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:	26 September 2024
Centre ID:	OSV-0008302
Fieldwork ID:	MON-0044971

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:	80

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
Thursday 26 September 2024	09:00hrs to 16:50hrs	Geraldine Flannery	Lead
Thursday 26 September 2024	09:00hrs to 16:50hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

Overall, inspectors observed a relaxed and comfortable environment where residents and their relatives were satisfied with the general nursing care they received. However, they expressed dissatisfaction with the standard of activities on offer. One resident informed inspectors that they would like to go on more outings and 'go for a drive along the coast like I was used too'. Another resident said they 'would like to enjoy a cup of tea and a slice of cake in a different environment every now and again'.

The inspectors observed that, the registered provider had made positive changes in response to the previous inspection. For example, additional alcohol-based product dispensers had been placed along corridors which facilitated staff compliance with hand hygiene requirements. One clinical hand hygiene sink had been installed and assurances were provided that other locations were being considered, to ensure staff had easy access to additional hand-hygiene sinks.

The premises was warm and welcoming. The corridors were clutter-free and fire exits were kept clear. The floors were clean and kept in a good state of repair, although the inspectors were informed that there was a plan in place to replace the carpet on all corridors by the end of the year. The bedrooms were cleaned daily and appeared clean and tidy. The furnishings in communal areas were well-maintained. All equipment such as hoists and bedpan washers were serviced in a timely manner and as per manufacturer's guidelines.

Inspectors noted that residents had access to a jug of fresh drinking water in their bedroom and they told inspectors that this was replaced on a daily basis. Residents expressed satisfaction with the quality of the food. They told the inspectors that they always got a choice, the portions were good and that it was hot when served to them. Residents were also able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms.

Inspectors observed some one-to-one activities for example, nail care and hand message being delivered to residents in addition to some group activities on one floor. A sensory room had been refurbished since the last inspection and a group of residents were observed using this space in the late afternoon. However, inspectors observed an over reliance on the television for delivery of music and Mass, and a lack of meaningful activities for those residents living with dementia.

Inspectors observed that there was limited engagement by staff in a meaningful manner with residents who chose to stay in the bedrooms throughout the day. Most engagement with these residents was task related, such as personal care or assistance at meal time. Inspectors noted that there were long periods of time where some residents sat in their bedrooms, with minimal opportunities for engagement and activation.

Relatives visiting residents informed inspectors that they were not satisfied with the activities programme. One visitor described the activities as "dreadful" while another said they "could be better". A social care manager oversaw the activity program and the carers and homemaker were tasked with delivering the activities schedule. However, they explained that the activities were only delivered if staff had the time and if they had enough staff on duty.

All residents had their rights to privacy respected and staff were observed respecting and protecting the dignity of residents throughout this inspection. For example, staff were observed knocking on residents doors prior to room entry.

Inspectors observed that visitors were coming and going throughout the inspection. Arrangements were in place to support residents to meet visitors in their bedrooms or in a variety of communal rooms.

Residents had been informed of the complaints process and knew they could complain if they had an issue of concern.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that the management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services. Notwithstanding the positive improvements made by the provider since the last inspection, inspectors found that there was opportunity for further improvement in relation to residents' rights, and will be detailed further under the relevant regulation.

This was an unannounced 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 inspectors 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 senior management team included the provider representative, the person in charge and the assistant director of nursing. They were supported by clinical nurse managers, a team of nurses, healthcare assistants, activity, administration, catering, housekeeping, laundry and maintenance staff.

The annual review for 2023 was available and included a quality improvement plan

for 2024. It was evident that the provider was continually striving to identify improvements.

Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. A sample of staff records were reviewed by the inspectors and each staff had completed An Garda Siochana vetting requests prior to commencing employment.

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that all staff training in manual handling procedures, safeguarding and fire safety had been completed.

Records reviewed were stored securely in the centre and made available for the inspection. The policy on the retention of records was in line with regulatory requirements. All documents requested on the day were promptly provided.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Documents were available for review, complaint procedure, written policies and procedures, and the residents' guide and were fully compliant with the legislative requirements.

Regulation 15: Staffing

There was a sufficient number of staff and skill-mix to meet the needs of the residents on the day of inspection. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. There was an ongoing schedule of training in place to support staff.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

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 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.

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.

Judgment: Compliant

Quality and safety

The quality of service and quality of nursing care delivered to residents was of a good standard. Inspectors found improvements in the residents' assessments and care plans, infection prevention and control and information for residents. Notwithstanding this, further improvements were required, specifically under residents' rights.

The residents' clinical care needs were met. Each resident had a comprehensive assessment completed on admission and those reviewed gave a good reflection of the residents' status on admission. These assessments were reviewed and were updated every four months. Residents had detailed care plans in place to reflect their care needs. For example, those with pressure ulcers had detailed wound care plans in place and the inspectors saw from the records reviewed that these wounds were dressed in accordance to the care plan.

Residents with specialist communication requirements, had these recorded in their person-centred communication care plan, where their communication needs and personal preferences were outlined in a clear and comprehensive manner.

The activities scheduled to take place on each floor were not consistently delivered. This appeared to be due to an over reliance on healthcare assistants and a homemaker to deliver the programme of social activities, when their primary focus was to meet the care needs of these residents. For this reason, the residents did not have access to the schedule of activities displayed on each floor, despite most residents paying a weekly fee for social activities. In addition, the activities schedule did not include appropriate activities to meet the needs of the high number of residents living in the centre with a diagnosis of dementia.

Challenging behaviour care plans and where required, safeguarding care plans were available for those residents who required them. They were detailed, identified triggers, de-escalation techniques and specific interventions that were successful for the resident in question. They also outlined the chemical restraints prescribed and made it clear that these were to be used only when all other interventions did not work. Where restraint was in use, there was a risk assessment completed which identified the alternatives that had been trialled prior to restraint being used and a detailed care plan in place outlining the care required when restraint was in use.

Medication management practices were in line with the centre's policy. Nurses were observed administering medication as prescribed by the medical practitioner and in line with the requirements set out by the Nursing and Midwifery Board of Ireland (NMBI). The storage of medicine was safe and all medicines were reviewed by the general practitioner (GP) on a three monthly basis.

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. Each resident who presented with communication difficulties had a care plan in place that identified their requirements.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure, including information on advocacy services and visiting arrangements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were in line with best practice, the centre's medication management policy and with legislative requirements. The person in charge ensured that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned.

The inspectors observed good practices in how the medicine was administered to residents. Medicine was administered as prescribed and were stored in a safe and secure manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person-centered and reflected the residents whom the inspectors had met on the day. Each resident reviewed had a comprehensive assessment and risk assessments in place, and the care plans reflected the residents' care needs. There was evidence of resident and family involvement where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints where deemed appropriate, the rationale was reflected on individualised risk assessments.

Judgment: Compliant

Regulation 9: Residents' rights

Residents living with dementia did not have access to and therefore could not engage or participate in meaningful activities opportunities in accordance to their assessed needs, interests and capacities. For example, there were just two activities that had a dementia-care focus on all the activity schedules reviewed, this was despite approximately 70% of the residents having a diagnosis of dementia.

Residents' feedback was sought in relation to their opinion of life in the centre at the residents' forum planned every three months as per the residents' guide. However, there was no evidence that the issues voiced by residents at the quarterly residents' forum were addressed or that residents were provided with feedback on the issues they had raised.

Judgment: Not 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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Moorehall Lodge Balbriggan OSV-0008302

Inspection ID: MON-0044971

Date of inspection: 26/09/2024

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 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Since the inspection a review of the existing Schedule of activities for all residents was completed by 11/10/24.
The newly employed Social Care Manager coordinates our programme of social, physical and cognitive activities tailored around the resident's needs, abilities and interests.
Residents living with dementia in Moorehall Lodge Balbriggan now have access to and are participating in meaningful opportunities which are currently based on their abilities, life story and interests. These activities now include and not limited to Sonas's therapy involving and stimulating the five senses such as hearing through music and singalongs, touch – massage, taste, smell and sight, reminiscence therapy, chair exercise, interactive games such as skittles, fun Zumba Chair and ballon toss, with maximum use of our newly designed sensory room. Residents living in Moorehall Lodge Balbriggan are looking forward to scheduled Christmas outings such as Christmas shopping trips and attending the Christmas Panto.
A QUIS and schedule of activities audit are scheduled during the month of November by a member of senior management team.
The implementation of the Butterfly approach to dementia care commenced on 30th October 2024 and is scheduled for completion by 23rd December 2024.
Since the inspection, a quality improvement plan is created to address any issues voiced by the residents at their forum including the person responsible for rectifying the issue and the completion date. These Quality Improvement plans are shared with the residents following a resident forum and are also included as an agenda item on the following Resident forum to ensure that action items are closed out and residents are satisfied with outcome on those actions.
Resident Matters including resident feedback is also included as an agenda item on the weekly Clinical Governance meeting.

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 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	18/11/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	03/10/2024