



# 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:	18 July 2022
Centre ID:	OSV-0000147
Fieldwork ID:	MON-0037444

## 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 two 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:	81
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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
Monday 18 July 2022	08:45hrs to 17:15hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

The inspector spoke with seven residents living in the centre. Overall, the feedback from residents was that Moorehall Lodge Ardee was nice place to live. Resident said that they were happy with the care provided and the standard of cleanliness in their rooms and communal areas. Two visitors who spoke with the inspector, said that the care was very good, the staff were marvellous and there was good communication from the provider with regard to their loved one on a regular basis and during outbreaks in the centre.

The inspector arrived unannounced to the centre. On arrival they were met by the person in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and checking for signs of infection and the wearing of face masks were implemented prior to accessing the centre.

The inspector observed staff to be respectful, friendly and courteous in their interaction towards residents and visitors. During the inspection day, there was a fault with the electrical supply and staff made efforts to keep residents cool during the day. They closed curtains, provided cool drinks and the majority of residents were seen to enjoy ice cream from an ice cream van that the provider had arranged.

Staff were seen to use personal protective equipment (PPE) appropriately. While hand hygiene practice was good a small number of staff were seen to wear wrist jewellery which impacted on effective hand hygiene.

Moorehall Lodge Ardee was a two story building. Resident accommodation was located on the ground floor and administration offices were located on the first floor. There was a variety of communal spaces available to residents. It is divided into four households, with each household having its own front door, kitchen, open plan sitting and dining room. Residents had the use of the oratory and enclosed courtyards, which were well maintained and residents were seen to enjoy walks with their visitors along a nearby river.

The provider had upgraded dining and bedroom furniture in all households and the flooring in some bedrooms and communal areas. They informed the inspector that they had plans to replace furniture in communal areas in the near future. However, the flooring in the communal area in Cois Abhainn was marked with scrapes which impacted on the visual appearance of the room and effective cleaning.

While the centre provided a homely environment for residents, there was infrastructural issues which impacted effective infection control. For example, one of the sluice rooms was used to store household cleaning supplies and make up cleaning solutions. Hand hygiene sinks were available in the communal area and the clinical room in each household, however, there was only one hand hygiene sink in Cois Abhainn household dedicated for staff use. These sinks did not comply with the recommended specifications for clinical hand wash basins. A small number of

shower drains in one units were not in a good state of repair to facilitate effective cleaning. This is further discussed under regulation 27: Infection Control.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall the inspector found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Infection prevention and control governance, guidelines and oversight and monitoring systems required strengthening. Barriers to effective hand hygiene practice, premises deficits and the supervision and oversight of cleaning practices were identified during the course of this inspection. There were insufficient functional cleaners rooms appropriate to the size of the centre to ensure safe cleaning. Findings in this regard are further discussed under the individual Regulation 27.

The centre had experienced two significant COVID-19 outbreaks and one Norovirus outbreak since the last inspection. Line listings were maintained and Public Health were informed. The provider completed formal reviews of the management of the outbreaks and used learnings from outbreaks to improve the quality and safety of care in the centre. Examples of improvements seen were, the provision of laundry carts to safely transport dirty laundry to the laundry room, extra storage for staff belongings to prevent cross contamination and additional training for the correct use of PPE. This was seen to be implemented during the inspection day.

Moorehall living limited was the registered provider which was part of the wider group structure of Virtue Integrated Care. The person in charge was new to the role since April 2022, and was supported in their role by the director of operations, the assistant director of nursing, a nurse manager, nurses, healthcare assistants, housekeeping, catering, laundry, and activities staff. There were sufficient cleaning staff rostered to cover shifts over seven days a week.

There were clear lines of accountability and responsibility with regard to governance and management arrangements for infection control in the centre. Outbreak emergency plans were updated regularly. The person in charge was the lead in the event of an outbreak. However, there was no ongoing support from a qualified infection control practitioner as per HIQA *National Standards for Infection Control in Community Services* (2018).

Regular infection control audits were carried out and recommended actions and responsible persons identified. However, the audit tools used did not identify findings on the inspection day. Gaps seen were in the monitoring of safe sharps and clinical waste management, availability of appropriate cleaners' rooms, laundry,

cleaning of equipment and hand hygiene practices. This meant that there were insufficient local assurance systems in place to ensure compliance with infection control measures.

There was insufficient oversight and monitoring of infection prevention and control systems. For example; the infection control program was developing where monitoring of antimicrobial use was evident in the stewardship program. However, further development was required to ensure that infections were identified, so that this information could be monitored for any potential onward transmission of healthcare- associated infection.

The centre had a number of infection control policies which covered standard and transmission precaution, however they did not include guidance information on the cleaning and management of nebulizers and patient monitoring equipment. This may result in equipment not being clean appropriately and safe for further use.

Infection control training was available to all staff. An up-to-date training matrix was maintained by the person in charge to ensure that all staff had attended the required infection control training.

## Quality and safety

Overall the inspector was assured that residents living in the centre enjoyed a good quality of life. Care plans for the safe care of medical devices, were in place to guide infection control care practices for these residents. Residents and family who spoke with the inspector said that residents had regular access to their general practitioner (GP) and other specialists when they needed to. Visiting was managed in line with national guidelines and visits took place in resident bedrooms, the quiet room, the snug and visiting area.

Notwithstanding the positive findings, further review and development under Regulation 27: Infection Control was required. Details of issues identified are set out under Regulation 27.

Staff were knowledgeable with regard to the early identification of possible infection symptoms for COVID-19 and other infections. They were aware of their responsibility to report any concern regarding a residents' change baseline or should they become unwell themselves. There was a transfer document used when transferring resident to hospital if they became unwell. It contained infection control information with regard to any infections or colonisation with an antibiotic resistant bacteria and the vaccination status of the resident. This ensures the receiving facility is aware of infection control precautions needed.

There was a successful vaccination program on offer in the centre, which was available to residents and staff. Residents who wished to be vaccinated, had received their second COVID-19 booster in recent weeks, with the remaining

residents scheduled to receive their second booster on 21 July 2022.

There were spill kits available in each building. Staff had good knowledge of how to manage blood or body fluid spills and knew what to do should they experience a needle stick injury. While safety engineered sharp management devices were mostly used, action was required to ensure that clinical waste was stored securely, such as sharps boxes and clinical waste bags.

Alcohol based hand rub was available throughout the centre and PPE was in plentiful supply. Cleaning staff had good knowledge with regard to cleaning practices. This included, the use of colour coded mops and cleaning cloths to reduce the risk of cross infection. While the environment was visibly clean, there were no dedicated cleaners' rooms to safely store and prepare cleaning chemicals which could impact on effective cleaning in the centre.

## Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- The provider had not identified that one sluice room was used for a dual purpose, where cleaning chemical dispensers used for the entire centre, were mounted on the wall over the sluice sink. Cleaning supplies such as hand towels and chemicals were stored in this room also. This arrangement and practice increased the risk of contamination of cleaning products.
- Infection control audit tools used were not robust, they did not identify findings during this inspection with regard to the following examples: safe management of clinical waste such as, used sharps, safe storage of clinical waste bags, and cleaning practices.
- Surveillance of infections and colonisation was not used to inform antimicrobial stewardship measures. Monitoring would allow for early detection of colonisation or infections to ensure appropriate preventative measures were put in place promptly. This would improve the quality and safety of care.
- The provider did not make policies available to guide staff in the appropriate cleaning and decontamination of medical equipment such as nebulizers and monitoring equipment to ensure that they were cleaned correctly.
- The findings of this inspection identified a need to access an infection control specialist for education and advise.

The provider failed to ensure that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Three sharps bins viewed did not have the temporary closure mechanism engaged when they were not in use. Three out of four clinical waste bins



stored externally to the building were not locked. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them.

- Not all sharps available to staff were safety-engineered devices, such as needles used for intramuscular injections. This increased the risk of needle stick injuries in the centre.
- Hand wash sinks did not support effective hand hygiene practice to minimise the risk of acquiring or transmitting infection. They contained over flows or water poured directly into the drain, the seals or splash backs behind sinks were either not intact or clean.
- Five care staff were seen to wear wrist jewellery which may impact effective hand hygiene.
- A small number of shower drains in one of the households were damaged and seen to be unclean.
- The laundry door leading to the outside was fully open over the course of the inspection. This may result in ingress of animals and birds and consequent contamination of clean laundry.
- Staff did not demonstrate an appropriate knowledge of the centres infection control policy with regard to the correct use of single use items such as dressings.

The inspector was not assured that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare –associated infection. This was evidenced by:

- Cleaning and care staff were inappropriately using disinfectant wipes for general cleaning purposes when there was no indication for their use. This meant that surfaces and equipment were not cleaned to minimise the risk of infection.
- A large proportion of commodes, raised toilets seats, shower chairs and intravenous trays inspected were not visibly clean. A high number of commodes had rusty wheels and two toilet seats were damaged. This meant that they had not been or could not be cleaned after use.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant

# Compliance Plan for Moorehall Lodge Ardee OSV-0000147

Inspection ID: MON-0037444

Date of inspection: 18/07/2022

## 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 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An Alternative Chemical and housekeeping supplies storeroom has been identified and works have commenced on this identified room including the fitting of a janitorial sink and staff handwash sink and the instillation of the Chemical Dispensers. To be completed by 30/09/2022.</p> <p>The cleaning supplies were removed from the sluice room following the inspection and were re-located to a designated storage area accessible for all housekeeping staff outside of the Households.</p> <p>The Infection Control Audit tool has been updated to include safe management of clinical waste, used sharps, cleaning practices and safe storage of clinical waste bags. The updated audit tool was launched and is operational since 02/08/2022.</p> <p>We have completed a review of our current antimicrobial stewardship programme and as part of the actions from this review we are now developing this programme which will include a tracking system that will allow for accurate recording and monitoring of all infections and will include input from the residents General Practitioner.</p> <p>All KPIs in relation to infections is currently collected reported and monitored.</p> <p>All current outstanding staff nurses will complete training in Antimicrobial Stewardship by 10th September 2022.</p> <p>All new starter staff nurses will complete Antimicrobial Stewardship training as part of Moorehall Lodge Ardee's Induction Programme.</p> <p>Moorehall Lodge Policies and Standard Operating Procedures including the Cleaning and Decontamination of equipment policy, Housekeeping Policy have been reviewed and updated to include best practice guidance on both general cleaning and the decontamination of surfaces and medical equipment.</p> <p>The Updated standard operating procedures and policies have been rolled out and communicated to all staff via Household staff meetings. Completed 11/08/2022</p> <p>Appropriate cleaning and disinfectant procedures for all medical equipment is now</p>	

included in Moorehall Lodge Ardee's induction programme for all new staff.  
This will be monitored through Moorehall Lodge Ardee's internal auditing system.  
Actioned 15/08/2022.

A review of the standard operating procedures for cleaning of all medical equipment formed part of the agenda at a staff nurse meeting held 28/07/2022.  
Adherence to this will be monitored through Moorehall Lodge Ardee's internal auditing system. Completed 24/07/2022.

The Group Director of Quality Safety and Risk will continue to provide IPC advice to Moorehall Lodge Ardee and in sourcing specialist external IPC training.  
The existing external clinical waste bins have now been replaced with bins containing automatic locking devices. This will ensure that safety control measures are in place at all times. Completed 05/08/2022.

Moorehall Lodge Risk register and Policies on Medication Management and Management of Clinical Waste have been updated to reflect appropriate safe practice in relation to safe use of hypodermic needles. Completed 29/07/2022.

All hypodermic needles have now been replaced with safety-engineered hypodermic needles. Completed on 29/07/2022

Ongoing monitoring of practices of safe management of sharps and clinical waste forms part of Moorehall Lodge internal auditing system. Actioned 29/07/2022

A risk assessment has been completed relating to the availability of staff hand wash sinks in Cois Abhainn. A Clinical handwash sink will be put in place in Cois Abhainn Household by 30/10/22. The existing staff handwash sinks will be replaced in accordance with current specifications (HBN-00-10) and are included as part of the refurbishment Ardee plan. To be completed by 30/10/2022.

Adherence to all Infection prevention and control policies and procedures will be monitored through Moorehall Lodge Ardee's internal auditing system. A safety pause at each shift change is in place and will monitor inappropriate practices for all staff including Housekeeping and catering such as the wearing of wrist jewellery.  
Actioned on 19th July 2022 and ongoing.

Following the inspection an audit was completed on all the shower drains. Any shower drains that were identified as damaged or unclean are included in the repairs programme. The shower drains are now included in the Housekeeping audit .  
To be completed by 30/08/2022.

Laundry Staff have been reminded to ensure that the Laundry external door remains closed at all times. Regular monitoring during the working day is maintained to ensure that there is full compliance with this action, via spot checks and on the Daily Care Manager Quality assurance checklist as part of Moorehall Lodge Ardee's Regulation 27 Compliance Plan .Actioned 18/07/2022.

We have reviewed Moorehall Lodge Ardee's Infection prevention and control training content for induction and for refresher training to ensure that all staff have the understanding and knowledge with regards to single use items such as dressings, are

included in the training.

Staffs knowledge, understanding and practice will be monitored via internal auditing system which will be completed by a Senior Manager (PIC or assistant director of Nursing ).

The Equipment including the commodes, raised toilet seats, shower chairs and intravenous trays that was identified on the day of inspection as been rusty, damaged or not visibly clean has been reviewed and has since been repaired or is being replaced. Completed by 30/09/2022.

As mentioned in the report and discussed on the day of inspection, the refurbishment plan for replacement flooring in Moorehall Lodge Ardee commenced in July 2022.

The installation of the new flooring in the communal room in Cois Abhainn is scheduled for replacement week commencing 29/08/2022.

Moorehall Lodge Ardee has a process in place for identifying, reporting and maintenance of damaged equipment through our Maintenance App. This reporting process now forms part of the Health and Safety Training and is included in the induction programme for all new staff starters. Actioned 10/08/2022

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Not Compliant	Orange	30/10/2022