



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Moorehall Lodge Drogheda
Name of provider:	Moorehall Healthcare (Drogheda) Limited
Address of centre:	Dublin Road, Drogheda, Meath
Type of inspection:	Unannounced
Date of inspection:	30 November 2022
Centre ID:	OSV-0000737
Fieldwork ID:	MON-0037262

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides twenty-four hour support and nursing care to 121 male and female older persons, requiring both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite) care. The philosophy of care adopted is the "Butterfly Model" which emphasises creating an environment and culture which focuses on quality of life, breaking down institutional barriers and task driven care, while promoting the principle that feelings matter most therefore the emphasis on relationships forming the core approach. The 'household model' has been developed to deliver care and services in accordance with the philosophy. The designated centre is a purpose-built three storey building situated on the outskirts of a town. It is divided into households; Rosnaree and Newgrange households, located on the ground floor, Millmount and Mellifont households situated on the first floor and Oldbridge and Beaulieu households on the second floor. Each household has its own front door, kitchen, open plan sitting and dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	116
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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
Wednesday 30 November 2022	09:00hrs to 13:15hrs	Sheila McKeivitt	Lead
Wednesday 30 November 2022	09:00hrs to 13:15hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspectors viewed four of the six units in the centre and found that they were well maintained. Infection control practices observed were as per best practice.

The inspectors met with a number of residents and spoke with many residents who were willing and able to converse. The feedback from residents was that they were well looked after by staff and felt that the staff knew them well. One resident said they were 'in the centre to recover from a serious injury and the staff had worked so hard with them that they were 'almost back to normal' and nearly ready to go home' Another resident said 'the staff are always there and so helpful'.

Residents were having visitors and those spoken with said there were no restrictions on visiting times.

Interaction between staff and residents was observed to be in a calm and kind manner. Staff were seen to be patient and gentle with the residents' on approach. Staff were seen assisting residents around the centre where positive interactions and friendly chats were observed.

A schedule of activities was in place on both levels in the centre. Residents and staff were observed having good interaction with each other during stimulating activities. Staff appeared to know their residents likes and dislikes very well and residents could be heard calling staff by their name.

The inspectors observed a variety of drinks and snacks were offered and served throughout the day. The daily menu was displayed which offered a choice. Residents that required assistance were assisted in a dignified and respectful manner.

There was an external advocacy service available to residents. The contact details for this service were displayed around the centre.

The premises was clean and tidy with corridors free from clutter. Fire exits and escape pathways were noted to be clear from obstruction. Some minor improvements were required to the premises.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Inspectors found that improvements had been made and the compliance plans identified on the last inspection had been completely addressed and the overall level of compliance had improved.

The governance of this centre was good. The provider of Moorehall Lodge Drogheda is Moorehall Healthcare Drogheda Limited. The provider representative was present on inspection and demonstrated a willingness to address further areas for improvement identified on this inspection. The person in charge demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

The provider representative and person in charge were known to staff and residents. The management team had oversight of the quality of care being delivered to residents. This was reflected in the increased level of compliance on this inspection. The inspectors reviewed the systems in place to manage the ongoing risk to the quality of care and the safety of the residents. The provider was proactive in identifying and managing risks in the centre. Residents were provided with good standards of nursing and health care. The centre appeared clean and pleasant on the day of the inspection, and there was evidence of good oversight of all areas of practice.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. There were no staff vacancies when reviewed against the statement of purpose. Staff spoken with were familiar with residents' needs and had appropriate qualifications for their role. They also demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and safe moving and handling of the residents.

There were no gaps in the mandatory training completed by staff and the records of this training were available for review. Communication with staff occurred regularly on a formal and informal basis. All staff who spoke with the inspectors confirmed that they felt supported, and that they could raise issues readily with the person in charge.

Complaints were managed in line with the complaints policy and improvements had occurred to this procedure. The inspectors were assured that complaints were managed inline with the revised complaints policy.

Regulation 15: Staffing

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

There was at least one registered nurse on duty at all times.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose was reviewed within the last year and this updated copy was available for review. It contained all the information outlined in Schedule 1.
Judgment: Compliant
Regulation 34: Complaints procedure
The complaints policy met the legislative requirements. The complaints procedure was on display in the front foyer. Inspectors were informed that three open complaints were under investigation.
Judgment: Compliant
Quality and safety
<p>Overall, this was a good centre and the registered provider ensured that residents' quality and safety was promoted and maximised. The registered provider had made improvements in the centre in relation to residents' individual assessments and care plans, access to healthcare and residents' rights.</p> <p>Staff working in the centre were committed to providing quality care to residents. Throughout the inspection the inspectors observed that staff treated residents with respect and kindness. Staff were observed to know their residents' likes and dislikes and appeared to respect residents' choices.</p> <p>There was good access to health care services including; dietitian, tissue viability, speech and language, dental and chiropody services. Referrals were made and residents were seen in a timely manner. There was one general practitioner that visited the residents in the centre. Staff demonstrated good knowledge of the residents and followed through on advice from professionals such as speech and language therapists with regards to the consistency of food and drinks.</p> <p>Residents were assessed before their admission, on admission and had a person centred care plan developed. There was a booking system in place where a meeting</p>

involving the resident, their relative if appropriate, the resident's key nurse and key healthcare assistant was arranged. During these meetings the plan of care for the resident, their likes and dislikes and their expectations for their care was discussed. These care plans were implemented in practice.

Staff used a variety of accredited tools to complete residents' clinical assessments at the time of admission. A comprehensive assessment was completed for residents within 48 hours of admission in line with the regulations. The inspectors reviewed a sample of care plans and found that they reflected the recommendation made by speech and language therapy services and dietetic services. Where specialist interventions were prescribed, such as textured diets or supplements, these were recorded in the resident's care plan and provided by staff.

Residents' had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Activity plans for the centre were displayed in each unit for everyone to see in a word format but also displayed in picture format. On the day of the inspection activities were in place in four of the units. The residents could be seen enjoying an exercise programme that was developed and carried out by an external company on a weekly basis.

The general environment was in a good state of repair. For example, communal areas, toilets, bathrooms, and sluice facilities inspected appeared clean and well-maintained. However, some issues identified under regulation 17 required further review.

Regulation 17: Premises

Premises were not well maintained in all areas and there were signs of wear and tear of paintwork in corridor and main foyer. The wood and varnish on the medicine storage cupboards in two units was chipped making it difficult to clean.

Some equipment seen on the day was not fit for purpose. For example, chairs in use in one unit were stained and worn, preventing effective cleaning. They were removed on the day of inspection.

inappropriate storage practices were observed as boxes were stored on the floor in two communal areas; this obstructed effective cleaning of the area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a comprehensive assessment and care plan developed for residents that were resident specific and guided practice. These care plans were reviewed in line

with the regulations and updated sooner if required.

Judgment: Compliant

Regulation 6: Health care

There was one visiting general practitioner (GP) for the residents in the centre. Referrals made for residents to other health care professionals were made in a timely manner and such treatment plans as advised were clearly documented.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with training on safeguarding and could demonstrate the principles of the training in practice. An Garda Síochána (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents. The provider was not a pension-agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had a good selection of activities for the residents. The activities board was displayed with both written and photographic description of events happening in the centre. The residents had access to the residents committee and also an external advocacy service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moorehall Lodge Drogheda OSV-0000737

Inspection ID: MON-0037262

Date of inspection: 30/11/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As part of the annual service plan for 2023, included in the schedule of painting works for MHLD is the repainting of the main entrance, civic and lobby areas and will be completed at end of Quarter 1 2023. An Internal schedule of Painting works commenced in MHLD during 2022 including repainting of bedrooms and hallways areas in Oldbridge House, Beaulieu House and Millmount house. The schedule of maintenance works will include a review of and a schedule for repair of existing medicine storage cupboards in 2 of the households. This will be completed by 28th February 2023. Following the inspection, the RPR requested an audit and itinerary of existing furniture that may require replacement during 2023 which will be completed 30th January 2023.</p>	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/03/2023