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:	Announced
Date of inspection:	20 September 2023
Centre ID:	OSV-0000737
Fieldwork ID:	MON-0041010

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:	117

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 20 September 2023	08:45hrs to 15:45hrs	Sheila McKevitt	Lead
Wednesday 20 September 2023	08:45hrs to 15:45hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

The residents living in this centre were happy. They told inspectors that they felt safe in the centre and they experience a good quality of life living there.

Following a short introductory meeting, the inspectors walked around the centre. The inspectors observed many residents were up and dressed, with most sitting in one of the six open plan areas. Most appeared to be enjoying their breakfast in what appeared to be a relaxed, social and home-like experience where the atmosphere was calm. Inspectors saw that residents and a choice of breakfast, some were having cereals, others toast and with one enjoying bacon and eggs, which they had every morning without fail. Residents said that they were encouraged to remain independent, they said they went to bed and got up when they wanted and could eat their meals in their bedroom or in the open-plan area, as was their choice.

Residents' bedrooms appeared to be comfortable spaces and were clean and tidy. Residents confirmed their bedrooms were cleaned daily and inspectors saw the house-keeping staff cleaning furniture and floors in several of the units. Residents on each unit had independent access to a number of enclosed courtyards and secure balconies on the first and second floor. They contained garden furniture and residents spoken with said they did use these areas, especially when the weather was good.

Residents had adequate lockable storage in their bedrooms for their personal belongings. Laundry was done within the nursing home and residents had no complaints about this service.

From observations, staff appeared to be familiar with the residents' needs and preferences and were respectful in their interactions. However, inspectors found that some areas of nursing practices required improvement In-particular the management of medications, the process of referring residents to specialist palliative care teams and the setting-up of pressure relieving mattresses for those at risk of developing pressure ulcers.

The inspectors spoke with many residents, all of whom were positive and complimentary about the staff and new person in charge. Residents had only positive feedback about their experiences of residing in the centre. They told the inspectors that they could speak with the nurse in charge or any one of the staff if they had a concern. The complaints policy was on display in each unit, one relative informed inspectors that they had a complaint and were currently working through the complaints procedure to get their compliant resolved. Contact details for Sage and the National advocacy service were displayed in the passenger lift and in each unit.

The inspectors saw residents relaxing reading the daily papers and pottering about the open-plan area in their unit during the morning. In the afternoon, inspectors

saw residents attending a planned " mardi gras" festival. They gathered to listen to live music downstairs in the main foyer area, which together with each of the six units had been decorated with brightly coloured festive decorations. Hot snacks and party food were also displayed and available for residents to choose and enjoy. Residents spoken with reported that the activities on offer varied, they were kept active and they could choose whether to attend or not.

Residents reported that their visitors were able to freely visit them and they had no concerns around visiting. Visitors spoken with confirmed this and inspectors saw residents receiving visitors throughout the day.

Residents told inspectors that they felt safe living in the home. Those spoken with re-iterated that they had no complaints and would highly recommend it as a place to live.

Infection control practices were overall good. Practices had improved since the last inspection. However, some further improvements could reduce the potential risk of cross-contamination. The inspectors observed that clinical wash hand basins were not available to staff.

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

The governance of this centre was good. Members of the senior management team attended the feedback meeting and demonstrated a willingness to address areas for improvement identified on this inspection.

This was an announced inspection during which the compliance plans from the previous two risk inspections were followed up on. The inspectors found that the compliance plan responses had been implemented. The inspectors found that improvements were required in relation to a number of areas of practice including medication management, the provision end of life care, infection prevention and control and the oversight of practices.

The provider was Moorehall Lodge (Drogheda) Limited. The management team was made up of the provider representative and the newly appointed person in charge. The inspectors saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and risks in the centre. However, further action was required to ensure the risks identified were reduced in their rating or eliminated. These included the risks associated with developing a pressure ulcer, a medication error occurring or the receipt of ineffective pain relief. The risks referred to here are

further detailed under Regulation 6; Healthcare, Regulation 29; Medicines and pharmaceutical services and Regulation 13; End-of-Life care.

Although the provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018); further action was required to be fully compliant. This is further detailed in Regulation 27: Infection control.

The centre was appropriately resourced with adequate staffing numbers across all disciplines to meet the needs of the residents. Staff vacancies had been filled in a prompt manner. An Garda Síochána vetting reports, identification, full employment history together with all the required documentation were present in all of the staff files inspected. Other records, such as the statement of purpose, and residents' care records were available for review.

Regulation 14: Persons in charge

The person in charge was on duty in the centre. She was named as person in charge on the roster and worked full time in the centre. The person in charge met the criteria to be named person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all time.

Judgment: Compliant

Regulation 23: Governance and management

The oversight procedures were not robust enough. For example:

- Audits completed in some areas requiring improvement as highlighted in this report.
- The audit tools used for some audits were too basic to identify some issues. For example, the medication management audit completed in June 2023 had

not identified all the issues identified on this inspection.
- Some issues in the action plan of the medication management audit completed in June 2023, had not been addressed to date. For example, inspectors found there was no maximum dose written on the prescription chart for a number of residents being administered PRN (as required) medications.
- The action plans at the end of the audits reviewed did not identify one responsible person to implement the required action.
- The required actions were not time-bound.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year.

Judgment: Compliant

Quality and safety

The provider had good arrangements in place to ensure a safe and high quality service was provided to residents. However improvements were required in relation to medication management, end of life care, and healthcare. These are discussed further in the report under their respective regulations.

The centre was found to be very clean and uncluttered. All areas of the centre were found to be on a cleaning schedule and clear audits of the practices were provided to the inspectors. Cleaning staff were very knowledgeable on the importance of their role in protecting the residents living in the centre.

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. Residents also had access to individual activities which inspectors observed on the day of the inspection. Residents attended committees where their voice could be heard and their opinion provided.

Residents who presented with communication difficulties were encouraged to communicate freely and their needs and preferences were recorded in a care plan for each individual need.

Inspectors saw evidence of end-of-life assessments for a sample of residents. These had been completed on admission and included details of their wishes and

preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves. However, symptom control in relation to pain relief required review. Residents were not appropriately managed in relation to moving from line one on their medication to the next line when their pain could not be managed. Another resident who was advised to have palliative care for symptom control on discharge from hospital did not have this full filled. When the inspectors spoke to the staff they were informed that the family did not want palliative care at this stage. This would negatively impact on the resident where their comfort and care could not be managed.

Residents were reviewed regularly by the general practitioner (GP) and all residents had good access to members of the muti-disciplinary team such as physiotherapy, occupational therapist and a dietitian. However, improvements were required in relation to residents and their pressure relieving mattresses. The mattresses were set at a different weight to what the residents actual recorded weight was. This would negatively impact the residents in relation to pressure relief and their comfort and care.

Medication management required review. Residents were not being administered their medication as prescribed. Morning medication was prescribed for most residents at 9.30am but some residents had still not received these medications at 11.30am. Some of these residents were prescribed anticoagulant which required a 12 hour gap between two doses, which was not being adhered too. There was no maximum dose entered for as required (PRN) medication. This practice did not guide the nurse administering the medication and may have led to a resident receiving more than the recommended dose of the medication.

Regulation 10: Communication difficulties

Residents who had communication difficulties were encouraged to communicate freely. The person in charge had ensured that where a resident has specialist communication requirements, such requirements were recorded in the residents care plan.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place for a resident to receive visitors. There was suitable communal space available for a resident to receive their visitors.

Judgment: Compliant

Regulation 13: End of life

A review of the care and comfort measures for residents approaching end of life required review in relation to pain management and the referral process to palliative care. For example;

- One resident was administered a PRN (pro re nata) pain medication on four occasions in one day, this was not reviewed or the resident was not moved to line two as prescribed.
- One resident returned from hospital for advised palliative care for symptom control, however the nurse stated the family did not want this measure.
- The centre's policy states the eligibility criteria to be referred to palliative care was poorly controlled symptom. However, a resident with poorly controlled symptoms was not referred to palliative care.

Judgment: Substantially compliant

Regulation 17: Premises

The layout and design of the centre met residents' needs. The centre was divided into six households each with its own front door, open plan sitting, dining room, kitchen and en suite bedroom facilities.

Equipment was found to be in a good state of repair, with records of maintenance maintained. There were adequate adaptations to the building to ensure that the facilities were accessible to all and appropriate heating and ventilation throughout.

Judgment: Compliant

Regulation 27: Infection control

There was evidence of good infection prevention and control practice in the centre however, staff did not have clinical wash hand sinks accessible to them, access to clinical wash hand sinks are fundamental in ensuring good infection control practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each monthly fire drill practiced with staff were available for review.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge did not ensure that all medicinal products were administered in accordance with the directions of the prescriber. of the resident concerned. For example;

- Four residents did not receive their prescribed medication within the one hour time-frame, these residents were administered their medication at least two hours after the prescribed time.
- Medication that is required to have a 12 hour gap between each dose was administered with a 10 hour gap for three residents.
- As required medication did not have a maximum dose. This was identified in a medication audit but no action had been taken.

Judgment: Not compliant

Regulation 6: Health care

The registered provider, having regard to the care plan prepared for each resident did not provide a high standard of evidence based nursing care in relation to pressure relief care. For example;

- One resident who weighed 27.6kgs had their mattress weight set at 70kgs.
- One resident who weighed 48.6kgs had their mattress weight set at 70kgs.
- One resident who weighed 49kgs had their mattress weight set at 35kgs.

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. 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.

The centre was not acting as a pension agent for any residents living in the centre. The inspectors saw evidence that cash held on behalf of a small number of residents was stored in a safe and records were in place to reflect monies held in the safe.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Moorehall Lodge Drogheda OSV-0000737

Inspection ID: MON-0041010

Date of inspection: 20/09/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The audit tools, delegation of audits and Post audit Quality Improvement plans currently in place are under review to ensure the audit tools are fit for purpose. This includes an appropriate delegation of audits amongst the senior management team. The senior management team will ensure the delegation of actions from the Quality Improvement Plan (QIP) are carried out and completed within the assigned time frame. The progress of QIPS will be included in weekly Governance meetings and the Quarterly Quality, Safety and Risk report with associated meetings. These actions will be closed out by 31st November 2023. An audit of PRN medications prescribed was completed post inspection and all PRN medications currently prescribed now include the maximum dose to be administered within 24 hours. Completed 05/10/23.	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: Following inspection, a full review of MHLD's End of Life Care Policy and Procedures was undertaken. The revised End of Life Care policy is currently being rolled out to all the team including Staff Nurses. All Staff Nurses will now monitor effectiveness of pain relief medication administered and management of individual residents' pain in accordance with medication prescribed and policy. Additional End of Life Care training is scheduled on 6th, and 10th of November and will include pain management for the Nursing Staff, with role appropriate training on 17th of	

November for the care staff. This is included in the training plan.
Referrals to the Palliative care team can be completed by the senior management team or the GP as appropriate. All Staff nurses have been informed and the policy is reflective of this.
An additional Information session regarding Residents Rights will be included on the agenda for the scheduled Nurses meeting on 25th October 2023.
A review of the EOLC audit tool is currently taking place and will be completed by 30th October 2023.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Following inspection eleven clinical handwash sinks were ordered which will be fully installed by 31st November 2023.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A full medication administration and prescription review is currently underway in line with best practice and legislative requirements, in conjunction with the Household model of Care. Complete by 31st November 2023

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Following inspection all pressure relieving mattresses have been reviewed and calibrated in accordance with each individual resident's weight.
A monthly audit tool forms part of the audit schedule ensuring all pressure relieving mattresses settings are appropriate to the individual resident and are reflected in the individual residents' care plan. Completed 06th October 2023

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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2023
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/11/2023

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	30/11/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time,	Substantially Compliant	Yellow	06/10/2023

	for a resident.			