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:	Moorehall Lodge Drogheda
Name of provider:	Moorehall Healthcare (Drogheda) Limited
Address of centre:	Dublin Road, Drogheda, Meath
Type of inspection:	Unannounced
Date of inspection:	12 March 2024
Centre ID:	OSV-0000737
Fieldwork ID:	MON-0042503

About the designated centre

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

The designated centre provides twenty-four hour support and nursing care to 121 male and female older persons, requiring both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite) care. The philosophy of care adopted is the "Butterfly Model" which emphasises creating an environment and culture which focuses on quality of life, breaking down institutional barriers and task driven care, while promoting the principle that feelings matter most therefore the emphasis on relationships forming the core approach. The 'household model' has been developed to deliver care and services in accordance with the philosophy. The designated centre is a purpose-built three storey building situated on the outskirts of a town. It is divided into households; Rosnaree and Newgrange households, located on the ground floor, Millmount and Mellifont households situated on the first floor and Oldbridge and Beaulieu households on the second floor. Each household has its own front door, kitchen, open plan sitting and dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	114

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
Tuesday 12 March 2024	09:10hrs to 17:00hrs	Sheila McKevitt	Lead
Tuesday 12 March 2024	09:10hrs to 17:00hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

Inspectors met many residents during the inspection and spoke to approximately 20% in more detail, to gain an insight into their experiences of living in Moorehall Lodge Drogheda. Overall, residents gave positive feedback about the centre and were complimentary about the staff and the care provided, saying that staff were 'so attentive', and were always in 'good form and full of life'. However, feedback was mixed regarding the food. Some residents said the food was very good, however, others said the 'taste of food could be better at times', particularly at lunch time. Inspectors highlighted these concerns to management on the day of inspection who were aware of the concerns and were actively working with the residents to resolve the issue.

Visitors were observed coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. Inspectors had the opportunity to meet several visitors throughout the day, who generally reported great satisfaction with the care their love one received by what they called 'professional, dedicated staff'.

Resident's were observed to be well-groomed, content and comfortable in their surroundings. Residents who required support with their personal care and mobility were observed to receive timely support. Mobility equipment was observed to be clean and in a good state of repair.

Throughout the day, the atmosphere in the centre was relaxed and calm. The inspectors observed a number of staff and residents interactions and found them to be a positive experience for both parties. It was clear that the staff working in the centre knew the residents very well. Residents were observed to be called by their first name in a respectful manner.

The centre was bright and clean throughout. All communal rooms were well-used by residents throughout the day. A chapel was located on the ground floor, where the spiritual needs of the residents were met. Mass was celebrated in the chapel every week and prayer meetings took place twice weekly. Resident bedrooms were neat and tidy. Residents who spoke with the inspectors were happy with their bedrooms. Many residents had pictures, soft furnishings and photographs in their rooms and other personal items which gave the room a homely feel.

Notwithstanding some of the issues raised by residents regarding lunch, the dining experience observed on the day of inspection and appeared to be a social occasion with music playing in the background. Residents informed inspectors that they had a good choice of food available to them and could request alternative meals should they not like what was on the menu. A variety of drinks were being offered to

residents with their lunch. Residents' independence was promoted with easy access to condiments and drinks on each dining room table.

The inspectors observed that residents living in the centre were provided with activities in accordance with their capacities and capabilities. On the day of inspection, staff were observed encouraging residents to participate in group activities. Residents who required additional support to participate or to engage with the activities provided were given timely assistance to do so. An activities schedule was on display and the inspectors observed that residents could choose to partake in games, bingo, music and sing-along. One resident informed inspectors that they particularly enjoyed the art class and showed them their most recent creations that was on display for the upcoming 'Saint Patrick's Day' celebrations.

Residents said that they felt listened to and had the opportunities to make choices in their daily lives. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. There was evidence of active involvement of advocacy services in this centre. Details of advocacy services including the national advocacy service were advertised in the centre.

Laundry facilities were provided on site. Residents told inspectors that they were very happy with the laundry service. They said it was a very prompt service and they have plenty of storage for their clothes and personal items. Inspectors observed that staff were using a section of the residents' living area to store their personal belongings and on review found that staff did not have access to appropriate changing and storage facilities.

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

Capacity and capability

This was an unannounced inspection during which the compliance plans from the previous inspection were followed up on. The inspectors found that the compliance plan responses had been implemented. The inspectors found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate. However, improvements were required in relation to the premises.

The provider was Moorehall Lodge (Drogheda) Limited. The management team was made up of the provider representative and the newly appointed person in charge. The person in charge was on leave at the time of inspection. The assistant director of nursing (ADON) was deputising in the absence of the person in charge. Both the

person in charge and ADON worked full-time in the centre and on any given day, one of them was nominated to provide out-of-hours on-call support if needed.

The inspectors saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and responding to risks in the centre. Residents were provided with a good standard of care. There were sufficient resources available to provide the service in line with the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had received all their mandatory training together with training in infection prevention and control precautions and hand hygiene.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to.

All the required documents were accessible and available for review.

Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of residents living in the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, cardio-pulmonary resuscitation training and end-of life care training.

The inspectors observed good supervision across all three floors of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The hard copy of the residents directory was reviewed and it was found to contain the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The nursing home had insurance in place which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had on the whole been addressed by the provider.

The annual review for 2023 was completed and available for review. It included feedback from the residents and their families together with a quality improvement plan for 2024.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaint procedure was on display. The complaints policy and procedure identified the the complaints officer and the review officer. Records of complaints were available for review and the inspector reviewed a number of complaints received in 2024. They included the outcome of the complaint investigation and clearly identified if the complainant was satisfied with the outcome of the complaint.

Contact details for advocacy services were also on display in the centre. The residents spoken with had no complaints and inspectors saw there were no open complaints on file.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were all available for review and all those reviewed had been updated within the past three years.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre.

The inspectors found that there was a good standard of care planning in the centre. The recording and administration of care plans was on an electronic system. Care plans were based on a comprehensive assessment of residents' needs, using a selection of validated nursing assessment tools to identify the most appropriate intervention to meet residents assessed needs. Records confirmed that residents and or their families were consulted about the development of individualised care plans.

It was observed that through ongoing comprehensive assessment resident's health and well-being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out of hours. There medications were reviewed every three months and the medication management processes were safe.

Residents' rights and choices were promoted and respected within the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. Their were resident meetings to discuss key issues relating to the service provided.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life

care assessments and care plans included consultation with the resident concerned and where appropriate their next of kin and reviewed by a doctor. While there were no residents actively end-of-life on the day of inspection, inspectors followed up on general end-of-life care arrangements and observed that comfort measures in relation to pain management were prescribed for when required.

Inspectors found that staff were knowledgeable of the residents' preferences including of those with special requirements such as diabetic diet and modified textured diets for those with difficulty swallowing.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety. Staff confirmed they complete and send 'The National Transfer document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information including infectious status, medications and communication difficulties where relevant.

Overall, the provider generally met the requirements of Regulation 27:Infection control and the National Standards for Infection prevention and control in community services (2018). Since the last inspection, eleven clinical hand wash sinks were installed and available for staff to wash their handswhen required thus reducing the spread of infection between residents. However, the hand hygiene sinks in the sluice rooms and treatment rooms were very small and did not meet the specifications of a clinical hand hygiene sink and required review.

Appropriate changing facilities were not provided to staff. Although staff had access to a toilet on each floor, they did not have access to any showers and the rooms provided were not large enough to accommodate the personal belonging of all staff, hence staff were storing their personal items in the residents' open plan living area on the units. This is further discussed under Regulation 17: Premises.required review.

Regulation 11: Visits

Visits were unrestricted, and aligned with the centre's visiting policy. The inspectors observed visitors walking around the centre with their loved ones or visiting them in their bedrooms.

Judgment: Compliant

Regulation 13: End of life

The inspectors were assured that each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not consistently use the registered premises in accordance with the statement of purpose. Sections of residents' day rooms were used by staff to store their personal belongings and this was not appropriate. This practice impacted the communal space available for residents as required under Schedule 6 and promoted a lot of unnecessary traffic in that area.

The hand hygiene sinks in the sluice rooms and treatment rooms were very small and did not meet the specifications of a clinical hand hygiene sink.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

The provider maintained a written guide of 'Information for residents'. It was available to all residents and contained all the requirements of the regulation.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control practices were good. Staff had received continuous training on this topic and all of those spoken with had a good knowledge of infection prevention practices.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

The inspectors observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required

allied health professionals services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moorehall Lodge Drogheda OSV-0000737

Inspection ID: MON-0042503

Date of inspection: 12/03/2024

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 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Moorehall Lodge Drogheda has put a plan in place to provide staff changing and locker facilities within the existing building. Proposed locations are on three floors as follows.

- SF-055 current function is Staff WC, proposed change to a staff shower room.
- SF-123 current function, archives, is changing to a unisex changing room with lockers.
- GF-050 current function is admin storage and proposed change to Archives room.
- FF-054 current function is staff room and now will have staff lockers also.
- GF-058 currently unisex staff changing room.

Existing staff lockers are to be redistributed to each floor noted above.

The timeline for completion is 30/06/2024.

The existing hand hygiene sinks in the sluice rooms and treatment rooms will be reviewed and replaced to meet the specifications (HBN00-10) of a clinical hand hygiene sink.
Date of Completion: 30/07/2024.

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(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	30/07/2024