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 Balbriggan
Name of provider:	MHLB Limited
Address of centre:	Bath Road, Balbriggan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	16 August 2023
Centre ID:	OSV-0008302
Fieldwork ID:	MON-0041005

About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide: Moorehall Lodge Balbriggan is a purpose built facility which is located on the coastline and is within a short walking distance of many of the local shops, banks, churches and other facilities. The centre is laid out over four floors and can accommodate 102 residents with 94 single and four twin rooms located on the ground, first and second floor of the centre. There are no bedrooms on the third floor, but locates administration offices, staff facilities, a hairdressing salon, a reflective room and large family room overlooking the sea. The centre's residents also benefit from a large enclosed garden with unrestricted access. The centre is part of the Virtue integrated Elder Care Group, and aims to provide long term, respite, transitional and convalescent residential care for resident in a homely environment that promotes privacy, dignity and choice within a building that is safe and clean, comfortable and welcoming. Each floor benefits from living rooms, lounge areas, break out spaces and dining facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57

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
Wednesday 16 August 2023	09:00hrs to 19:00hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

The inspector spoke with residents and visitors throughout the day of the inspection, to elicit their experiences of life in Moorehall Lodge Balbriggan. Overall, the feedback was mixed, some positive and some negative, a synopsis of which will be reflected below.

Following an introductory meeting, the inspector was accompanied on a tour of the premises and had the opportunity to meet many of the residents and staff. The nursing home was located on the coastline and many residents informed the inspector that they enjoyed the panoramic views overlooking the sea. The inspector heard that the nursing home had adopted the butterfly model of dementia care, focusing on the holistic needs of residents living with dementia.

The lived in environment was clean, nicely decorated and met residents' needs. The centre comprised of four floors, three of which were dedicated to resident accommodation and living spaces. On the day of inspection, the ground and first first floor was open to resident admissions. The dining room and sitting room on the ground floor had access to a large enclosed outdoor garden which was well maintained. A number of bedrooms situated on the ground floor had access doors to the garden. One resident who had access from their bedroom to the garden informed the inspector that they 'loved being able to go outside with great ease whenever they wanted'. Another said they 'loved listening to the childrens' laughter from the nearby playground' while in the garden.

Residents also had access to the third floor where a spacious living room was situated. The hairdresser salon was also situated on this floor and on the day of the inspection many residents were seen having their hair washed and styled. Residents told the inspector that they 'loved getting their hair done without having to leave the home'.

Resident bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

Residents told the inspector that the staff were lovely, describing them as extremely kind and hardworking but one resident went on to say that they felt staff were 'overstretched' and another resident saying 'we have the loveliest of staff, but they are burnt-out'. Some residents explained that they often had to wait for their call bell to be answered with one resident describing the negative effect this had on their care while waiting to be attended to.

Throughout the day of inspection, staff were observed tending to residents' needs in a caring and respectful manner. However, a number of residents informed the inspector that they found it difficult to communicate with some staff. They said that

some staff on several occasions 'did not know what I was saying' and another saying 'I have no idea what some staff are saying to me'. One resident described an event which they felt frightened and they felt the lack of communication contributed negatively to their experience.

The inspector observed the dining experience and found that there was enough staff available to provide support and assistance for the residents at mealtimes. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed and dignified manner. The inspector observed that tables in the dining room were laid out with flower arrangements, cutlery and condiments for the residents to access with ease. The lunch was served hot and looked and smelled appetising. Residents told the inspector that they liked the food, however a number of residents reported that they would like more choice on the menu. One resident informed the inspector that they would like more variety and 'less of the same type of food'.

Residents had access to telephones, newspapers, TVs and religious services. However, some residents and visitors raised concerns to the inspector on the day of inspection regarding lack of activities. One resident informed the inspector that they would 'like more musical activities', while another said they would 'like to go on outings and get a cup of tea in a different surrounding'. Some residents informed the inspector of various outings that were planned but being 'let down on the last minute due to one problem or another'.

Some visitors felt that their loved ones' social care needs were not met and spoke about 'the need for better interaction with the residents'. There was a schedule of activities displayed on the notice boards and the inspector did observe a sing-a-long activity in the morning and later some residents enjoying playing games on the sensory table. The inspector noted however, that the schedule did not truly reflect the activities on the day of inspection, for example cards between 4pm and 5pm did not happen. Throughout the day of inspection, the inspector noted large number of residents sitting in both sitting rooms. There was a large television on in both rooms, and the majority of residents were either asleep or not interested in what was on. Some visitors informed the inspector that 'if there is a shortage of staff the activity scheduled for that day does not happen'.

Laundry facilities were provided on site and residents informed the inspector that they got their clothes back clean and fresh every few days. Clothing was labelled with residents' names to ensure it was returned to the residents.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018).

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, there was a clearly defined management structure in place, with identified lines of authority and accountability. This inspection found that action was required by the provider to ensure that the management oversight systems in place were effective in bringing the designated centre into compliance with the regulations. The inspector identified that some further action was required specifically in the areas of residents' rights, individual care planning and assessments, food and nutrition and governance and management, which will be detailed in the report under the relevant regulations.

In response to what the residents and visitors said, the inspector raised the concerns with the management team on the day of inspection. The inspector noted that the management had conducted a number of audits that identified areas for improvement which addressed some of the concerns, including staffing and communication. The provider had increased nursing staff in the designated centre in the last few weeks and had changed the staff break times on the week prior to the inspection, so that there would be more staff available at all times. The provider had organised 'Effective communication training' sessions for all staff, to help equip staff with the essential tools needed for effective communication in the workplace, which was ongoing at the time of inspection.

This was an unannounced risk-based inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspector reviewed, the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider was MHLB Limited. The person in charge was supported by the provider representative, an assistant director of nursing, three clinical nurse managers, nurses, healthcare assistants, housekeeping, laundry, administrative, catering, social care manager and maintenance staff, on the day of inspection.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

The person in charge was a registered nurse, who worked full-time in the centre and had the required experience in the area of nursing older people. The person in charge, fostered a culture that promoted the individual and collective rights of the residents.

The inspector found that there were sufficient numbers of staff available on the day of the inspection to meet residents assessed needs. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Siochana vetting

requests prior to commencing employment.

Documents were available for review, such as written policies and procedures, staff records, and directory of residents were fully compliant with the legislative requirements.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications and demonstrated a commitment to regulatory compliance.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix were sufficient to meet the assessed needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place to oversee the service, some improvements to the management systems in place were required to ensure that the service provided was appropriate, consistent and effectively monitored.

Evidence of where further oversight was required included:

- There was inadequate activity staff available to continually meet the social needs of all residents. The social care manager was assisted by health care staff, who were taking on activity tasks which had potential to impact on the time available for residents' care.
- Gaps were identified in care planning documentation, and will be discussed further under Regulation 5; Individual assessment and care plan.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge ensured that individuals involved in the nursing home on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff.

Judgment: Compliant

Quality and safety

Overall, the service aimed to deliver high quality care to the residents. However, improvements were required in some areas, specifically individual care planning and assessments, residents' rights, and food and nutrition to ensure that the care provided was safe and appropriate at all times.

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Overall, individual assessments and care plans were person-centred and there was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals. However, the inspector identified some gaps regarding daily recording which required improvement and is further outlined under Regulation 5; Individual assessment and care plan.

It was observed that the nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, palliative care team, physiotherapy. Residents had their own, newly appointed general practitioner (GP) of choice. The GP was available by phone daily and visits twice weekly or more often when necessary. Out-of-hours medical cover was also provided. A Geriatrician also visits the centre.

The inspector reviewed a number of residents' care plans in respect of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Dedicated care plans were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed.

Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. However, the inspector found that not all residents in the centre had adequate arrangements in place to support their recreational needs and will be discussed under Regulation 9: Residents' rights.

While a number of residents informed the inspector that they found it difficult to communicate with staff, the inspector observed staff communicating respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

The nursing home had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences.

Residents' nutritional and hydration needs were met. Residents had access to safe supply of fresh drinking water at all times. They were offered adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required. Some residents on the day of inspection expressed that they wished that the menu was

more varied and this was also highlighted by a number of residents on 'Resident satisfaction surveys'. This will be discussed further under Regulation 18; Food and nutrition.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 13: End of life

The inspector was 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 18: Food and nutrition

Through communication and review of documentation, it was evident that some residents would like more choice and variety at mealtimes.

Judgment: Substantially 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.

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While, overall care plans were of a good standard, some gaps were identified which required action, for example:

- Staff were not documenting records contemporaneously and accurately in line with good standards of record-keeping for example, staff noticed that a resident had bruising, however it was not documented in the care plan and hence not highlighted to management to conduct the relevant investigation. Another example of where daily records required improvement, included care offered or refused was not recorded, therefore failing to provide a complex overview of the resident's day spent, the current condition of the resident or the plan for care.

The inspector noted that management had identified that care planning training was required and was planned for the week following the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

There was regular access to both GP services and allied healthcare services. There was however limited access to old age psychiatry. This was addressed in the admissions policy and centre does not except residents with psychiatry needs unless already under care of psychiatry.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supports their physical, behavioural and psychological well being. The person in charge ensured that all staff have up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

Regulation 9: Residents' rights

Based on the inspector's observations and feedback from residents and relatives, action was required in relation to supporting residents' rights to meaningful occupation and social engagement. There was limited activities on the day of inspection as residents were observed sitting in the centre's communal rooms for long periods of time with little else to do.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Moorehall Lodge Balbriggan OSV-0008302

Inspection ID: MON-0041005

Date of inspection: 16/08/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the social program has occurred to ensuring that the social programme is adhered to 7 days per week including after 5 pm. A residents' forum meeting is scheduled for the week commencing 25th September to listen to the residents' opinions and wishes which will be reflected in the Social Programme. A staff member will be allocated to each activity that is scheduled as part of the Household model. An activity board will be displayed in each living room detailing the activity, the time the activity is occurring and the staff member that is responsible for facilitating the activity as part of the household model. The above will be audited monthly by the Person in Charge which will include resident feedback .	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The Chef manager is scheduled to meet with residents in both houses during a learning circle meeting September 26th 2023 , to discuss current menus and to amend menus in conjunction with resident feedback . During the learning circle meeting, the Chef manager will bring "tasters "for the residents to enable them to make informed decisions on their menus. The Chef manager will attend the resident forum meeting monthly and or learning circle to receive at least monthly feedback in relation to amended menus and food availability. The Chef Manager in conjunction with the Group Executive Chef and the Person in Charge will ensure that the amended menus are audited by dietician thus	

ensuring that there is adequate calorific intake for each resident.

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:
An external provider is scheduled to deliver a training session on 02.10.23 for all Registered Nurses on "The Importance of Documentation". Nursing Documentation including Care plans will be audited by the Person in Charge and her Deputy monthly until there is full compliance with all assessments, progress notes and care plans are updated at the point in care and reflective of the current resident status. Nurses have all received one to one training with the ADON/DON in relation to ensuring their daily documentation is reflective of resident's current needs. All staff are now aware that on noticing any bruise, an incident form must be completed immediately and reported immediately to the manager on duty which will be duly recorded in the appropriate resident care plan and investigated. All staff including Care assistants are now aware to complete a "resident refusal record" which is to be reflected in the individual residents daily progress notes and their appropriate individual care plan .The "resident refusal of care " record will also be included in the Documentation audit tool with effect from 01st October 2023.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The home has adopted the Household model of care in conjunction with the butterfly approach. The Social Care Manager in conjunction with the Person in Charge will ensure that our staff have the appropriate skills, protected time and equipment to facilitate their designated activity with the residents' . The SCM will ensure that the activities scheduled daily in each house is occurring.
The action required to bring this regulation into compliance is also included in the action plan for Regulation 23.

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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	02/10/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	02/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/10/2023

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	30/10/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	02/10/2023