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 Balbriggan
Name of provider:	MHLB Limited
Address of centre:	Bath Road, Balbriggan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0008302
Fieldwork ID:	MON-0048125

About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide: Moorehall Lodge Balbriggan is a purpose built facility which is located on the coastline and is within a short walking distance of many of the local shops, banks, churches and other facilities. The centre is laid out over four floors and can accommodate 102 residents with 94 single and four twin rooms located on the ground, first and second floor of the centre. There are no bedrooms on the third floor, but locates administration offices, staff facilities, a hairdressing salon, a reflective room and large family room overlooking the sea. The centre's residents also benefit from a large enclosed garden with unrestricted access. The centre is part of the Virtue integrated Elder Care Group, and aims to provide long term, respite, transitional and convalescent residential care for resident in a homely environment that promotes privacy, dignity and choice within a building that is safe and clean, comfortable and welcoming. Each floor benefits from living rooms, lounge areas, break out spaces and dining facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	98

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 22 April 2026	08:00hrs to 17:00hrs	Maureen Kennedy	Lead
Wednesday 22 April 2026	08:00hrs to 17:00hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

The inspectors spoke with residents, visitors and staff to elicit their opinion on the service being provided in Moorehall Lodge Balbriggan. Overall feedback from residents was that staff were kind and attentive. All expressed satisfaction with the food, bedroom accommodation and services provided to them.

The centre was seen to be bright, clean and tastefully decorated throughout. There were some signs of general wear-and-tear including heavily stained carpet on the second floor, chipped paint on the walls and kitchenette cabinets. The inspectors heard that the provider had already identified the issues and had a renovation plan in place including carpet replacement on the identified floor, due to be complete in the coming weeks.

Communal areas were seen to be well-used by residents throughout the day. Residents had easy access to an enclosed courtyard. The inspectors saw that the provider was proactive in maintaining the outdoor space with the installation of a mini golf course and a raised planter where residents could enjoy planting their own flowers. The inspectors heard about the provider's plan to further enhance the garden landscape with the installation of decorative stone in the planting beds.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspectors observed that residents were receiving good care and attention. Staff who spoke with the inspectors were knowledgeable about the residents they cared for and expressed a commitment to making every effort to support the safety and welfare of residents. However, one visitor spoken with raised concerns regarding continuity of care and the use of some staff that 'don't know the residents very well'. Inspectors raised these concerns with management on the day of the inspection who confirmed that recent shortages in staffing levels were covered externally with agency staff, and that the provider was actively recruiting and on-boarding at the time.

Resident bedrooms were found to be clean and organised and many were decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments. Residents who spoke with the inspectors were happy with the size, layout and décor of their rooms.

Housekeeping staff were busy throughout the day and the residents informed the inspectors that their rooms were cleaned every day and that they were happy with that arrangement. Laundry facilities were provided on-site. Residents told the inspectors that they were very happy with the laundry service and said that the laundry staff was 'wonderful'.

Residents were supported to enjoy a good quality life in the centre. Activity staff were on-site to organize and encourage resident participation in events. An activities

schedule was on display and the inspectors observed that residents could choose to partake in games, bingo and exercise. On the day of inspection, a Zumba class proved very popular with the residents as they were observed enjoying the sing-along and the gentle dance. The hairdresser was in the centre on the day of inspection and residents were observed going to and from the salon with one resident telling the inspectors that they 'love getting their hair done'.

The inspectors observed a mealtime service and noted that the food looked appetising and was served hot. The menu was on display and the tables were laid out with cutlery and condiments for the residents to access easily. Residents who spoke with the inspectors were mostly complimentary about the food saying it tasted good, they got plenty to eat and had access to food at all times. They also confirmed that an alternative meal would be provided should they not like what was on the menu. However, one resident said the menu could be 'repetitive' while another said they wished the 'tea was served to the table in individual tea pots where they could help themselves'.

Residents' families and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces in the centre. Visitors confirmed they were welcome to the home at any time.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, residents were provided with a good standard of care by management and staff, who were focused on improving residents' wellbeing while living in the centre. This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended).

The inspectors followed up on the compliance plan from the previous inspection and observed that the registered provider had taken action to prevent and control the spread of infection in the centre since the last inspection by ensuring that a clinical hand wash sink was installed on the first floor. This completed the works to ensure appropriate hand washing facilities was available on each floor.

The registered provider was MHLB Limited. A senior management team was in place to provide managerial support at group level. The person in charge was responsible for the local day-to-day operations in the centre and was supported in the role by an assistant director of nursing (ADON) and 4 clinical nurse managers (CNMs). Also in

support were staff nurses, healthcare assistants, activity, catering, housekeeping, administrative and maintenance staff.

The inspectors reviewed a sample of staff duty rotas and noted a full complement of staff on duty for day and night-time. Staffing deficits were filled with agency staff until new staff were onboarding. The inspectors, in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training had been completed.

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. Records of complaints were available for review. The inspectors noted one record showing the outcome of a complaint investigation, upholding the complaint and clearly identifying learning from the outcome of the complaint.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and was well known to staff and residents. They had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the 98 residents, and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

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.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well-managed. The complaints policy was reflected in practice and the inspector was assured that complaints were addressed promptly.

Judgment: Compliant

Quality and safety

Overall, the residents reported that they were happy living in the centre. The inspectors saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

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. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse. Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained.

Inspectors noted that the dining experience was a calm and sociable time for residents which was complimented by the décor of dining room. Residents were provided with a choice of meals; modified diets were prepared in accordance with their assessed needs and presentation appeared appetising. The inspectors observed a meal time service to be well managed and unhurried and there were sufficient numbers of staff available to assist residents during meal times.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, choking and accidental injury.

The inspectors were assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks

were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. They had access to safe supply of fresh drinking water at all times. They were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which assessed all identified risks, and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were personalised and contained detailed information specific to the individual needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and, where appropriate, their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological wellbeing. The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. The nursing home was pension-agent for two residents and a separate client account was in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant