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 Ardee
Name of provider:	Moorehall Living Limited
Address of centre:	Hale Street, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	01 October 2021
Centre ID:	OSV-0000147
Fieldwork ID:	MON-0034331

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 81 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 one storey building and is situated in a retirement village which forms part of the local community. It is divided into four households; Anam Chara, Setanta, Cois Abhainn and Suaimhneas which is a specialist Alzheimer's and dementia specific service. 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:	78

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
Friday 1 October 2021	09:00hrs to 17:30hrs	Nuala Rafferty	Lead
Friday 1 October 2021	09:00hrs to 17:30hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

This inspection took place over the course of one day. The Inspectors spent time in the communal areas in the centre to see what life was like for residents here and spoke with approximately 18 residents during the day. Inspectors found that residents were well looked after, that they were content and were enjoying a meaningful life.

Inspectors spent time in each of the four households (Anam Chara, Suaimhneas, Cois Abhainn and Setanta) throughout the day and spoke with residents as they went about their daily lives. From interactions with residents and observations made on the day, it was evident that residents were happy living in Moorehall Lodge and that it was a homely and comfortable place to live. Both residents and staff welcomed the inspectors and were delighted to talk about their daily life in the centre, and one resident described it as 'a glorious place to live'.

Residents were very positive about the way they were looked after and the efforts that staff made to ensure that they had everything they needed. A comfortable familiarity was seen to exist between residents and members of staff. Those residents who were more dependent and who could not talk with inspectors, appeared comfortable and did not show any signs of anxiety or distress. Although inspectors observed a number of visitors entering and leaving the centre, they did not have an opportunity to speak with them. Residents told inspectors that their families and friends visited them and they usually came into their bedroom where they could chat in private. Some residents said they went out for a drive or down the town with their relative and one resident said they were delighted to be heading out with a relative for the afternoon.

The provider had made some changes in response to the previous inspection to improve the delivery and management of care and services. Where improvements were identified on this inspection, these are discussed under the relevant regulations further in this report.

Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were warm and empathetic in their interactions with residents and were respectful of residents' communication and personal needs. One resident said 'not one but two staff would come along when you pressed the call bell'.

Inspectors were told that a range of individual and group activities were held each day by allocated staff members in every household. An activity programme identifying the planned activities was displayed in the sitting room in each 'house'. However, inspectors found that although only one or two activities were planned each morning and afternoon, a planned time, location or staff member was not identified to inform residents when, where or by whom, they could expect the

activity to take place, in order that they could make a choice on whether they would wish to attend. Inspectors observed that in most households, no group activities took place until after 11:30 am at which time it was either a Mass streamed from the local church, a prayer recital or music streamed from a screen. These activities did not include any interaction between staff and residents. On the day, inspectors noted that these streamings seemed to provide little or no stimulation for many residents and a number were observed napping in their chair during the activity**.** On one house a baking activity was due to take place but this had not commenced by midday and an inspector found that staff were not clear as to who would be facilitating the activity.

Although inspectors were told by residents that the activity programme did include other activities such as, assisted reading, outdoor activities, knitting, bingo and reminiscing therapy (remembering and speaking about past experiences and events) the inspectors did not observe these taking place and residents spoken with did not know what activities were scheduled for the day**.** Inspectors brought this to the attention of both staff and management and later in the early afternoon, an inspector observed two staff laughing and dancing to streamed music,with a group of residents, in one household.

Residents said it was a homely and friendly place to live. Residents told inspectors that they had choice about how they lived their life. One resident described how their daily routine had not changed a lot since admission, the resident said they could, and still did, have a stiff night cap every night which they enjoyed. Another resident said they could get up and go to bed as they pleased and could get their breakfast when it suited them. One resident said they loved tea and the staff never complained about making a cup of tea, even late at night, for which the resident was most grateful.

Residents were complimentary of the choice, quantity and quality of meals available in the centre. All meals were freshly prepared and cooked in the centre's own kitchen. The inspectors observed residents being served breakfast in a number of households throughout the morning, in both the dining areas and in their bedrooms. There were a variety of table sizes so that residents could choose to have a quiet breakfast alone or enjoy the company of others. Tables were set with cutlery, brightly patterned china and condiments.

There were enough staff available to ensure that residents were supported to eat and enjoy their meals. Staff were observed to assist residents discreetly and respectfully.

Residents spoken with were keen to say they had no complaints about the service. They said if they had a complaint they would speak to the nurse or any of the staff on duty.

The governance of the centre will be discussed under the following two sections,capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Inspectors found improvements to the level of oversight and monitoring of the service had contributed to a higher standard of quality care being delivered to residents. Many of the actions required to address non-compliances found on the previous inspection were implemented, although there were a small number of repeated non-compliances found on this inspection. Nevertheless, inspectors were assured that governance in the centre had improved and that the management team were more visible and provided better direction and leadership to staff.

Moorehall Living Ltd Moorehall Living Ltd is the registered provider . The Chief Executive Officer (CEO) acts as the registered provider's representative. The senior management structure consists of the CEO, Director of Operations and Person in Charge. A number of other management supports are available to as part of a wider group structure Virtue Integrated Care. These include human resources, facilities and finance management supports. Within Moorehall Lodge centre there are also clinical and administrative supports to the person in charge including a care manager, clinical nurse manager, accounts and administrator

Inspectors viewed evidence of a continuous monitoring system that included processes to audit, assess and review the delivery of services to facilitate quality, safe care provision to residents. Inspectors saw that regular reviews of clinical care and risk indicators such as accidents, incidents or complaints, use of restrictive practices, skin integrity, nutritional status, or rates of infection, were used to assess the standard of care residents received. Actions were identified and taken to address any areas where potential for increased risks were indicated.

The centre has a good history of compliance although there were a number of areas that required significant improvement under the regulations reviewed on the last inspection. Inspectors found that the provider had been responsive to these findings and good progress to address these non-compliances was found.

Through conversation with residents and from checking the staff rota, inspectors found that the number and skill-mix of staff were suitable to meet residents' needs on the day of inspection.

A review of a sample of staff records showed that recruitment procedures in line with employment and equality legislation were followed. An Garda Siochana vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available, and regularly reviewed in the

centre. Implementation dates identified when the policies came into effect. Evidence that staff had read the policies and procedures was viewed.

Staff had access to to a range of on-going training opportunities. Inspectors looked at records which showed staff participation at the training. The programme included mandatory annual or bi annual training courses such as fire safety, infection prevention and control and hand hygiene. It also included training on safeguarding,

The centre had a complaints policy and procedure in place and a number of complaints were recorded. Inspectors found that resident's complaints and concerns were promptly managed and responded to, by the designated complaints officer and there was a comprehensive record kept. Complaints had been promptly investigated and closed off to the satisfaction of the complainant.

An annual review was completed in respect of the manner and standard of services delivered to residents throughout 2020. The report included feedback from residents and relatives.

Registration Regulation 4: Application for registration or renewal of registration

The provider made application for the renewal of registration for the centre. This inspection took account of the application and found that the provider had submitted full and satisfactory information in respect of the application.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge the centre on a full-time basis. The person in charge, who facilitated the inspection, had a good understanding of their statutory role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Sufficient numbers of staff with the required skills and knowledge to meet the needs of the current resident profile were available on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There were a small number of gaps in dates in the training matrix reviewed on inspection.

For example:

- Three staff had not completed training in fire safety.
- Over fourteen staff had not completed any training in breaking the chain of infection, infection prevention and control or hand hygiene.

Judgment: Substantially compliant

Regulation 21: Records

All aspects of this regulation were not reviewed on this inspection but those records reviewed in respect of schedule's 2,3 and 4 were maintained safely, met the requirements of the regulation and were available for inspection.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage to resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that potential risks, including some identified on the last inspection, were still not addressed. These included:

- recurrent findings in respect of fire risks

- plans to manage potential risks associated with the need for residents in shared rooms to self-isolate

A number of other issues were found that required to be addressed including:

- inspectors found that risks associated with a lack of facilities in one area had not been previously identified or mitigated.
- recruitment processes to manage a small number of staff vacancies that required to be filled were being advanced, however, measures, to develop a relief staff panel to ensure the replacement of staff on short-term leave or unplanned absence were not yet established.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was provided to the Chief Inspector as required by the regulations. This document required changes to ensure it gave a clear and accurate reflection of the premises, in line with the floor plans of the centre. Also to reflect changes in the organisation structure and personnel in the management team and in relation to clarity of the whole time equivalent number for each grade of staff.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaint procedure was on display on the residents' notice board. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included an appeals process should the complainant be dissatisfied with the outcome of the complaints process.

The complaints on file for 2021 was reviewed and inspectors saw that all complaints received had been dealt with in line with the complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in Schedule 5 of the regulations were available for review. They had all been reviewed and updated within the last three years.

Judgment: Compliant

Quality and safety

Overall it was found that the quality and safety of direct care provided to residents was of a high standard and residents' physical, psychological, emotional and spiritual needs were met. However, some improvements were required in the management of risks such as infection prevention and control, premises, residents' rights, medication administration practices and fire safety to ensure the safety and well being of the residents. These are discussed further under the relevant regulations.

Appropriate care practices with warm empathetic interactions were observed during this inspection. Staff respected resident's rights to privacy and dignity. Overall, appropriate processes were in place to protect residents from abuse and were being implemented.The process for managing residents petty cash was safe, however, improvements were required to the management of residents finances. The inspectors spoke to several residents and those residents who could voice their opinion told inspectors that they felt safe. Inspectors also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

The standard of nursing documentation was good. Inspectors found that the assessments and care plans provided a clear picture of the residents' assessed needs and the care they required. Care plans reflected a person-centred approach to care and incorporated the resident's preferences for care and support in addition to their assessed needs.

Residents' had timely access to all allied health and social care professionals such as, physiotherapy, occupational therapy, dietetics,optical, dental and podiatrist services. The residents were seen by their general practitioner on a regular basis. This facilitated them to have their health care needs met and live a healthy life style.

An assessment of preparedness and contingency planning for a COVID-19 outbreak was completed by the provider. The contingency plan was regularly updated, it identified key resources and the actions required to ensure their continuous provision in the event of an outbreak.

Inspectors found that processes were in place to mitigate the risks associated with the spread of infection and limit the impact of potential outbreaks on the delivery of care. However some areas for improvement were noted and are outlined under regulation 27. The inspectors observed some examples of good practice in the management of COVID-19 such as good hand hygiene practices and adherence to good practice when wearing face masks. Staff had access to personal protective

equipment and hand sanitisers in all areas, and clinical wash hand basins in some areas. However, the wash hand basins required review to ensure they met current standards.

The medication administration process in place elevated the potential risk for a medication error occurring and it required review to ensure the process was aligned with the medication management policy.

Good fire systems were in place in the centre, however, improvements were required to ensure these were fully implemented. Inspectors found gaps in some areas where better oversight was required, in the absence of a comprehensive fire safety policy. It was not fully clear what processes were in place for the servicing of fire equipment, staff training, routine fire checks and the frequency of fire drills.

Residents received visitors by appointment and the visiting arrangements in place were safe. Residents were very happy to have their families and friends visiting them once again. However, actions were required to ensure there were sufficient opportunities for all residents to engage in meaningful activities, this is a repeated finding from the last inspection and is discussed further under Regulation 9: Residents' Rights.

The centre contained a good variety of communal sitting rooms and spaces where residents, alone or with family and friends could spend time. Inspectors saw that regular maintenance was in place and the premises were in good repair with some aspects having recently been refurbished. A programme of repair and replacement was initiated to address the issues identified on the last inspection. However, a small number of issues were identified on this inspection.

Aspects of the premises were discussed with the facilities manager, person in charge and care manager specifically a number of areas where some improvements were seen to be required such as, a kitchenette, staff change area, bedroom furniture and storage of assistive equipment.

Regulation 11: Visits

Visitors were welcomed into the centre. The current policy was to ring before visiting. Residents could meet and greet their visitors in a private communal space provided or their bedroom. Those residents spoken with were happy with the arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The care environment and facilities available did not fully meet residents assessed needs in line with the centre's statement of purpose or conform to all of the matters as laid out in Schedule 6 of the regulations:

- In one of the units it was found that a resident who was accommodated in one single bedroom (without an en suite), would have to travel 15 metres through a fire door and across an intersecting corridor to use a bathroom and travel 11 metres and into a separate household to access a shower. A plan to mitigate potential risks associated with an outbreak of the COVID -19 virus, or other highly infectious virus was not in place. The lack of access to a shower and bathroom in close proximity to residents' bedroom could also negatively impact this resident's pivacy and dignity.
- Access to a wardrobe in one single bedroom was restricted due to the proximity of the bed. The doors of the wardrobe faced the end of the bed and although the doors could be opened fully, access was limited.
- The bottom drawer of one wardrobe did not fully open.
- Storage of assistive equipment such as commodes, wheelchairs and bed frames required review. Commodes were predominantly stored in dirty utility rooms and access to equipment within the rooms and to some of the rooms themselves were restricted. The oratory was not available for use by residents on the day of inspection but was being used as a storage area and also by staff as a breakout area.
- Storage in some smaller bedrooms required review. An inspector noted that in some of the smaller single bedrooms there was limited storage for personal belongings, in particular for residents toiletries and footwear.
- An oxygen cylinder and a fire extinguisher were not safely secured. The oxygen cylinder was free standing on a bedroom floor and the extinguisher was free standing on a worktop in a dirty utility room.
- aspects of the fitted cupboards in some kitchenettes were damaged and required to be replaced.
- there was insufficient storage for personal belongings in the staff change area within the centre
- excess storage was observed in some clinical preparation areas.

Judgment: Not compliant

Regulation 27: Infection control

Inspectors found that some procedures were not consistent with the standards for the prevention and control of health care associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

For example;

- inspectors were told that slings were washed on a nightly basis, but documented evidence to support that this was implemented was not available. Cleaning schedules viewed showed that the slings were washed weekly and sprayed once each night. This arrangement not does provide sufficient assurance to prevent the spread of infection.
- A tracking system to support staff identify whether communal equipment such as wheelchairs, commodes, hoists or hoist slings had been decontaminated after each use, was not in place.
- the floor of clinical room in one unit was unclean
- non clinical equipment such as a printer was in use in a clinical/medication room
- wash hand basins, designated as clinical wash hand basins, throughout the centre, required review to ensure they were of correct specifications, readily available in areas where they might be required and in line with best guidance in infection prevention and control
- in the staff changing facility within the centre the inspectors saw the personal belongings of staff left on the top of chairs, shelves and window sills. Shoes bags and clothing were being stored on the floor which meant that the floor could not be adequately cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety policy was amalgamated with the policy on responding to emergencies. This policy did not cover all aspects of fire safety. Some practices in relation to fire safety were not clear and staff spoken with could not assure the inspector that the fire equipment was serviced in line with best practice guidelines.

The following issues were identified:

- Written evidence that faults to an internal fire door, identified during the weekly fire alarm checks, were being addressed was not available
- The fire drills were occurring on an ad-hoc basis.
- There were 11 final exit fire doors in the centre. Eight were linked to an automatic system to disable the lock in the event of fire, two were key operated (with a break glass unit at the side containing a key for the door) and one was both key operated and linked to the automatic system.This could lead to confusion in the event of the fire and some staff spoken with were not fully sure which to use or where the key was located.
- Two fire exits were found to be blocked with furniture on the morning of the inspection, it was later noticed that all of the obstructions were not removed, following identification of same.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The process for medication administration followed by staff was not reflective of the centres own medication management policy. The process in place required review to ensure that a practice, outside of the policy, currently taken by staff was eliminated thereby removing the potential room for error.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Records reviewed showed that residents had a comprehensive assessment completed when they were admitted to the centre. Resident's care plans were initiated within 48 hours from admission and reviewed at regular intervals, no longer than four months. Care plans were informed by a range of risk assessments using validated tools.

There was evidence that the resident and for some their families were involved in their care plan review.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and allied health care services. Residents' general practitioners (GPs) made site visits on a weekly basis. Residents had access to old age psychiatry services, gerontologist and additional expertise such as diabetic specialists, physiotherapy and occupational therapy services in the area. Other services such as nutritionists, tissue viability nurse, speech and language and chiropody services were all available without delay to residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable and appeared skilled in the management of responsive behaviours and were observed to effectively implement diversion and redirecting strategies in practice.

There was a low use of restraints in the centre with just four residents using bed rails. Inspectors saw various alternatives to restraints in use throughout the centre, these facilitated the resident to remain safe yet independent.

Judgment: Compliant

Regulation 8: Protection

The provider was a pension agent for a small group of residents. Inspectors were informed that the pension monies collected on behalf of these residents were being lodged into a company bank account and not a residents bank account. This process was not in line with the guidance from the Department Social of Protection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors were not assured on the day of inspection that the centre provided all residents with opportunities to participate in activities in accordance with their interests and capacities. Inspectors observed many residents, with eyes closed and heads dropping onto their chests or on the chairs, appearing to sleep for most of the morning. Although an activity schedule was available, it did not include a planned time or location. Residents spoken with did not know what activities were to take place and so could not make an informed choice.

There was no one person responsible for the co-ordination or delivery of activities to residents living in the centre and inspectors observed there were limited meaningful activities available and not all scheduled group activities were delivered to residents on the day of inspection. Evidence that residents were consulted and input sought to the activity programme was found, but there was no evidence that the suggestions made by residents were acted on.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Moorehall Lodge Ardee OSV-0000147

Inspection ID: MON-0034331

Date of inspection: 01/10/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - A revised training plan is now in place to ensure that the staff will have access to fire training. The provision of infection prevention and control training will be completed by 31/11/ 2021. - There is a nominated training lead in Moorehall Lodge Ardee, and they will ensure that the staff members attend and complete the required training by 31/11/2021 . • All staff that complete HSE Land training will submit their certs on completion to PIC to ensure that all training records are up to date.When staff attend on site training they will complete the attendance form so that their course completion can be recorded on the training records. • Training attendance is monitored monthly on Moorehall Lodge Ardee Key performance Indicators which also informs the monthly training plan.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Staffing Recruitment plan: 0.5 WTE Health carer assistants commenced employment during the month of October 2021 and 1 WTE Advanced Care Practitioner commenced employment w/c 01/11/2021 • 2.8 WTE Carers currently in the recruitment pipeline leaving a net gap for recruitment of 1.79 WTE • Recruitment has commenced for a relief panel of HealthCare Assistants for MHLA. At	

present there are two relief panel Healthcare assistants in the recruitment pipeline. In addition, recruitment continues for full time healthcare assistants both locally and overseas. By increasing our full-time healthcare assistant numbers this will release current relief panel and part time panel. Reducing reliance on part-time and relief panel Carers to cover full time duty will further increase capacity to scale up carer hours in times of leave or unplanned absence. Completed by 31/12/2021
• Contact is being made with local training colleges to recruit relief panel care assistants to cover weekends and holidays. Completed by 17/11/2021.
• The remaining actions to be completed are covered throughout the compliance plan including Regulation 15,17 and 28.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
A revised and up dated Statement of purpose submitted to the authority on 08/11/2021 to reflect the existing floor plans of the Centre and included the actual whole-time equivalent number for each grade of staff. Completed 09/11/2021

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- Proposed Plans submitted to the authority on 09/11/2021.
- In relation to the wardrobe that was in one single bedroom, it has been repositioned and the resident can now access freely. Completed 04/10/2021.
- The bottom drawer is repaired and is now fully functioning. Completed 04/10/2021.
- The oratory is available for use by the residents in Moorehall Lodge Ardee at all times. Completed 15/10/2021.
- Functioning staff lockers and storage is available for staff to store their personal belongings whilst at work in staff changing area. (Completed03/11/2021)
- Clinical areas are tidy and clean. Cleaning Rota in place for each clinical area. The printer/scanner was removed from the clinical room identified on the inspection. (Complete 08/11/2021).

• The oxygen cyclinder which is used by the resident is now safely secured in a designated area .Completed 10/10/2021.
• The fire extinguisher was removed from the work top and is now stored and safely secured to the appropriate location.
• Storage is provided for residents toileteries in their bedrooms .Completed 10/10/2021

• Residnets footwear is stored in the residnets wardrobe in their bedroom.Completed 10/10/2021.
• Repair of the cupboards located in the kitchenettes will be completed by 31/11/2021.
• The storage of assistive equipments is currently under review and will be completed by 31/11/2021.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• A Standard Operating Procedure is now in place which identifies, and outlines states the cleaning schedule for slings. Each individual household maintains a cleaning and disinfection schedule for the cleaning and disinfection of slings. Currently all residents in Moorehall Lodge Ardee have their own individual slings. Completed 22/10/2021.
• Housekeeping staff are aware of the cleaning schedule for the clinical rooms including the cleaning of the floors of clinical rooms. (Completed 29/10/2021)
• A tracking system is in place to help staff identify equipment such as wheelchairs, commodes, hoists or hoist slings have been decontaminated after each use.Completed 08/11/2021.
• All clinical wash hand basins, will be reviewed to ensure they are of correct specification. completed by 31/11/2021.
• Staff Lockers and staff storage is available for staff in the staff changing rooms to store their personal belongings. Completed 03/11/2021.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• There is a comprehensive review ongoing presently of the fire management safety policy which will include all aspects of Fire Safety including frequency of fire drills. This will be completed by 31/11/2021.
• The Fire Safety Management Policy will include the frequency of fire equipment servicing in accordance with regulatory requirements.
• All reported faults or indeed any maintenance concerns or issue are recorded via the Maintain x App. The facilities manager has complete overview of all items recorded and coordinates the repair of all items reported.
• The Fire exit door that was both key operated and linked to the automatic system has been reviewed and is now linked only to automatic keypad system. (Completed on 07/10/2021)

• All fire exits are checked daily to ensure that there is no furniture blocking the fire exit doors. (Completed 02/10/2021 and ongoing)

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • The practice of using the medication trays ceased on the day of inspection. Each tray was removed from the clinical rooms on the day of the inspection. It is reiterated to all Staff Nurses to adhere to the medication management procedure and policy in accordance with MHLA Medication Management policy. Completed on 01/10/2021.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: • A separate bank account is now opened for resident's pension monies to be lodged separately to the company bank account. Completed 08/11/2021.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The activity coordinator is assigned to coordinate the activities in each of the households and to ensure the residents are involving in meaningful activities of their choice. • The activity schedule now includes the scheduled time of the activity and the person responsible for ensuring that the activity occurs within each household. • The activity schedule is displayed in prominent places within each of the households, including the living area and the household hallways. • Residents are reminded of the daily activity schedule by the homemaker throughout the day and evening. Completed 08/11/2021.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/01/2022
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.	Not Compliant	Orange	30/01/2022

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	31/12/2021
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	30/11/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/11/2021

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	30/11/2021

	followed in the case of fire.			
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.	Substantially Compliant	Yellow	01/10/2021
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	09/11/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	08/11/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	08/11/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	08/11/2021

	may undertake personal activities in private.			