01/21.</p> <p>We have commenced installing hand soap, hand towels and the appropriate splash back in the cleaner's room in the Raglan unit. This will be completed by 31/03/21.</p> <p>Staff are educated on safe storage of medical equipment; we also implemented a Green tag system for cleaning and decontamination of medical equipment.</p>	

The requirement for more storage space in the Orwell and Raglan units is identified, is being worked on at present and will be completed by 31/03/21.

Inappropriate storage of equipment in sluice rooms will be rectified by staff education and by completing regular audits on sluice room use and cleaning. This will be completed by the IPC nurse and the Accommodation Manager and will be reported in the IPC and Accommodation Governance reports.

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 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.	Substantially Compliant	Yellow	31/03/2021