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:	24 November 2021
Centre ID:	OSV-0000737
Fieldwork ID:	MON-0034748

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:	121

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 24 November 2021	09:30hrs to 18:10hrs	Nuala Rafferty	Lead
Wednesday 24 November 2021	09:30hrs to 18:10hrs	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 care they received, although some expressed concern about the high turnover of staff and the consequences of this.

Inspectors spent time in each of the six units in the centre and spoke with several residents in each of the units. In conversation with them, inspectors were assured that residents rights were upheld. Residents said they could make their own choices and their choices were respected. For example, one resident explained how they did not like to mix much and although they spent a lot of time in their bedroom they did not feel isolated as staff came in and out all the time. Another resident said they liked to go outside when the weather was good and staff were quick to respond to these requests.

Residents said the staff were "brilliant", that they were respectful and kind and worked hard to ensure everyone was cared for. Inspectors observed respectful interactions between residents and staff, although on two occasions inspectors observed that the dignity of residents was not fully respected when staff were providing assistance with the aid of manual handling equipment.

Inspectors noted that residents had access to a jug of fresh drinking water or cordial in their bedroom. There was a date on the lid of each jug to indicate when it had been last renewed and residents said it was replaced daily. Residents said the food was good, they "could not fault it", another said the food was so good "they should get a gold medal for it". Residents said and the inspectors observed that there were different choices on offer for breakfast and at lunchtime. Mealtimes were a relaxed affair, inspectors observed some residents strolling into the open plan living area in their nightwear to have their breakfast while reading their daily newspaper. Others sat watching morning television while eating theirs. Staff were available in all units to assist residents with their meals in their bedrooms and in the dining rooms. Inspectors observed staff assisting residents with mid-morning drinks in their bedroom while engaging the resident in friendly banner.

Residents on the first floor told the inspectors that they did go outside, explaining how the health care assistants often assisted them down to the front door and outside for some fresh air. Some explained how they went to the coffee shop across in the shopping centre close-by for a coffee with staff and/or family. Residents confirmed that they were having visitors and that their visitors were coming into their bedroom, most said they preferred this as they could have some privacy.

Inspectors noted that the provider had made a number of improvements in response to the previous inspection, in particular to the availability, variety and extent of activities provided for residents to ensure meaningful occupation throughout the day.

A Social Care Activities Manager was in place to develop, co-ordinate and ensure the implementation of an activities programme in all units throughout the centre. Inspectors spoke with the manager and with several members of staff who supported the manager in the delivery of the programme. Inspectors heard how residents now had opportunities to go out for trips to the local shopping centre, go for coffee visit the countryside and experience life on the farm. Inspectors saw lots of pictures of the trips posted up on the walls in each unit. Inspectors observed a variety of activities taking place including; ball throwing exercises, word games, arts and crafts and also activities to appeal to residents with dementia such as reminiscence therapy, aromatherapy and hand massage.

Residents resting in their bedrooms were noted to have their call bell within reach and told inspectors that the staff came promptly when they rang the bell. A number explained that sometimes when they rang the bell how staff may pop in to check they were safe and explain they were with somebody else and would be back. They said the maximum time they had to wait for staff to return was fifteen minutes and this was usually at night time. A number of residents expressed concern regarding the staffing numbers. One resident told inspectors that sometimes they were short staffed and then the place was "hectic" and even if "they were just one staff down it made a big difference" and went on to explain that sometimes the staff had to go to another floor to help out. Another resident said that they were concerned "at the rate they were losing good staff" and questioned why they "were losing so many Health Care Assistants and Nurses".

Inspectors observed several visitors in the centre throughout the day and that these visits were being facilitated in line with the recently revised guidance (COVID-19 Guidance on Visiting to Long Term Residential Care Facilities LTCRFs). Inspectors also had the opportunity to speak with some residents relatives who were, overall, pleased and highly complimentary of the standard of care provided to their loved ones. However some expressed concerns and gave examples of their experiences of the recent high turnover of staff and it's effects. Some comments included, " Dad caught the virus last January and was still very ill when he returned here, if it hadn't been for the patience and care of the staff he would not be here today", "the staff who are here a long time really know him well and get his sense of humour, he really cheers up when those staff are working", " There are a lot of new nurses and because they didn't know him well enough, they didn't notice that he was deteriorating, I had to ask them to check him and ask for the doctor to see him", "We don't know the names of many staff anymore, there are such a lot of new staff and they don't always introduce themselves".

The centre is a large three storey building, divided into six households. Each household had a large living area, a smaller quiet area and access to a balcony with seating and planted tubs and baskets for residents to enjoy. The interior design and layout helped to promote a good quality of life for residents. All residents' bedrooms were spacious and contained a full en-suite, including shower. Most rooms were personalised with possessions to residents' individual taste and were clean and tidy. Residents were observed to be supported to live as independently as possible in the centre, and the inspector observed hand rails and call bells in appropriate locations. Residents were observed moving around the centre freely, and appropriate social

distancing was maintained.

The next 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

Significant improvements were found to the governance and management of this designated centre since the last inspection in July 2021. However, more focus and oversight was required to ensure that the standards of care and services were consistently maintained and in line with the designated centre's statement of purpose.

Moorehall Lodge Healthcare Limited is the registered provider of Moorehall Lodge Drogheda. The senior management team included the provider representative, person-in-charge and a director of operations who works across two centres. This team was supported by human resources staff, a business integration and quality manager and a resident relationship manager, who was a qualified nurse responsible for the management of prospective residents. Two care managers and a catering and household supervisor provided additional front-line support.

The director of operations(DOO) was the line manager for the person in charge and visited the designated centre each week. During these visits the director of operations held a management meeting with the person in charge and met with residents and staff. Staff and residents were familiar with the person in charge and said that she was approachable. Management meetings were held regularly and decisions were communicated to the relevant staff. Records showed that there was oversight of complaints, incidents or accidents through audits completed in the previous month. Data gathered from key performance indicators, clinical and non-clinical were discussed and preventative measures to manage emergent trends were agreed and actioned. A monthly report on the actions taken and their outcomes were sent to the provider representative for discussion at the corporate management meetings.

Inspectors found that the provider had been responsive to the findings of the last inspection report and had made a number of changes to improve the governance of the service. These included;

- initiating a recruitment drive to fill a high number of vacant staff positions.
- two supernumerary advanced care practitioner (senior health care staff) positions were now in place to support care managers with the supervision and mentoring of staff and to assist the social care manager to implement the activity programme.
- Inspectors found the provider representative maintained regular contact with the operational management team and was kept up to date on current issues

in the centre.

- A robust system to improve the admission, transfer and discharge processes was established further to the last inspection. Inspectors noted that the system was being implemented and that it provided a safer transition process for residents.

The inspectors found that the level of supervision provided to staff and the provision of meaningful activities had improved. Nevertheless, inspectors also noted that, due to the high number of inexperienced staff, increased oversight was still required. The recruitment process for some management posts were almost completed and candidates identified for others, although these people had not commenced in post on the day of inspection. Inspectors were given verbal assurances prior to the end of inspection that a third care manager and an assistant director of nursing post would be put in place, on a supernumerary basis, as soon as the recruitment process was fully completed. Further vacancies in other staffing grades, such as health care assistants, homemakers and housekeeping staff also remained to be filled.

The person in charge, who facilitated the inspection, had a good understanding of their statutory role and responsibilities, was aware of and responded to previous inspection findings and demonstrated an ability to provide clear leadership and direction to staff throughout the day. Inspectors found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent and effective services to them.

Improvements were also found in the provision of additional training opportunities for staff. This had resulted in an improved standard of care being delivered to residents. This was evident to inspectors through observation and listening to the residents positive feedback on the standard of care they received.

The monitoring of care practices and care delivery to ensure staff competence on foot of relevant training were in place. These included a schedule of clinical care audits for 2021. Inspectors observed that this schedule was being adhered to since the last inspection of July 2021. Inspectors noted that the level of compliance had improved in the areas of practice that were consistently monitored by the management team and this was having a positive impact on residents in the centre. For example, the management of admissions, transfers and discharge of residents, infection prevention and control and hand hygiene practices had improved greatly since the last inspection, all areas had been monitored closely and staff had been provided with training in these areas. Nevertheless, some further improvements were required in order for the centre to come into full compliance with the legislative requirements as detailed under their respective regulations.

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. She holds a post registration management

qualification in health care services and works full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

Overall the inspectors found that the numbers of staff available to meet residents' direct care needs were sufficient on the day of inspection.

Improvements to the level of replacement of staff absences were found and inspectors noted that priority was given to ensuring replacement of staff on night duty.

However, on review of documentation provided and from the feedback of residents and relatives, inspectors found that a high rate of unplanned health care staff absences persisted and, on average, since the last inspection, only between 40 to 60 % of all health care assistant absences on day shifts were replaced, despite all attempts by the management team. Inspectors were informed that these unplanned absences had occurred over a one month period and across all households. All planned absences were filled.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors saw evidence that staff across all disciplines had completed training in different areas of practice since the last inspection.

- Staff nurses had received training in supervision and monitoring of practice and on how to enhance supervision arrangements.
- All new staff completed an induction process and this was signed off by a senior member of staff.
- Clinical nurse managers and staff nurses had completed training in leadership and management.
- All household and care staff had been up-skilled in the use of equipment, and processes and procedures, relevant to their roles.
- Additional practical training on moving and handling practices had been provided to a large percentage of staff.
- Care staff had been provided with training on using the bedpan washers.
- All staff had received training on safeguarding residents and in caring for residents with dementia.
- Refresher training on infection prevention and control had been provided to a

large proportion of staff

Judgment: Compliant

Regulation 21: Records

Actions required from the last inspection were addressed and inspectors found that records were stored securely, safely and appropriately. However improvements to the standard of record keeping was required.

- Inspectors reviewed computerised recordings of interventions in respect of social activities and assistance provided with personal care. The records were not sufficiently detailed to give assurance that residents needs were met. For example the duration, frequency and content of social activity, provided to those residents who spend a lot of time in their bedroom or prefer not to join in group activities, was not recorded.
- inspectors also looked at a sample of the national transfer letters for residents that were transferred to hospital and noted that some relevant sections were incomplete.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors were not fully assured that the service was adequately monitored. Evidence where further clinical oversight was required included;

- a number of management positions remained vacant including required supports for the person in charge at operational level within the centre
- some staff, though not all, who spoke with the inspectors were knowledgeable about the residents they cared for. Not all staff were familiar with the residents' preferred daily routines, care needs or the activities that they enjoyed. Inspectors' findings confirmed residents' and relatives comments on the negative impact of high staff turnover on resident's daily lives.
- the standard of nursing documentation required improvement to provide an overall picture of a resident's health and well-being such that any clinician could quickly identify indicators of deterioration and implement preventative measures.
- a recognised key-worker system was not being implemented . Inspectors were told that this system, which identifies a key member of the health care staff with additional roles and responsibilities to a small number of residents, was in place on all units. The purpose of the system is to facilitate improved

communication between the staff, resident and family. The key-worker fosters a closer relationship with the resident, their family and friends and facilitates a flow of information that improves communication and knowledge for everyone. However, inspectors found that the system was not being implemented and residents or relatives were unaware of it.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Chief Inspector had been provided with a copy of the centre's statement of purpose (SOP). The document met the requirements of the regulations, however, the document required to be updated to reflect a number of recent changes in personnel, management structures and roles within the organisation and the whole time equivalent staffing numbers per grade.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the person to deal with the complaints and complaint overseer. It outlined the complaints process, how the outcome of the complaint should be communicated to the complainant, the appeals process and it included contact details for an advocacy service.

The records of complaints reviewed assured the inspectors that all complaints were fully investigated in a prompt manner. The records included the outcome of the complaint investigation and the level of satisfaction of the complainant. All complaints on file were closed. There was evidence that they were being closely monitored.

Judgment: Compliant

Regulation 4: Written policies and procedures

Actions identified on the last inspection were addressed and inspectors saw policies and procedures required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were reviewed, made available to staff and being implemented in the centre.

Judgment: Compliant

Quality and safety

Significant improvements to the quality and safety of care provided to residents was found on this inspection.

Inspectors found improvements to the supervision of care practices together with the implementation of more robust systems in areas such as, admissions and transfers of residents, infection prevention and control, and fire safety. Additionally there were improvements to the level of support provided to residents to meet their preferences for diversity choice and autonomy on a daily basis.

Premises were clean and uncluttered, all entrances and exits were clear and temporary measures that ensured residents communal space was not impacted were in place.

Issues previously identified with premises were fully addressed and included:

- appropriate storage was available for personal protective equipment, records, moving and handling equipment and residents belongings and toiletries
- two temporary portacabins were made available as staff change facilities. These were located to the rear of the centre. As a staff change room was already available on the ground floor, these were for staff working on the 1st and 2nd floors. Both cabins contained privacy screens, lockable lockers and boxes to store clothing and footwear.
- equipment maintenance in respect of hoists, bed pan washers and fire doors were all addressed on this inspection

The implementation of risk management processes was also improved. Previously identified risks associated with unsecured oxygen cylinders and insecure record storage were mitigated on this occasion.

Residents had assessments and care plans completed within 48 hours of their admission to the centre. A sample of residents assessments and care plans were reviewed on each unit. Inspectors found that although they were updated within the required four monthly time period some did not always reflect the actual current status of the resident or the care required by that resident to ensure their needs were met.

Inspectors saw that post falls risk assessments were completed following any occasion where a resident had fallen and the standard of wound care documentation assured inspectors that residents with wounds were receiving the care they required.

Inspectors noted that simulated fire drill evacuations were practiced more

frequently. This meant that staff were becoming more confident in the safe evacuation of residents. Staff spoken with could clearly articulate the procedure they would follow in the event of the fire alarm sounding and the equipment they would use if they had to evacuate residents. Inspectors were assured that staff knew how to evacuate residents in the event of a fire and noted that each resident had a personal evacuation plan on file.

A new activity programme had been introduced that contained more variety and included increased physical and sensory elements to meet a broader range of residents basic and higher level needs. The programme was directed mainly to group activities although many could also be delivered on a one to one basis. Inspectors observed that the programme was being implemented in all houses in the centre and that residents were engaged and clearly enjoying many of the activities. Where some residents did not appear to be engaged or capable of participating, staff were seen to adapt the activity to enable residents.

Regulation 17: Premises

Actions required from the last inspection were addressed, although a small number of improvements in respect of storage and signage were still required.

- the worktops in a number of clinical rooms were cluttered with unused printers, books and folders. There was minimal space available for staff to prepare medications safely.
- boxes of oral nutritional supplements were being stored on wooden pallets in the clean clinical rooms alongside a large number of empty sharps and clinical waste boxes and oxygen concentrators. Inspectors noted that all of this equipment was neatly stacked, however, they did take up a lot of floor space and raised concerns for cleaning practices. Additionally inspectors noted that access to oxygen cylinders were blocked by these items.
- signage to facilitate orientation of residents and visitors and to identify the function and purpose of some rooms was still required, for example on the hoist store rooms, cleaners dirty utility room and records room.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service such as, completed nursing referral letters and communication passports.

Audits on the admission transfer and discharge processes were conducted by the

person in charge

Judgment: Compliant

Regulation 27: Infection control

Improvements to the standard of infection prevention and control practices in the centre were found. Inspectors observed;

- evidence of thorough and regular environmental cleaning of all areas, particularly dirty utility rooms and en suite bathrooms.
- all equipment viewed was in a hygienic state and a system to support staff identify when communal equipment such as hoists and wheelchairs required to be cleaned in between use was in place and consistently implemented.
- with the exception of a small number of items found in some clinical rooms the practice of inappropriate storage of items on the floor had ceased
- a number of wash hand basins, designated as clinical wash hand basins had been reviewed and were operable in hands free mode, did not contain a stopper and appeared to be of suitable depth to prevent splash back.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre.Fire drills were now being completed on a monthly basis with staff and the outcomes were outlined in fire drill records reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements to the standard of nursing documentation was required.

Examples included;

- some care plans did not consistently reflect resident's preferences for end of life care assessments.
- some care records did not include an assessment of the resident's needs which correlated with the care plans that were in place for that resident. As a result the care plan did not have enough detail to direct staff to manage care in line with the resident's needs and preferences for care and support
- a care plan was not in place for every identified need such as intermittent oedema
- overall, care plans and nursing daily notes were generic and did not provide sufficient information to give a complete personalised picture of the residents well-being or preferences for support, such that staff, unfamiliar with the resident, could meet their needs in a holistic manner

Judgment: Substantially compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a high standard of nursing, medical and allied health care. Residents had access to a wide variety of specialists and were accessing hospital care when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents' risk assessments and care plans clearly identified potential causes for responsive behaviours, however the care records were inconsistent and did not provide staff with a clear plan of how to intervene with an appropriate level of de-escalation for the resident when they became agitated or distressed. Some of the negative impacts associated with the lack of appropriate interventions included recurrent falls and a deterioration in the general appearance and presentation of some residents causing upset to family

Judgment: Substantially compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with refresher training on safeguarding and could demonstrate the principles of the training in practice. A sample of personnel records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the revised activity programme. All staff were involved in facilitating meaningful occupation for residents.Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities. Inspectors saw evidence of regular trips out of the centre including many photographs of outings to shops and farm.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moorehall Lodge Drogheda OSV-0000737

Inspection ID: MON-0034748

Date of inspection: 24/11/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Moorehall Lodge Drogheda is working closely with the Virtue Director of HR to ensure all planned absences are filled. There has been aggressive recruitment in order to ensure Moorehall lodge will have a pipeline of qualified and experienced staff . Some of these staff will be recruited from abroad and the process of work permits, and visa applications has commenced. There is constant and continuous local recruitment, and a relief panel will be formed to cover staff absences. In the interim of while waiting for documentation to be processed Moorehall lodge has engaged with an agency to provide HCA cover whom have had a full induction and working as part of the Moorehall Lodge team. This ensures that high standards of care are met. In order to enhance the Senior Clinical team a further Assistant Director of Nursing has been recruited and will commence in February 2022. A full time Social Care Manager and full time Advanced Care Practitioners have also commenced in employment in MHLD to drive and deliver an innovative, varied social and recreational programme for residents living in Moorehall Lodge Drogheda and to provide supervision, support and training to the Carer Team. A 0.3 WTE Relationship Manager further enhances the leadership and management structure within the centre. This role ensures a robust admission process for the new resident and the clinical team. A total of 7.64 WTE Carers commenced employment during the month of November and December 2021 to date. 2.0 WTE Carers that are currently in the recruitment pipeline are expected to onboard during the month of December. In addition, there are 6 WTE Senior Carers and 3 WTE Advanced Care Practitioners (ACP's) in the recruitment pipeline from overseas. Work Permit Applications are currently being progressed to enable them to commence employment as soon as work permits issue which is anticipated in Jan/Feb 2022. Capacity within the current contracted hours of existing staff members are -utilised for additional shifts to cover any absences and are receiving a premium rate in the interim to support continuity of care.	

3 WTE Staff Nurses currently in recruitment pipeline scheduled to sit RCSI Aptitude Test on 12th & 13th February 2022. Expected start date late February 2022 to commence February. When onboarded our staff nurse numbers will be surplus 1.75 WTE. This recruitment pipeline will assist with unplanned absences or unexpected resignations that may arise going forward. Staff Nurse recruitment continues in order to ensure a contingency pipeline is in place.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
An audit of all current resident's care plans and resident's daily progress notes will be completed by December 31st, 2021.
Training for all staff nurses on the commencement, ongoing review and completion of care plans and daily progress notes will be provided by 31st January 2022.

Training will be provided to all Staff Nurses on the completion of the National Transfer Documents by 10th January 2022.In the interim period, the Person in Charge/ Care Manager on duty will ensure that all National Transfer Documents are completed in full and all relevant information is included.
A National Transfer Document Audit will be completed quarterly to ensure that all information requested is completed on the National Transfer document.

Staff spending time with residents in their rooms is now evidenced on the residents individual social and recreational record with effect from 08th December 2021.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
When a new staff member commences their induction in Moorehall they will be inducted not only in the clinical aspects of daily care but also in the residents' daily routines, care needs and their social and recreational interests. This will now formally be part of the new staff members designated induction period. The new staff members mentor/preceptor will ensure that this is completed with the staff member by the end of their supernumerary induction period.
New staff members will be shown how to access this information daily when they are caring for the residents.

Some of the actions required to ensure compliance with this regulation are included in Regulation 21.

The Assistant Director of Nursing position has been filled and expected start date of is February 2022.

Key worker system is in place in MHLD and will be fully implemented by 08th January 2022.

As part of the Virtue Group Quality initiatives, MHLD will be adapting the principles of the HSEs "HELLO MY NAME IS" campaign. This will ensure that all residents and their visitors become familiar with the staff members in each household. This will enhance communication between staff, residents and their families.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Following the recent inspection, the Clinical Room Cleaning Schedule was updated on 26/11/2021 to include all workspace areas remain clutter free.
All unused items such as printers and folders were removed from the clinical rooms. Completed 16/12/2021.
All Nutritional Supplements are now stored and located in cupboards in the clinical rooms. Completed 16/12/2021.
There is always Unrestricted Access to all Oxygen cylinders. This requirement also is included in the Clinical Room Cleaning Schedule. Completed 25/11/2021.
Signage for the Records room, Hoist Storeroom and Housekeepers Room will be in place by 31st January 2022.

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:
Training scheduled as part of the Compliance plan for regulation 21 will include training content that will inform and educate staff of the required actions to ensure compliance with Regulation 5.
This will ensure that all end-of-life care plans will consistently reflect residents' preferences for end-of-life care assessments.
End of Life care plans will form part of the End-of-Life Care audit ensuring that all

resident's individual preferences and choices are included in the resident's end of life care plans.
All staff nurses will ensure that both short-term and long-term care plans are completed for all residents including any new identified medical condition that a resident maybe diagnosed with.
Virtue has a Group Head of Quality, Safety and Risk commence in December 2021. The Care plan training content, audit tool and staff nurse induction program will be reviewed by her to ensure that the nursing documentation including care plans, record keeping comprehensive assessments and end of life care plans are of a high standard and are compliant with the regulations ensuring that all staff are aware of their resident's individual preferences and choices.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
All behavior that challenges risk assessments and care plan will be audited by the care managers by 31/12/2021.The results of the audit will identify any gaps and an action plan will be put in place .

The residents care plans will include the relevant and appropriate de-escalation techniques and person-centered interventions required to support the residents and de-escalate the behavior's residents where necessary.

Following any occurrence of behavior that challenges, the PIC will assess all relevant documentation including the residents risk assessments and care plans to ensure that all interventions to assist and inform the staff when de-escalating the resident's behavior that challenges are included in the care plan.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	28/02/2022
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	31/01/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	31/01/2022

	and are available for inspection by the Chief Inspector.			
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	28/02/2022
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	08/01/2022
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	31/01/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a	Substantially Compliant	Yellow	31/01/2022

	resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/01/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/01/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/12/2021
Regulation 7(2)	Where a resident	Substantially	Yellow	31/12/2021

	behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Compliant		