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:	Announced
Date of inspection:	12 June 2024
Centre ID:	OSV-0000147
Fieldwork ID:	MON-0036275

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 to125 male and female older persons, requiring both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite) care. The centre has 113 single rooms and 6 twin rooms. It is made up of two buildings linked by an external linked corridor. 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 two storey building and is situated in a retirement village which forms part of the local community. It is divided into five households; Anam Chara, Suaimhneas, Aoibhneas, Le Cheile and Misneach. 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:	107

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 12 June 2024	08:20hrs to 16:30hrs	Sheila McKevitt	Lead
Wednesday 12 June 2024	08:20hrs to 16:30hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Overall, the feedback received from residents was positive. Feedback was received from approximately 20 residents and two visitors who spoke with inspectors. In addition, a further ten residents completed pre- inspection satisfaction questionnaires which were read and analysed post the inspection.

The observations on the day of the inspection were that staff had a caring rapport with residents. Residents praised Moorehall Lodge Ardee stating "top marks for staff" and they "loved and adored it here".

The units in Moorehall lodge Ardee are set up similar to an open-plan kitchen living area that had a cosy home-like feel. The centre was pleasantly decorated throughout. A large amount of residents' bedrooms were personalised with their own belongings. Each unit had a secure well-maintained courtyard, all of which were nicely decorated with fairy lights, flowerbeds and garden furniture including seating for residents. The secure courtyard in the dementia unit had its own car for residents to interact with if they wished. Some of the courtyards contained shelters which facilitated residents who wished to smoke to do so while being protected from the elements of the weather.

Residents said they enjoyed the 'homely ambiance' provided in the centre and particularly the fact that they had plenty of room to 'ramble about freely'.

Inspectors observed lunch being served. Residents said they were given the choice to eat in the dining room or their own bedroom, most were observed enjoying the company of other residents in the dining rooms. The tables were set in a homely manner, with condiments and drinks within easy reach of residents, enabling them to maintain their independence. For those residents who required assistance their were plenty of staff available to provide assistance and in some units staff were observed doing so in a kind, discreet and unrushed manner.

Inspectors saw residents receiving visitors in privacy of their bedroom and or in one of the quiet spaces provided within their unit. Those spoken with confirmed that they were not restricted from visiting.

Residents said their rights were upheld. They said they had the choice to attend activities or not. If they wished, they could do their own thing. A number of residents' said they enjoyed the bingo, particularly the prizes they received. The inspectors observed one of the communal rooms being prepared for bingo on the morning of the inspection. Residents said they also enjoyed the exercise classes, some said they would like more of them. Some residents spoke positively about the day trips they took out during the summer time. A number of residents voiced the wish for more day trips out of the centre.

On the day of the inspection there was a concert with a musician playing the banjo and encouraging the residents to join in. A large number of residents attended the music session and inspectors saw that they were actively participating and enjoying the entertainment.

Residents and their family members said that when they made a compliant, it was heard and dealt with, they felt listened to and their issues were resolved.

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

This was a well-governed centre. The inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support.

The centre continues to have a good history of compliance with the regulations and was found to be compliant or substantially compliant under the regulations reviewed on this inspection. The inspectors found that the provider had addressed the areas for improvement identified on the last inspection in September 2023 and observed that some further improvements were required in relation to Regulation 5: Individual assessment and care plan and Regulation 7: Behaviours that challenge.

Moorehall Living Limited is the registered provider of Moorehall Lodge Ardee and part of the wider group structure Virtue Health Care Group. The senior management structure provided operational and management oversight and leadership in the designated centre and the persons participating in management, supported the person in charge from a group perspective, including, health and finance management supports. At operational level, within the centre there were also clinical and administrative supports to the person in charge including an assistant director of nursing.

The senior management team was kept informed about the performance of the service with key quality indicators and other relevant safety aspects reviewed on a weekly and monthly basis. The inspectors found that the centre was appropriately resourced for the effective delivery of care and that there were good arrangements in place to ensure the service was consistent and appropriate.

There were appropriate staffing numbers in place to meet the needs of the residents.

Residents' complaints were listened to, investigated and complainants were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if required.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had been addressed by the provider.

The annual review for 2023 was completed and included feedback which had been sought from the residents in December 2023 in relation to the quality of the service they received.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and accidents had been submitted within the correct time-frame as per the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place that reflected the requirements of the regulations. This was displayed in the main reception and in each unit. The complaints log identified the issue, outcome and level of satisfaction recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available and updated within the last three years as per regulatory requirements.

Judgment: Compliant

Quality and safety

The residents living in Moorehall Lodge Ardee were receiving a good standard of care and attention from a stable team of staff, many of whom had worked in the centre for a long period of time and knew the residents well. It was evident that staff worked hard to ensure that residents' needs were met. However, nursing records particularly residents' assessments and care plans required review, specifically in respect of end-of life care and responsive behaviours.

The inspectors found that the issues highlighted in the previous report in respect of fire safety and infection prevention and control had been addressed. The work required in relation to fire doors was completed and new clinical wash hand sinks had been installed. There were now two clinical wash hand sinks accessible to staff in each of the five units.

The premises were clean and bright and provided a homely environment. Residents living in each of the units had access to enclosed courtyards, where they could wander in and out independently.

The inspectors reviewed a sample of resident's records and saw that residents were appropriately assessed using a variety of validated tools. This was completed within 48 hours of admission. Care plans were in place addressing the individual needs of the residents, and were updated within four months or more often where required, however further improvements were required to ensure they were person-centred and reflected the current needs of the resident.

The inspectors saw evidence of end-of-life assessments and care plans for a sample of residents. Some included details of their wishes and preferences at the time of their death, others did not reflect a person-centred approach. There was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff and staff spoken with knew them well. However, staff's knowledge of the resident's triggers, responsive behaviours and diversional therapies were not reflected in their responsive behaviour care plan.

It was observed that through ongoing comprehensive assessment that resident’s health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

A risk management policy and risk register was available and reviewed regularly. A risk register contained both clinical and non-clinical risks. It included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

There were lots of positive changes made to medication management practices, this is reflected under Regulation 29.

Inspectors observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. The different food consistencies served to residents reflected their assessed needs. The food was presented neatly, as a result, the resident could identify the different food groups on their plate.

Regulation 11: Visits

There were suitable arrangements in place for residents to receive visitors. The current arrangements did not pose any unnecessary restrictions on residents. There was suitable communal space to meet visitors in private.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water, refreshments and snacks throughout the day. Residents had a choice of menu at meal times and adequate quantities of nutritious food. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available. It had been updated since the last inspection and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy available for review. It met the legislative requirements.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control practices were good. Staff spoken with had a good knowledge of infection prevention practices and inspectors saw that three

additional clinical wash hand sinks had been in stalled and these were accessible to staff.

Judgment: Compliant

Regulation 28: Fire precautions

The issue in relation to gaps in fire doors identified on the last inspection had been addressed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

The inspectors observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some comprehensive assessments were not updated in line with regulatory requirements and inspectors observed a lack of detail in some care plans, which meant that staff were not effectively guided in the provision of care to the residents. For example,

- Residents end-of-life care plans did not consistently reflect resident's preferences for end-of-life care.
- Managing behaviour that is challenging care plans were not person-centred.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to inter-disciplinary team members as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Records reviewed did not outline how to care for the resident displaying responsive behaviours from time to time or posed a risk to themselves. For example:

The inspectors reviewed a number of care plans of those residents who had been involved in notifications submitted to the Chief Inspector. Some of the care plans reviewed did not clearly identify the triggers for such behaviours, the diversional therapies that worked for the resident and they did not state what the behaviours were that the resident displayed from time to time.

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	
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Moorehall Lodge Ardee OSV-0000147

Inspection ID: MON-0036275

Date of inspection: 12/06/2024

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 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:

Moorehall Lodge Ardee has an up-to-date policy in place to ensure that the assessment and care plans of each resident are person centered and addresses their individual needs and wishes. Prior to admission, all prospective residents have a preadmission assessment completed to ascertain if their holistic needs can be met within the home. On admission a comprehensive assessment is completed and is used to inform the required person centered care plans within 48 hours of admission. These are reviewed at least every four months or sooner if required.

Following a resident's admission, the Clinical Nurse Managers conduct a post admission audit, to ensure that assessments and care plans are completed, and any gaps are identified and rectified. A quarterly care plan audit is also conducted with a sample of care plans. A quality improvement plan, highlighting gaps or inaccuracies is then circulated to the individual households for shared learning.

To ensure compliance, all nurses are undertaking bespoke care plan training which is taking place on site. Nurses will be assisted to work through the admission process starting with the comprehensive assessment and how it informs the care plan. This training has already begun, and 50% of the nurses have received it. Training for the remainder of the nurses will be completed by 16th August 2024.

The Clinical Nurse Managers have been assigned households to oversee and support the staff that work within them. This will provide an extra layer of governance and oversight. The CNM's will report any difficulties or findings to the ADON or DON. This will also be an agenda item in the fortnightly CNM meetings. These assignments were completed July 2024

All current comprehensive assessments and care plans are currently under review to ensure that they contain the relevant up to date information and that the care plan reflects the comprehensive assessment. End of life care plans are will be included in this

review and project. This project will be completed by 4th October 2024.

There are currently 14 residents with responsive behaviour care plans which have been reviewed and are now person centered and fully reflective of the individual residents triggers and de-escalation techniques. This was completed in July 2024

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:
Moorehall Lodge has an up to date policy in accordance with best practice and legislation to inform and guide staff in caring for residents displaying responsive behaviours. There is a restraint register in place and currently there is no use of chemical restraint throughout the center. The home also has access to HSE, Psychiatry of old age team, that would regularly review residents with increased challenging behaviour. Responsive behaviour training also provided to all staff members.

Following the inspection it was identified that there were 14 residents who are currently displaying responsive behaviors.
These residents all have a care plan in place and now include residents behaviours, triggers and diversional techniques which was completed July 2024.
The Clinical Nurses Managers will monitor care plans in their assigned households, thus ensuring all care plans will continue to be up to date and will also be discussed in the management meetings within the home.

An audit of responsive behaviour training was completed on 28/6/24, and all staff will have received responsive behaviour training by 14th September 2024.

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 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	04/10/2024
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	04/10/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or	Substantially Compliant	Yellow	14/09/2024

	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.			