

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Moorehall Lodge Drogheda
Centre ID:	OSV-0000737
Centre address:	Dublin Road, Drogheda, Meath.
Telephone number:	041 981 8400
Email address:	sean.mccoy@mhliving.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Moorehall Healthcare (Drogheda) Limited
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Manuela Cristea
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	105
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 February 2019 10:00	04 February 2019 18:00
04 February 2019 10:00	04 February 2019 18:00
05 February 2019 09:00	05 February 2019 17:00
05 February 2019 09:00	05 February 2019 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant

Summary of findings from this inspection

Inspectors evaluated the quality of care and life for residents with dementia living in the centre including the specific dementia care unit to be of a high standard. The focus of the inspection was on the provision of dementia care. The methodology included gathering the views of residents relatives and staff and assessing how residents with dementia experienced life and care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, medical records and staff files were reviewed.

In addition, a self-assessment form was completed by the provider in preparation for this inspection which identified performance against regulations and standards and highlighted ways to improve the service. The self-assessment and inspection findings are stated in the table above. Some of the improvements highlighted by management included the commencement of the meitheal programme with the specialist palliative care team with a view to providing education and support for all members of staff when they are caring for residents at the end stage of life and an observational audit of residents with night time sleep disturbances. The matters identified had been addressed or were in progress.

The matters arising from the inspection of the 3 October 2017 in relation to training staff in fire safety and recording the provision of recreational activities to residents on a one-to-one basis were addressed.

Since the last inspection notifications were reviewed and all matters including an allegation of abuse were satisfactorily actioned. Unsolicited information received by the Office of the Chief Inspector was reviewed and compliance in respect of the regulations identified were satisfactorily addressed with the exception of staffing which was identified as an area for further improvement during this inspection.

The health and social care needs of residents were met and there was evidence to judge that the end of life care was of a good standard. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet resident's needs. Medication management was satisfactory and the nutritional needs of residents were met.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the action to take if they witnessed, suspected or were informed of any abuse taking place. Policies and practices around managing responsive and psychological behaviours and using methods of restraint were satisfactory. The centre consists of six individual households and inspectors judged that the design and layout of the centre met residents' individual and collective needs.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The households Rosnaree and Newgrange caters for 10 residents each who have short term care needs including acquired brain injury, older persons care and physical and intellectual disability. Millmount and Mellifont households care for 20 residents each who have long term and short term care needs with Mellifont providing specialist care for people who have a dementia related condition. Beaulieu and Oldbridge households care for 24 residents each who have short term care needs, in particular, transitioning to home from hospital or requiring long term care from the acute hospital sector.

At the time of the inspection 73 residents were assessed as having high to maximum needs (34 maximum and 39 high), 29 residents had medium dependency and three residents were low dependency. Thirty four residents had some form of dementia.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a satisfactory standard through the provision of evidence based nursing and medical care.

A comprehensive and personalised assessment of residents' health and social care needs was undertaken prior to admission.

The majority of care plans were personalised and included a detailed profile of each resident, their life story as well as their medical and social care needs based on comprehensive assessment. However inspectors noted that not all care plans were reviewed at 4 monthly intervals, as the review date had been set incorrectly by the electronic record system. The person in charge took immediate steps to communicate with the company to address this matter. While some care plans provided a high detail of information in relation to the residents, inspectors noted that a few care plans, especially for the newly admitted residents, required further improvement in order to effectively guide staff in the delivery of care. See Outcome 3 for action plan in respect of the above noncompliances. This however, did not adversely impact on the residents as inspectors were satisfied that all staff were very familiar with residents' needs and specific care requirements.

Residents were assessed on admission and regularly afterwards for various risks such as falls, malnutrition, impaired skin integrity and oral decay. Preventative interventions were put in place where required and specialist referrals made.

Inspectors saw that when a resident was admitted, transferred or discharged to or from the centre appropriate information was readily available and shared between services. For residents with dementia a communication passport, completed in the first person was available providing detailed information about their specific needs, their likes and dislikes.

There were formal arrangements in place for the involvement of family and relatives in the care planning process at regular intervals. In one resident's bedroom inspectors saw a communication diary containing informal daily notes about how the resident's day had been and messages from relatives to staff. Another care plan alerted staff that the resident could not read or write so they needed to ensure that they were aware of what activities were available in the day.

Inspectors found that the health needs of residents were met. There was evidence that residents were seen regularly by their General Practitioner (GP). Residents were facilitated to attend specialist medical appointments and could avail of the national screening programmes relevant to them. Several allied health professional services were available in the centre such as occupational and physiotherapy, dietetics, wound care and speech and language therapy.

Staff were observed to provide care in a respectful and sensitive manner and demonstrated a good knowledge of residents' individual needs and preferences. This viewpoint was confirmed by relatives.

Medication practices were reviewed and found to be of a good standard. Inspectors saw evidence of regular medicine reviews completed by the pharmacist and GPs. In accordance with the household model, there were no drug trolleys in the centre and medication was supplied in multidose drug dispensing sachets rolls. When supplied, these were checked by two nurses against the prescription to ensure they were correct. Unused and out of date medicines were returned to the pharmacy. Photographic identification was available on each drug chart to ensure the correct identity of the resident receiving medication and reduce the risk of error. The prescription sheets reviewed were clear, stating whether the medication was to be 'crushed' or otherwise and had been signed by the GP. All as required medication (PRN) had a maximum dosage in 24 hours indicated.

Medicine administration times were regularly reviewed and adjusted to meet the needs of the residents. For example, if a resident had a tendency to wake up later in the day, the medication was prescribed for a later time. On admission or when residents had disturbed sleep patterns, the nurses completed a sleep diary for seven days. This was then reviewed by GP and medicines prescribed accordingly.

Residents' weights were recorded on a monthly basis and more regularly when clinical needs indicated. Nutritional assessments and care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate.

Throughout the inspection residents were seen to be provided with regular snacks and drinks. Diabetic options were available for residents with diabetes. Residents who required support at mealtimes were provided with discreet and timely encouragement and assistance by staff. Specialised coloured equipment was available to enable residents to eat independently. Each table was set with condiments, butter and jam dishes and had bowls with peeled freshly cut pieces of fruit that the residents could eat throughout the day. There was a pictorial menu in place and residents were also given the visual choice between two plated dinners and deserts at meal times.

A resident had been admitted with a grade 3 pressure ulcer. Documentation entitled "a skin bundle" was in place. Inspectors reviewed the care plan and the wound dressing regime and found that it contained comprehensive detail about the progress and had been regularly reviewed in conjunction with the tissue viability nurse. The dietician had recommended appropriate oral supplements to promote wound healing and preventative measures such as specialist mattresses, cushions and regular repositioning were in place.

Staff provided end of life care to residents with the support of the GPs and community specialist palliative services when required. Inspectors followed the care of one resident who was receiving end of life care. This was being provided to a high standard. An advanced care directive regarding the resuscitation status was in place and was signed by the GPs. There was evidence of the resident and family being consulted. An end of life care plan outlined the physical, psychological and spiritual needs of the resident and contained person centred information in relation to specific wishes such as choice of garments, place of repose and the religious rites chosen. There was evidence of anticipatory prescribing to maximise comfort at the end of life and the medication was available in the centre. The resident was comfortable, and the symptoms were well managed, including pain management. Staff used validated pain assessment tools to assess for pain based on behavioural and nonverbal indicators. Oral care and repositioning needs were regularly provided by staff. Inspectors spoke with the relatives who were complimentary of the quality of care provided at the end of life, praising staffs' commitment and dedication in ensuring they were also looked after as well as the resident. Visitors could stay as long as they wished and there was a relatives' room available in the centre which contained a double bed and had an en suite facility. Residents had access to a large oratory if they wished for funeral services. The centre was engaging in the meitheal programme, providing education in palliative care to all staff. As the household model is based on establishing emotional connections with the residents, delivering end of life care can be traumatic for staff. In these circumstances staff were offered counseling sessions if required when residents died.

Residents had a section in their care plan that covered communication needs and staff were familiar with this. There was a policy on provision of information to residents. Some residents were seen to be wearing glasses and hearing aids to assist communication.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff who communicated with the inspectors confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place.

There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern.

A notification in respect of an allegation of suspected or confirmed abuse to a resident was received by the Office of the Chief Inspector in July 2018. A full investigation had been carried out and safeguarding plans were implemented.

This matter was satisfactorily addressed. A further safeguarding issue was discussed during the inspection and it was clear that measures to safeguard the resident were in place and an independent advocate was involved.

A review of training records indicated that staff were provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. The staff were observed to be knowledgeable regarding residents' behaviours and were observed to use deescalating techniques effectively. The dementia care plans reviewed included a description of the types of behaviours which the resident sometimes demonstrated and provided guidance on strategies to prevent the behaviours and to calm the resident if the behaviour escalated.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails (5 in use) was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on associated hazards and offered alternative options such as low to floor beds. Staff were clear these measures were in a last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

There were systems in place to safeguard residents' money. The inspectors

communicated with the centre's financial service and it was confirmed that the centre acts as an agent for one resident and this money is held in a resident's account separate to the centre's account. The staff member responsible for residents' monies explained the systems regarding documenting transactions, for example, lodgements, withdrawals and balances, signatures of two staff being available on the records and confirmation that a policy/procedures, was in place to safe guard residents' monies. An individual set of circumstances was highlighted to inspectors and when this was disclosed to management it was evident that measures were being taken to address the matter. The financial services agreed to forward to the Office of the Chief Inspector a further update in respect of this matter.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The matter arising from the previous inspection related to documentation in respect of the provision of one-to-one activities for residents who were cognitively impaired. This was satisfactorily addressed.

The inspectors found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely.
They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns.

Resident's rights and dignity were upheld in every interaction and positive risk taking encouraged. For example, when a resident dropped a piece of puzzle on the floor and was attempting to retrieve it, the carer asked gently if they could assist but did not take over when the resident declined the help. On completion, the resident received praise and encouragement from staff. Choice was offered often, and when residents refused an option, it was respected.

There was evidence of good communication between residents and the staff team. The inspectors observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. Staff interacted with residents in a courteous manner and residents' privacy was respected as staff knocked on the residents' bedroom doors prior to entering.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the dining areas or communal rooms. Staff were observed to interact with residents in a warm and personal manner, using touch and eye contact appropriately and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

The inspectors spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations took place in the sitting/activity rooms, both in the dementia specific unit and in a unit for residents requiring long term care.

The inspectors observed that the staff members during the two observation sessions knew the residents well and connected with each resident, therefore scoring + 2.

The interactions observed were positive and connective, with staff engaging each resident according to their needs with eye contact gentle touch, humour and music. The conversation flow was natural and inclusive and all the residents were relaxed, engaged and active participants. The engagements were purposeful, for example one resident assisted with washing up while others were setting the cutlery on the table or folding napkins based on their abilities. The interactions observed showed good rapport between staff and residents and indicated good staff knowledge with meaningful conversation about the residents' neighbourhood and family. Reminiscence, sing song and imagination gym were therapies used to improve and maintain memory function during the observation periods.

While activity coordinating staff were employed in the centre two days a week, addressing the social needs of the residents was also integral to the role of healthcare assistants and homemakers. An activity schedule was prominently displayed, but throughout the day there were many non-structured activities in each household which occurred spontaneously using the butterfly techniques of seizing a moment to connect.

Over the two days of the inspection inspectors saw both limited engagement and wonderfully engagement.

One household due to staff shortages reflected limited opportunities for residents to engage in recreational activities as residents were observed spending part of the morning watching an exercise video but staff were not available to facilitate this programme. Again in the afternoon residents were observed watching television. Some residents mentioned to the inspectors that this was happening occasionally. This matter is further highlighted under outcome, 5 staffing. While in other households where staffing levels were sufficient there were a variety of scheduled and non- scheduled activities. These included flower arrangements, baking, laughter yoga, live music, a visit from the therapy dog and blessing of the throats.

Residents had the choice to attend activities in other households if they preferred. Music was popular and even outside the structured group music therapy session, inspectors observed spontaneous dancing and singing with staff and residents. Activity records contained details of the main activities that the resident had participated in during the day.

In the specific dementia unit, there was a relaxed atmosphere and the infusion of the cinnamon scent was inviting and welcoming. There was a designated low arousal area for residents assessed with more advanced dementia, where sensorial stimulation was used such as lights, sounds, smells. Staff were providing hand massage or one to one reading activities. The other side of the household was lively and busy with residents engaged in games, sing songs, knitting and chatting. Conversation was flowing and staff had good communication skills to activate and involve all residents. One staff was putting rollers in a resident's hair while discussing with the resident the great things she would see the next day at the hospital where she was going for an appointment. When the resident expressed apprehension, gentle reassurance and encouragement was provided by the staff member who described the lovely apple pie the resident would have in the cafeteria after the appointment. The resident expressed excitement and was then looking forward to the day trip. In the group activities there was gentle banter and spontaneous laughter.

Staff were empathetic and kind and knew the residents really well. They answered every time when a repetitive question was asked and reassured the residents. Throughout the household there were various other areas for residents to wander freely with alcoves and corners set as quiet spaces. There was a snug corner where a nursery space had been created with rocking chairs, cots and baby prams for doll therapy. The household was tastefully decorated and enriched with 'household items' to provide stimulation, engagement and create a focus of discussion.

The designated centre was awarded the butterfly award (2018-2019) which focuses on engaging residents in different ways to ensure emotional connections and better understanding of their needs. They were awarded this for their creative abilities in connecting with residents and making their lives more meaningful. For example, in front of each resident's bedroom there was a memory wall containing specific information to that resident based on their lives, hobbies and interests. When a new resident was admitted, a new wall was created. Staff demonstrated resourcefulness and imaginative creativity in their efforts to recreate what was meaningful for the residents. A resident who had been a pub owner a replica bar was created in a corner where the resident could sit and spend part of the day. Staff shared experiences with the resident chatting at the bar and drinking non-alcoholic ginger ale. A clothes boutique selling dresses was created for a female resident who worked as a seamstress. In the dementia household, each resident had a rummage memory box which contained meaningful items to spark conversation or stimulate their memories. Staff members found imaginative ways of presenting their work with residents for submission to the judges for the award ceremony. This included live videos.

There were formal residents' meetings and family forums as well weekly adhoc consultation sessions called 'the learning circles' where residents with dementia had an

opportunity to discuss various topics. These provided opportunities for staff to get to know the residents better as well as elicit their opinion in matters related to the running of the centre or to their daily lives and staff were eager to ensure their views were respected.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

As part of the butterfly project staff were trained to understand, encourage and support residents with reduced capacity to express any of their concerns safely. The residents also had access to trained advocates.

A policy/procedures were in place regarding the management of complaints and it met the requirements of the regulations. This procedure in leaflet format was on display.

There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy.

Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate.

A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not.

Satisfaction surveys reviewed by the inspectors indicated that relatives found that management and staff were approachable if they had a complaint.

Views expressed to the inspectors during the inspection in relation to residents' finances were immediately followed up and the registered provider representative agreed to communicate in writing to the Office of the Chief Inspector regarding the final outcome for the resident and relative.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The number of staff was not appropriate to meet the needs of all of the residents.

Each of the six households had an individual roster identifying staff nurses, care assistants and homemakers. In addition, there was a separate roster which identified household and laundry staff in each of the households and further rosters outlining catering, management, administration, maintenance, activity and the night staff nurse who is a point of contact if an emergency arises.

A review of the rosters, solicited information received by management, observation of practices, discussions with staff on duty and unsolicited information received by the Office of the Chief Inspector highlighted a deficit in staffing levels. There were a number of reasons for the deficits in staffing, but primarily, these related to the retention of staff and the management of an outbreak of an infectious disease. This was notified to the Office of the Chief Inspector and was satisfactorily managed. During this period core staff employed by the company worked additional hours and agency staff nurses were engaged. In order to ensure consistency in the care delivered the same staff from the agency provided a service.

At the time of the inspection there were four vacant staff nurse positions. It was highlighted that agency staff nurses were employed, but the person in charge and the two clinical nurse managers employed in managerial positions had to provide direct care which impacted on operational management.

From discussions with the human resources personnel it was identified that vacant staff nurse positions would be filled by mid February 2019 as management were actively recruiting. In this recruitment drive they were trying to anticipate future possibilities/risks that may negatively impact on the staffing numbers with a view to controlling/minimising these and having contingency plans in place.

The insufficiency of care staff and homemakers impacted on residents as it was identified that there were four full time vacant care positions and two homemakers. Management were trying to absorb the deficits from their current staffing levels, however, this was inadequate as inspectors saw that residents were not provided with social and recreational activities in accordance with their capacity and capabilities as care staff members had to provide direct care to residents in various households. This viewpoint was further corroborated by information received from relatives. Human resources personnel during a meeting on the second day of the inspection explained to

the inspectors the recruitment process. This identified that interviews were scheduled for 7 and 13 February 2019 and it was anticipated from these interviews that care staff members would be selected. However, an assurance was requested from the registered provider representative that alternative arrangements would be made to ensure that the vacant health care positions would be covered during the transitional period between interview and care staff being in place (that is the recruitment plan being fully implemented).

Following the inspection, the registered provider representative and the person in charge informed inspectors that agency staff were employed to address the deficits in care and homemaking staff in the interim period.

Samples of documents required to be held in respect of the person in charge and each member of staff regarding the person's identity, vetting disclosure, relevant qualifications, registration details, employment history and references were available for inspection and were found to be satisfactory.

Volunteers were working in the centre in accordance with the regulation. There was a clear organisational structure and reporting relationships in place which staff fully understood and were able to describe to inspectors.

The company has a rolling training programme and the records showed that staff had participated in up to date mandatory training for example fire safety, moving and handling, responsive behaviours and safeguarding vulnerable persons. The staff also had access to a range of education appropriate to their roles and responsibilities, including dementia care, palliative care/end of life and restraint.

The inspectors saw records of regular meetings at which operational and staffing issues were discussed. Copies of the regulations and standards were available.

Formal and informal supervision arrangements for staff were in place. Staff confirmed that they were supported to carry out their work by the registered provider representative and the person in charge. They were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care. Staff told inspectors that there were good supports available to them and there was good staff morale. Staff residents and relatives said the person in charge was approachable and available whenever they need to talk to her or to relay information. They considered that the person in charge was dedicated to the provision of residential care and provided the staff team with good leadership.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The designated centre is divided into six households each with its own front door, open plan sitting, dining room, kitchen and ensuite bedroom facilities.

Rosnaree and Newgrange households are located on the ground floor, Millmount and Mellifont households are situated on the first floor and Oldbridge and Beaulieu households are on the second floor.

The layout and design of this centre meets residents' needs.

The entrance to the centre was bright with a spacious reception area. Running left and right of the reception is a streetscape which depicts life in the town of Drogheda and surrounding areas down through the years. Facilities available were hair dressing salon, oratory, visitors' room, smoking facilities meeting areas and internet point.

Entrance to the first and the second floors had visitors' rooms and a landscape collage depicting the countryside and local scenes.

The physical environment of each household and communal areas were designed for residents' convenience and comfort and built on the principals of a home with the hub of each of the houses being the living/dining area with a kitchenette. The communal areas were safe and comfortable.

Bedroom accommodation consisted of 10 single full ensuite bedrooms in both Rosnaree and Newgrange on the ground floor, 20 single full ensuite bedrooms in the two households Millmount and Mellifont on the second floor and 22 single full ensuite bedrooms and one twin full ensuite bedroom in both Beaulieu and Oldbridge households on the second floor. Residents bedrooms were safe, comfortable and residents were able to retain their own personal possessions.

In addition, there were a variety of rooms for residents' and relatives' use, including a visitors' room available on each floor and laundry facilities for residents' own use if required. The centre also contained a main kitchen and laundry.

Each house also had an external area attached which residents could access. The buildings and grounds were maintained in a safe condition.

The premises were clean, hygienic, free from unpleasant odours and suitably decorated.

Where it was appropriate, the environment for residents, was regarded as a therapeutic resource, promoting well-being and functionality among residents with dementia. The environment was conducive to a lifestyle as close as possible to that of being at home. Acceptable levels of noise and stimulation were evident and residents had freedom and

choice of movement throughout the centre. Areas of quiet space for reflection and interactions with others were available.

Equipment was found to be in a good state of repair, with records of maintenance maintained. There were adequate adaptations to the building to ensure that the facilities were accessible to all. There was adequate heating and ventilation throughout.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The matter arising from the previous inspection in relation to training of staff in relation to fire safety precautions had been completed.

During this inspection the following hazards were identified for improvement: –

- Hoists were being charged and were blocking evacuation pathways.
- Non-working equipment was being stored in areas for staff use without appropriate signage to ensure that the equipment would not be used with residents.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Moorehall Lodge Drogheda
Centre ID:	OSV-0000737
Date of inspection:	04/02/2019
Date of response:	11/03/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The registered provider did not provide for all residents opportunities to participate in activities in accordance with their interests and capacities.

1. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Social and recreational activities are coordinated during each day and all residents will be invited to attend at household level and also to other social and recreational activities that will be taking place in other households. Individualised activities are in place for our dementia specific households in particular.

Proposed Timescale: 05/02/2019

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Reviews were not reviewed within a four monthly period. (in reference to regulation 5 (4))

Some care plans for newly admitted residents did not contain the information necessary in order to guide staff in the delivery of the residents' care.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

All newly admitted residents will have all their risk assessments and person centred care plans completed within 48 hours of admission. This process will be checked by the PIC/Care Manager 48 hours post admission.

Proposed Timescale: 05/03/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The registered provider did not ensure that the number and skill mix of staff was appropriate having regard to the assessed needs of the residents and the size and layout of the designated centre.

3. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

There is currently Agency staff nurses and carers to complete the roster.

We have and continue to implement a recruitment of carers and nurses to fill gaps. We have appointed 4 nurses since date of inspection

Proposed Timescale: 05/02/2019

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The following hazards identified during the inspection had not been assessed: –

- Hoists were being charged and were blocking evacuation pathways.
- Non-working equipment was being stored in areas for staff use with out appropriate signage to ensure that the equipment would not be used with residents.

4. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

Hoists are stored safely and securely in a designated location within each household. In addition, all non- working equipment has and will continue when needed to have appropriate “out of order” signage displayed

Proposed Timescale: 04/02/2019