



**Health
Information
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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:	01 May 2025
Centre ID:	OSV-0008302
Fieldwork ID:	MON-0046829

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:	100
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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
Thursday 1 May 2025	09:00hrs to 17:00hrs	Geraldine Flannery	Lead
Thursday 1 May 2025	09:00hrs to 17:00hrs	Maureen Kennedy	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, residents spoke positively about the centre, were complimentary of the staff and told the inspectors that they were happy living there and that they felt safe.

The inspectors followed up on the compliance plans from previous inspections and acknowledge the improvements and positive changes made by the provider. For example, clinical hand wash sinks had been installed in two out of the three floors for staff to wash their hands if and when required. However, further action was required in infection prevention and control (IPC) to fully comply with regulations, and will be detailed in the report under the relevant regulation.

The lived-in environment was bright, clean and homely throughout. There was sufficient private and communal space for residents to relax in. An enclosed garden was easily accessible and suitable for residents to use. A smoking hut was situated within the enclosed garden. A fire blanket, fire extinguisher and a call-bell were available.

It was evident that the provider was continually striving to enhance the residents lived experience in the centre. Since the last inspection a dementia-friendly environment was introduced on the first floor. It involved designing a space that was visually clear, easy to navigate and provide opportunities for engagement and comfort. Contrasting colours on walls, floors and furniture helped residents to differentiate between various areas and objects. The inspectors heard how the dementia-friendly environment aimed to reduce stress, increase safety and improve the well-being of residents living with dementia.

Residents who spoke with the inspectors were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings. Residents said that their clothes were regularly laundered and returned to their rooms and that they did not have any complaints about the laundry service. Many residents had pictures and souvenirs from their own homes, which reflected their life and interests.

Residents informed inspectors that they liked the food and always got enough to eat. They said they could request alternative meals should they not like what was on the menu. Pictorial food menus were on display providing details regarding the variety of food, snack and drink choices offered on a daily basis. Residents were able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms. The food served to residents at lunch appeared nutritious and well-presented. Staff were knowledgeable of the residents' preferences including those with special requirements. A variety of drinks were

being offered to residents with their lunch. Residents' independence was promoted with easy access to condiments and drinks on each dining room table.

Residents expressed high levels of satisfaction with the quality of life they experienced in the centre. They had access to activities Monday to Sunday. A dedicated activity staff was on site to organize and encourage resident participation in events. Inspectors found that staff made good efforts to provide meaningful activities. One resident spoken with said that there were lots of activities to choose from and that in particular they enjoyed the outings, including a picnic at the beach and a trip to a local shopping centre.

The inspectors observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and were not restricted. Visitors who spoke with the inspectors said that they were happy with the care provided and felt it was a good place for their loved one to live.

One visitor informed inspectors that in the past they had expressed dissatisfaction at the length of time it took to gain entry and exit to the centre, especially at the weekends. However, when they brought the matter to the attention of management they introduced a new system on how to gain access to and from the centre out-of-hours, and had no further problem gaining access since. On the day of inspection, no complaints or concerns were raised and residents and visitors confirmed that they would not hesitate to speak with a staff member if they had any issues.

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

On the day of inspection, the inspectors found that residents in the centre benefited from well-managed resources and facilities. There was good leadership, good open channel of communication between the provider and the person in charge, and good governance and management arrangements in place.

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 (as amended), and inform the application to renew the registration.

The registered provider is MHLB Limited. The nursing home is part of the Virtue group. 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 their role by the Assistant Director of Nursing (ADON).

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided. It promoted transparency and responsiveness by accurately describing the designated centre's aims and objectives. It was publicly available and in an accessible format for people using the service.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call-bells were answered without delay and residents informed inspectors that they did not have to wait long for staff to come to them.

Volunteers enhanced the quality of life of residents within the centre and contributed to the lived experience. For example, they provided companionship to residents and were observed on the day of inspection accompanying residents on a walk to the beach.

Documents were available for review including, directory of residents and insurance contract were compliant with the legislative requirements.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas and 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. There was at least one registered nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 19: Directory of residents
The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.
Judgment: Compliant
Regulation 22: Insurance
There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place that identifies the lines of authority and accountability, specific roles, and detailed responsibilities for all areas of care provision.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.
Judgment: Compliant
Regulation 30: Volunteers
The person in charge ensured that individuals involved in the designated centre on a voluntary basis had their roles and responsibilities set out in writing. They received

supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspectors found that residents were supported and encouraged to have a good quality of life in the centre.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Medical cover was available daily, including out-of-hours.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

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, WiFi 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.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

The inspectors observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques and effective processes to mitigate the risks associated with the spread of infection. Progress in relation to actions from the previous inspection was evident on this inspection however, one action remained outstanding and will be discussed further under Regulation 27; Infection, prevention and control.

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Regulation 11: Visits
The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy.
Judgment: Compliant
Regulation 13: End of life
Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.
Judgment: Compliant
Regulation 17: Premises
The premises was of suitable size to support the numbers and needs of residents living in the designated centre. It was kept in a good state of repair and suitably decorated. The twin bedrooms viewed on inspection allowed for enough private space for each resident.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety. Staff confirmed, they completed and sent 'The National Transfer Document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information.
Judgment: Compliant

Regulation 27: Infection control
<p>Overall, the centre was clean and there was good adherence to the <i>National Standards for infection prevention and control (IPC) in community services (2018)</i>, with the exception of the following:</p> <ul style="list-style-type: none"> • A clinical hand washing sink was awaiting installation on the first floor. This was due to be installed by 30th June 2024 as per a previous inspection compliance plan. However, inspectors acknowledge that the sink was on-site and management gave assurance that it would be installed imminently.
Judgment: Substantially compliant
Regulation 28: Fire precautions
<p>Suitable fire systems and fire safety equipment were provided throughout the centre. Training records demonstrated that all staff received annual training in fire safety. Staff who spoke with the inspectors appeared knowledgeable on what to do in the event of a fire. Fire exits and escape pathways were noted to be clear from obstruction. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation.</p>
Judgment: Compliant
Regulation 6: Health care
<p>Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to to their general practitioner (GP) of choice and members of the allied health care team as required.</p>
Judgment: Compliant
Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. Inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment. The provider was not a pension-agent for residents.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moorehall Lodge Balbriggan OSV-0008302

Inspection ID: MON-0046829

Date of inspection: 01/05/2025

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The Clinical Handwash sink is scheduled for installation on Monday 26th May 2025.	

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	26/05/2025