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 Ardee
Name of provider:	Moorehall Living Limited
Address of centre:	Hale Street, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	27 September 2023
Centre ID:	OSV-0000147
Fieldwork ID:	MON-0041585

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 to125 male and female older persons, requiring both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite) care. The centre has 113 single rooms and 6 twin rooms. It is made up of two buildings linked by an external linked corridor. The philosophy of care adopted is the "Butterfly Model" which emphasises creating an environment and culture which focuses on quality of life, breaking down institutional barriers and task driven care, while promoting the principle that feelings matter most therefore the emphasis on relationships forming the core approach. The 'household model' has been developed to deliver care and services in accordance with the philosophy. The designated centre is a purpose-built two storey building and is situated in a retirement village which forms part of the local community. It is divided into five households; Anam Chara, Suaimhneas, Aoibhneas, Le Cheile and Misneach. 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:	94

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 27 September 2023	09:45hrs to 17:20hrs	Sheila McKevitt	Lead
Wednesday 27 September 2023	09:45hrs to 17:20hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

From what residents told inspectors and from what they observed residents were happy with the care they received in Moorehall Lodge Ardee. Those spoken with said it was a nice place to live.

Inspectors spoke with many residents who said they felt safe living in the centre and would have no problem approaching management or staff if they had any concerns.

Residents spoke positively about the staff. They said they were treated with respect and said there was always enough staff on duty. Inspectors saw that staff responded to residents call bells promptly and observed staff supervising residents in communal areas.

On the day of inspection residents were observed socialising together in the centre. There was a large open plan sitting and dining room in each household and these were decorated in a homely manner. Inspectors observed activities taking place, with a large number of residents participating in bingo on the day of inspection. Some residents were listening to music and reading the daily newspapers while other residents were resting and watching television.

Residents told inspectors they went out on the bus and they really enjoyed the trips out, they only had one bus driver at the moment so the trips were not as frequent as they used to be.

Residents told inspectors about the residents' forum where they planned their activities, gave feedback on the food and had a general chat about things which effected them in the designated centre. Residents told inspectors that they could get whatever they wanted to eat; ne resident said it was just like home, they still got bacon and eggs for their breakfast, which they always enjoyed.

Most bedrooms were decorated with personal belongings and had an adequate space for residents to store their personal belongings, however, including access to a lockable space. Laundry services were available in the centre and inspectors were told that resident's laundry was returned to their rooms by care staff.

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 provided.

Capacity and capability

Overall inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge with the support of a senior management team. The services were delivered by a well-organised team of trained competent staff.

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). The centre has a good history of compliance with the regulations and inspectors found that the provider had been responsive to the findings of the two previous inspections having addressed many of the action plans. However, this inspection identified that further improvements were required in some areas.

Moorehall Living Limited is the registered provider of Moorehall Lodge Ardee. The person in charge worked full-time in the centre and was supported by an assistant director of nursing, clinical nurse managers and a staff team of nursing, health care, household, catering, activity and maintenance staff. The person in charge and the management personnel who spoke with the inspectors demonstrated good knowledge of their roles and responsibilities, including oversight of resident care needs and welfare.

The centre was adequately resourced with appropriate staffing levels to meet the needs of residents. There was a full team of staff on duty which assured inspectors that the needs of residents were being met. Staff had access to appropriate training to ensure they could meet the needs of residents. However, a strengthening of the oversight of nursing practices was required to ensure all nursing care practices were evidence based.

Improvements were noted in infection prevention and control practices since the previous Infection Prevention and Control (IPC) inspection which took place on 22 July 2022. Inspectors saw that issues identified on that inspection had been addressed, however further improvements were required in relation to the installation of hand hygiene sinks and some issues identified under Regulation 28; Fire Precautions and Regulation 6; Health care .

An annual review was completed in respect of the manner and standard of services delivered to residents throughout 2022. The report contained evidence of consultation with residents and their families and a quality improvement plan for 2023.

Records were accessible, those reviewed, such as the statement of purpose, the directory of residents, contracts of care, temporary absence and discharge paper work and staff files and were fully compliant with the legislative requirements. However, the resident's guide required further review to ensure it met the legislative requirements.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre who met the requirements of the regulation.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspectors for review and evidenced that all staff had up-to-date mandatory training together with other relevant training. Inspectors saw evidence that those staff due updated mandatory training were scheduled to attend updates in the coming weeks.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and was up-to-date. It contained all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 21: Records

All the required documents outlined in schedule 2, 3 and 4 were available for review.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the robust governance and management arrangements and responsibilities assigned to the management personnel to oversee the service, inspectors found that further strengthening of managerial systems and enhanced oversight of premises were required to address a number of issues identified on this inspection;

- Management systems did not ensure that premises were maintained in line with Statement of Purpose and condition of registration. For example, external structures built for storage during the pandemic were found to obstruct residents' access to outside space.
- Management systems in place did not identify and address some issues that impacted on fire safety, as further described under Regulation 28; Fire Precautions.
- Previous commitments given in the compliance plan from previous inspection had not been completed, such as the installation of clinical hand wash sinks to support effective hand hygiene.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were reviewed. Each contract reviewed was signed by a representative of the registered provider and a representative of the resident, or the resident. The contracts included the terms of residency, including room number and room type. All services to be provided to residents were detailed in the contracts. Each contract detailed the fees to be charged and included a schedule of fees for services provided.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, which was reviewed and updated by the registered provider. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There was one person involved on a voluntary basis with the designated centre. The required documents were available for this person including a garda vetting report and an outline of their roles and responsibilities.

Judgment: Compliant

Quality and safety

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 since the last inspection in relation to Infection Prevention and Control, however, further improvements were required under Regulation 27; Infection Prevention and Control, Regulation 28; Fire Precautions, Regulation 20; Information for Residents and Regulation 6; Health care.

While established infection prevention and control practices were maintained, there were a limited number of clinical hand wash sinks available to staff. Inspectors observed some clinical hand wash sinks available did not meet the required standard for clinical wash hand sinks.

Staff working in the centre were committed to providing quality care to residents. However, some nursing care practices were not evidenced based. For example, inspectors observed incontinence sheets being used on some residents' beds. Their use did not reflect evidenced based nursing care and had the potential to increase the risk of pressure ulcers developing, thus negatively impacting on the residents.

Staff spoken with were aware of appropriate steps to take to respond to any safeguarding concerns. There was a residents guide made available to residents however this needed updating to reflect the availability of independent advocacy services and the right to appeal to the Ombudsman regarding a complaint.

Residents who were approaching end of life received all the appropriate care. A detailed end-of-life care plan was in place for each resident, and the resident was involved in the care plan and supported by family or their appointed next of kin. Suitable facilities were available to residents' families when residents were receiving end-of-life care. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents. Inspectors observed that residents' wishes and

preferences were sought in a timely manner to ensure their end-of-life care needs were respected.

Inspectors observed that overall the centre was clean and maintained, there was evidence of systems in place for cleaning and maintenance however there were some issues identified under fire precautions, Regulation 28, that needed to be addressed. These included two fire doors not closing properly and fire exit mechanisms at fire doors requiring review. The inspectors also saw that a temporary structure built during the COVID-19 pandemic was still in situ and was being used for storage. This structure blocked an access door to the courtyard and therefore did not allow for full access to outside area for residents.

The designated centre had adopted the National Transfer document, which was used where a resident was transferred to and from acute hospital. It contained all relevant resident information including infectious status, medications and communication difficulties, where relevant. When a resident returned from another designated centre or hospital, all relevant information was obtained by the designated centre.

The centre identified they were a pension agent for six residents and inspectors found that this was being managed in line with Department of Employment and Social Protection guidelines.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely and where a resident had specialist communication requirements these were recorded in the resident's care plan.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with adequate storage space and there was a system in place for laundering residents clothes.

Judgment: Compliant

Regulation 13: End of life

The person in charge had ensured that where a resident was approaching the end of life, appropriate care and comfort, which addressed the physical, emotional, social, psychological and spiritual needs of the resident concerns was provided.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the number and needs of the residents and were in accordance with the centre's statement of purpose.The centre was well maintained in a good state of repair. It was well laid out to enable orientation and independence, such as space for residents to walk around freely, good lighting, safe floor coverings and handrails along both sides of corridors. The layout and type of furniture was appropriate to meet residents needs. The décor assisted to orientate residents. The centre was well lit, heated and ventilated throughout. All areas were clean and well maintained.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents; however, it did not contain all the information as per the requirements of the regulation. For example, the procedure for complaints was not outlined in detail and had not been updated to reflect arrangements for independent advocacy or referral to Ombudsman.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service such as, general practitioner (GP) and nursing transfer letters. Those residents who had been admitted from the acute sector or other services had all the relevant information sought in relation to them. These documents included, medical and nursing transfer letters, copies of any relevant inter-disciplinary assessments and their current medication prescription.

Judgment: Compliant

Regulation 27: Infection control

While good practices were observed, there was a limited number of clinical hand wash sinks in the centre. This was a recurrent finding from a previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors were not assured that the management and maintenance of fire doors and the means of escape was appropriate to support effective containment and evacuation, as the following issues required review:

- There were gaps identified on the bottom half of two external fire doors, both doors appeared warped and were not closing correctly.
- A number of fire exit doors had key coded pads inside the doors others had a key behind glass, however these were up high on the wall and were not easily accessible. There were no break glass boxes at some fire doors. All external fire doors required review to ensure they were functioning correctly and could be opened without delay in the event of fire.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were facilitated to attend training in recognising and responding to a suspicion, an incident or disclosure of abuse. All staff were appropriately vetted prior to working in the designated centre.

The centre was a pension-agent for six residents. These processes were reviewed and the inspector saw that the residents monies were going into a separate bank account in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities. Residents had access to television, radio, daily and weekly newspapers.

Judgment: Compliant

Regulation 6: Health care

Protective bed linen in use on residents beds was not in line with evidence based practice. It had the potential to promote pressure ulcers developing particularly those residents' that had been identified as at risk of developing pressure ulcers.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for Moorehall Lodge Ardee OSV-0000147

Inspection ID: MON-0041585

Date of inspection: 27/09/2023

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Moorehall Lodge Ardee has effective leadership, governance and management arrangements in place with clear lines of accountability. Both The DON, ADON and 2 x CNM work supernumerary. The service is supported by a Human Resources Manager and the Registered Provider Representative. Weekly governance meetings take place between the DON/ ADON and Registered Provider representative. There is also a weekly Human resources meeting and a fortnightly facility meeting to enable a comprehensive review of the service. There is an auditing schedule in place and is completed by the DON, ADON and CNM.

The temporary structure identified on the day of inspection will be dismantled and removed from the site and will be competed on 9/11/23. A further review of the nursing home has found no other structures or variations and match the plans detailed in the statement of purpose.

The functioning of the fire doors is checked and recorded weekly during the testing of the alarm system. This check has now been expanded to include a visual check of the door itself to highlight and wear, tear and general condition of the door. Any defects will be noted and recorded on the maintenance system, Maintain X.

A review of clinical handwash sinks was undertaken post inspection. Following completion of the work, there will be a minimum of 2 clinical handwash sinks in each household by 13/11/23

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
Moorehall Lodge Ardee has notice boards in each household to ensure that residents are informed and up to date with current events occurring within the nursing home. A Monthly resident forum is scheduled and completed with minutes taken. An action plan is formulated where necessary. Minutes are placed on the notice boards. Upon admission all residents are given a copy of the resident's guide, SOP and complaints policy.

The resident guide was reviewed on the 7/11/23 with the updated complaints procedure to include:
• Time frame for acknowledging and responding to complaints.
• Independent Advocacy
• Referral to the Ombudsman

This was completed on 7/11/23 and is in circulation since 7/11/23

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Moorehall Lodge Ardee has a comprehensive infection control policy in place that is updated regularly in line with current best practice. Policies are easily accessible for all staff. All staff complete infection control training prior to commencing employment. This includes Infection, Prevention and control, hand hygiene, respiratory and cough etiquette, donning and doffing PPE. There is a cleaning schedule in place for daily and deep cleaning of the home. Shared equipment is cleaned in designated areas and tagged, signed and dated when complete Staff have access to Alcohol Hand Rub that is available via dispensers throughout the home. There are scheduled quarterly infection control audits, Bimonthly Environmental audit and monthly hand hygiene audits.

A clinical handwash sink that was identified as not meeting the required standard will be replaced on 13/11/23. An area in the same household has also been identified for an additional hand wash sink. In another household an additional hand wash sink is being installed in the clinical room. Clinical Handwash Sinks are onsite and due to be installed 13/11/23. After completion of the work there will be a minimum of 2 handwashing sinks in each household.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All staff attend mandatory in-house fire training annually. Monthly compartmental fire drills are conducted, recorded, and discussed and any learning identified will be recorded on Quality Improvement plan which is shared with all staff and discussed at team meetings.
The fire alarm is tested once a week. An external company conducts an annual audit on fire safety. Fire extinguishers are checked annually. The fire panel is inspected quarterly.

Audit of external fire doors (Final Exits) was conducted on the day of inspection 27/9/23. It highlighted that five doors did not have a red break glass unit beside the keypad. Work orders were submitted on 27/9/23. Work is scheduled for completion by 10/11/23.

The doors identified on the day of inspection were reviewed by the door company on 6/10/23. Doors were adjusted and rectified to ensure complete closure. However, these have since been reviewed in the weekly door checks and require further review by the door company. This will be completed by 30/11/23

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All residents in Moorehall Lodge Ardee are registered with a General Practitioner and regularly assessed when required. The home also has links with Allied Healthcare Professionals and referrals are made as required. The GP visits once a week or sooner if required.

Following the inspection, a full review was conducted on the use of protective bed linen in each household within Moorehall Lodge Ardee. All washable incontinence sheets have now been removed from every household within the home. Completed 9/10/23.

The use of incontinence sheets will also be an agenda item in further team meetings to educate staff with current evidence-based practice.

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 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	07/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/11/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	13/11/2023

	infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/11/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	09/10/2023