



# 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 November 2022
Centre ID:	OSV-0008302
Fieldwork ID:	MON-0038122

## 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:	30
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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 November 2022	09:50hrs to 17:50hrs	Arlene Ryan	Lead

## What residents told us and what inspectors observed

The overall feedback from residents living in Moorehall Lodge Balbriggan designated centre was positive. The centre was clean and bright and corridors were clutter free. Residents were content and pleased with their living experience in the designated centre and said that they felt safe living in the centre.

On the day of inspection the inspector was met by the person in charge. The monitoring for signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting with the person in charge and regional manager, the inspector did a walk-around the nursing home with the person in charge.

This is a new designated centre which was registered in August 2022 when it began taking admissions. The entrance foyer was spacious and well-maintained. Access to the designated centre was through a keypad lock and was monitored by reception staff. This space was inviting with seating available for both residents and their visitors to meet and chat. The centre comprises of four floors, three of which are dedicated to resident accommodation and living spaces. On the day of inspection only the ground floor had been open to resident admissions with a plan to move to the other floors with increased admissions.

The residents' rooms were all en-suite and were spacious and bright. Some residents had made their rooms more homely with pictures and photographs and other personal items. Other newly admitted residents were in the process of settling in and applying their own touch to their rooms. There was adequate storage for the residents' clothes and belongings and personal items. A lockable cabinet was available to all residents to store any valuable or personal items if they chose to do so. The en-suites were spacious and had storage for the residents' toiletries. Assistive rails and call bells were installed to promote the safety of the residents.

The dining room and sitting room on the ground floor were bright and comfortable. Both rooms had access to a large newly planted garden. The doors were open so as residents could use this space without any restrictions. A number of bedrooms situated on the ground floor had access doors to the garden. The keys were kept in the rooms so as residents could gain access when they wished.

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 many residents were seen having their hair washed and styled. There was a lively feel as residents chatted whilst having their hair done. The hairdresser informed the inspector that they currently attended the centre weekly but planned to increase the number of days in the centre as it got busier, as the residents looked forward to having their hair done.

Many residents had cognitive impairment and staff were patient and understanding towards their needs. For example, one staff was observed offering a resident breakfast and giving multiple options to suit their individual preferences. The resident was slow to make a decision but the staff remained engaged with them throughout. They then assisted the resident to the dining room to have their breakfast. The interaction was person-centred, calm and gentle and the resident appeared pleased with the approach of the staff.

Residents told the inspector that they liked the food provided and that there was always choice of meals and plenty of food available to them. There were two lunch time sittings to facilitate the residents in the dining room. The majority of residents attended the dining room to have their lunch however if a resident preferred to eat in their room this was facilitated by staff.

During the morning and afternoon, staff were observed sitting with residents, chatting to them and assisting them with activities. Residents were seen approaching staff with different queries and the staff took time listening to them and assisting them where required. Some residents were seen resting in their rooms mid-morning and after lunch. The inspector asked them about their rooms and all said that they were happy with them. They told the inspector that their rooms and en-suites were cleaned daily and were 'spotless' and that they were satisfied with this arrangement.

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 the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. It was a well-managed centre.

The registered provider was MHLB Limited. The person in charge was supported by the provider representative, an assistant director of nursing, a clinical nurse manager, nurses, healthcare assistants, housekeeping, laundry, administrative, catering, social care manager and maintenance staff, on the day of inspection. There were clear lines of accountability and responsibility throughout the nursing home team in line with the statement of purpose.

There was a clear management structure in place. The number of senior staff employed had increased in line with the expansion of the service. Weekly governance meetings and heads of department meetings were taking place to ensure the consistency of the service was maintained during the opening phase. There were arrangements in place for the assistant director of nursing to deputise in the absence of the person in charge.

The inspector saw that systems had been established to ensure the oversight and safety of the service provided including a comprehensive audit schedule. Action plans were in place to address any issues identified in the audits and these were overseen by the person in charge. Resident meetings and learning circles with residents and family members were undertaken every week to ensure good communication.

There was a comprehensive three day induction programme in place for all new staff and was delivered by a variety of teaching methods including on-line training, classroom training and practical sessions. Topics included in this induction training included moving and handling, the prevention and management of slips trips and falls, infection prevention and control, health and safety in the workplace, nutrition and hydration, dementia care, managing behaviours that challenge, restraints, complaints, palliative care and pain management and care plans and documentation. Subject matter experts were brought in to provide specialist training such as fire and evacuation training.

Staff files were in line with the regulations. Staff contracts for overseas nurses had a commencement date prior to their garda vetting application, however the inspector checked with the human resources department and confirmed that these contracts are issued prior to that staff member coming into the country. They do not commence working in the centre until their An Garda Siochana vetting is received. Relevant on-boarding paperwork and work dates reviewed by the inspector further supported this. The human resources staff assured that they would look at identifying this specific process on these contracts for clarity.

Notifications to the Chief Inspector had been submitted in a timely manner and any investigations commenced promptly. Of the complaints received to date, only one remained outstanding. Records indicated that the complaints process was followed and the complainant's satisfaction recorded on closure of the file. Correspondence and meetings with the complainant were recorded. Any investigations had been prompt and improvement plans were in place if and when required.

### Regulation 15: Staffing

There was adequate staffing and the skill-mix was good for the number of residents living in the centre. Staff were visible on the floor and available to assist residents with their needs.

There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix (a record of completed staff training) was available for the inspector to review. There were gaps identified in some training topics recorded and the team were in the process of updating the record overall. Not all staff were up-to-date with all training requirements for example mandatory fire training, however the staff orientation records covered the basics such as emergency exit locations and evacuation routes. Those staff who were due training were identified and training was scheduled within the following two months as evidenced by planned training dates provided by the person in charge. There were other gaps in the training matrix such as nurses medication management training, however, the training completion certificates were available in their personal files.

Staff informed the inspector that they had good access to training and had completed much of their mandatory training before commencing work including subjects such as moving and handling and safeguarding training.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The directory of residents contained most of the information as required by the regulations with the exception of the residents' gender. The register was updated with this information on the day of inspection. The register book required updating in line with the regulations and assurances were received on the day that this would be addressed.

Judgment: Substantially compliant

### Regulation 21: Records

A selection of four staff files were reviewed. Each had completed An Garda Siochana vetting before commencing work in the centre. Staff contracts of employment formed part of their personnel file.

All registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

### Regulation 22: Insurance



A contract of insurance to cover injury to residents and loss or damage to the residents' property was in place.

Residents and families were informed of this in the residents' guide and in the residents' contract for the provision of care.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a good standard of care for the residents. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

An audit programme was in place with individual audits allocated to the person in charge, assistant director of nursing and clinical nurse managers. The person in charge monitors audit results and reports these in the weekly governance meetings.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of four residents' contracts were reviewed. The sample had been signed by the resident or their appointed representative and the registered provider representative. They also included the services to be provided, arrangements for Fair Deal and other services which residents may wish to avail of, the room number and occupancy of that room. However, three of the four contracts did not include the fees to be charged. The provider representative acknowledged the finding and assured the inspector that this would be rectified.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaint procedure was available and clearly displayed in the centre. It included the designated complaints officer, the right of appeal and the nominated person to oversee the complaints process. A summary of the procedure was on display in the foyer of the building.

Judgment: Compliant

## Quality and safety

The inspector found that overall, there were good standards of care provided, residents were safe and their healthcare needs were well met. The inspector followed up on the previous inspection compliance plan and found that all items had been addressed apart from the additional storage units which were awaiting delivery and the medication room layout and temperature control on the first and second floor. These two floors had not opened to admissions yet.

The inspector reviewed a number of residents' assessments and care plans. Each had a comprehensive assessment on admission and care plans were completed within 48 hours of admission. The inspector reviewed some nutritional care plans and saw that these were resident specific, person-centred and included recommendations from a dietitian. Skin integrity care plans also included tissue viability nurse referrals and recommendations for the management of wounds, specific to the residents concerned. A care plan reviewed in respect of the management of urinary catheters (a flexible tube for draining urine from the bladder) included clear instructions for staff on the management of residents with an indwelling urinary catheter.

There was a safeguarding policy in place and all staff had completed the required appropriate training in the protection of vulnerable residents prior to starting work in the centre. The provider was not a pension-agent for any residents. There was a safe system in place to hold petty cash on behalf of the resident in a secure safe.

Fire evacuation plans were in place throughout the centre. However the floor plan was small to read and did not identify the exact location of the person reading the floor plan. The provider representative assured the inspector that there were currently under review and new signs would be put in place within the coming weeks.

The centre was clean and the housekeeping staff were knowledgeable on the processes to follow and the chemicals used throughout the centre. Their cleaning trolleys were organised and clean, and they confirmed that they had received training in order to undertake their role. Ancillary facilities were available such as a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a separate room for storing and mixing of any cleaning chemicals required throughout the facility. These rooms were organised and clean. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. The laundry was also observed to be clean and organised.

Medications were dispensed from the locked medication cupboards located in the sitting room. Each resident's medication was stored in an allocated compartment,

and medications were brought to the residents on an individual basis. The pharmacy supported this process with individualised medication packets. As-required medications were stored alongside the residents medications and administered by nursing staff when necessary.

### Regulation 11: Visits

There were no restrictions on visitors. There was space for residents to meet their visitors in areas including and other than their bedrooms. A private room was also available for residents to meet with visitors.

There was a visitors book which visitors were requested to sign prior to entering and on departing the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate storage space for their personal possessions and clothes. A lockable unit was available to the residents. Clothing was labelled with the residents' name and returned to them following laundering. Residents informed the inspector that they always got their clothes back from the laundry, and were happy with the service.

Judgment: Compliant

### Regulation 17: Premises

Overall the centre was found to be clean, bright and well-maintained. The premises met the need of the 30 residents currently living in the centre. The two corridors occupied by residents were both on the ground floor where residents had access to an enclosed garden, and several communal rooms.

However the following issues were identified that were not in line with Schedule 6 requirements:

- The Medication rooms on the first and second floor were quite small and warm. Recorded temperatures indicated that on multiple occasions they were at or above 26 degrees Celsius which is above the manufacturer's recommended temperature limits for the storage of some medications and solutions. These rooms required review to ensure adequate space for the safe

preparation of medications and procedures, and sufficient temperature control prior to storing medications within.

- A call bell was required in the residents' smoking shelter to enable them to summon assistance. This issue was escalated to the estates department on the day of inspection with an expected resolution within two weeks.
- Appropriate signage was not in place on the medication room door where the oxygen cylinders were stored. This was addressed immediately and a sign was put in place.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medications and pharmacy records were stored securely in a locked medications room. Procedures were in place to receive and check medications and unused medications were returned to the pharmacy in line with the centres own processes. Sharps bins were signed and dated in line with traceability requirements.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated assessment tools. Care plans were person-centred to reflect the individual residents' requirements and to assist staff in providing care for their individual needs. Assessments and care plans were completed and reviewed in line with the regulations.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical and allied health services. The residents' General Practitioner (GP) service covered a 24 hour a day, and were on site one to two days per week and were available on other days if required. Other care of the elderly and psychiatry of older persons services were easily accessible if and when required. Arrangements were in place for easy access to allied health professionals. Evidence of recommendations and treatment plan form these healthcare professionals were clearly recorded in the residents' records.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The residents' care plans relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), were reflective of the residents' needs and provided clear strategies for staff to assist the residents with their care needs.

There was a low use of restraints and any used were risk assessed, monitored and recorded on a restraints log.

Judgment: Compliant

### Regulation 8: Protection

All staff had completed their safeguarding mandatory training. Staff who spoke with the inspector, were aware of what constitutes abuse and were able to tell the inspector of appropriate action that they would take if they suspected or witnessed abuse.

There were private spaces available for residents to meet with visitors other than in their bedroom. The centre was not a pension agent for any residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Care plans reviewed had recreation and social interaction assessments and care plans reflecting their individual needs. The social care manager was involved in ensuring that activities appropriate to the residents' individual needs were met. A schedule of activities was in place and the daily activities were on the notice board in the day room. The inspector saw that residents had access to radio, newspapers, the Internet and televisions both in their rooms and in communal rooms.

Staff were observed offering choices to the residents and accommodating their wishes.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Moorehall Lodge Balbriggan OSV-0008302

Inspection ID: MON-0038122

Date of inspection: 16/11/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A review of the existing training matrix commenced on 03.11.22 prior to date of inspection as this gap was identified on a compliance audit as part of the overall Moorehall Balbriggan Quality Management plan for 2022 and was completed on 01.12.22. The updated training matrix includes all staff that are currently employed in Moorehall Lodge Balbriggan and their associated dates of completion of their mandatory training and any other training that is relevant to their role in Moorehall Lodge Balbriggan. The Staff Training matrix is currently updated and maintained jointly by Human resources and the administrator with oversight from the Director of Nursing weekly. All staff now complete their mandatory training prior to commencing their employment at Moorehall Lodge Balbriggan. Some of the Staff members that had outstanding Fire training on the day of inspection have since completed on 08th December 2022 and the remaining staff will complete Fire Training on the 20th of December 2022.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A review of the existing Residents Register was completed prior to end of inspection which was confirmed by the Inspector at the feedback meeting. Completed on 16.11.2022. Currently, we are reviewing the electronic format of resident register to implement. Residents register will be monitored daily by the CNM on duty and will include any</p>	

resident transfer to and from hospital, resident admission and resident discharges. The resident register is audited weekly and is included in the overall Balbriggan quality Management plan, schedule of Audits which will be completed by the ADON/DON.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

A review of all the existing contracts of the provision of services was completed on the 01.12. 2022. Each of the resident contracts have been updated reflecting the actual resident fees chargeable. Completed on 01.12.2022.

Auditing of Resident Contract of care will be included bi -monthly on Moorehall Lodge Balbriggan schedule of Audits .

Regulation 17: Premises

Substantially Compliant

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

The call bell was installed in the smoking shelter on 25.11.2022 and is fully functional. Fireproof vents will be installed in the two-medication storeroom which will assist with the airflow to ensure that the temperature remains below 25 degrees.

When medications are required to be prepared by 2 nurses for residents living in Castle Mill House these will then be prepared in Gallons Mill House Medication room.

Presently, alternative options for location of medication room are under review , taking into account availability of resident space on each floor.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	20/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/03/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/12/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	01/12/2022

	the fees, if any, to be charged for such services.			
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