



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

## Issued by the Chief Inspector

Name of designated centre:	Moorehall Lodge Drogheda
Name of provider:	Moorehall Healthcare (Drogheda) Limited
Address of centre:	Dublin Road, Drogheda, Meath
Type of inspection:	Unannounced
Date of inspection:	25 February 2020
Centre ID:	OSV-0000737
Fieldwork ID:	MON-0028772

## About the designated centre

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

The designated centre provides twenty-four hour support and nursing care to 108 male and female older persons, requiring both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite) care. The philosophy of care adopted is the "Butterfly Model" which emphasises creating an environment and culture which focuses on quality of life, breaking down institutional barriers and task driven care, while promoting the principle that feelings matter most therefore the emphasis on relationships forming the core approach. The 'household model' has been developed to deliver care and services in accordance with the philosophy. The designated centre is a purpose-built three storey building situated on the outskirts of a town. It is divided into households; Rosnaree and Newgrange households, located on the ground floor, Millmount and Mellifont households situated on the first floor and Oldbridge and Beaulieu households on the second floor. Each household has its own front door, kitchen, open plan sitting and dining room.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	106
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 25 February 2020	10:00hrs to 15:00hrs	Siobhan Kennedy	Lead
Tuesday 25 February 2020	10:00hrs to 15:00hrs	Ann Wallace	Support

## What residents told us and what inspectors observed

A household model of care underpins the provision of care and services in the designated centre. Residents are accommodated in "households" each with its own front door. Facilities and services are provided around the kitchen which is the hub of the household unit. The home maker role is central to how care and support are provided for the residents. This role underpins the model and helps to ensure that care and support staff are providing holistic, person centred care to residents.

Residents told the inspectors about how life operates within the household units. They described their daily routines, activity plans and interactions with the local community. Residents confirmed that they were offered the opportunity to make decisions about all these matters and expressed their satisfaction with the support and assistance provided by staff. They were able to identify a staff member whom they would speak with if they were unhappy about something in the centre. The inspectors observed that residents were well dressed and personal hygiene and grooming were attended to by care staff.

The designated centre was awarded the butterfly award (2018-2019) which focuses on engaging with residents in different ways to ensure there are good emotional connections and a better understanding of the individual residents' needs. On this inspection the inspectors observed that staff used a variety of techniques to connect with residents in order to make their lives more meaningful. For example, in the dementia unit there was a memory wall located close to the resident's bedroom. This wall contained specific information to the resident based on their lives, hobbies and interests. Staff demonstrated resourcefulness and imaginative creativity in their efforts to recreate what was meaningful for the residents. For 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. A clothes boutique selling dresses was created for a female resident who worked as a seamstress. There were rummage memory boxes and shelves which contained meaningful items to spark conversation or to stimulate the residents' memories.

The inspectors observed that staff interactions with the residents they cared for were positive and connective with staff engaging each resident according to their needs and capacity. For example staff were seen to use good eye contact, gentle touch, humour and music to engage with residents in a meaningful way. Staff used calm reassuring tones of voice to engage with those who became anxious, restless or agitated. The conversation flow was natural and inclusive and indicated that staff were knowledgeable about the residents' previous history, neighbourhood and family.

The inspectors observed residents enjoying group and one-to-one activities organised by the activity home maker and care staff. Throughout the day inspectors observed a number of non-structured activities happening in the different household units. These activities occurred spontaneously using the

butterfly techniques of seizing a moment to connect with the individual(s). Activities included flower arranging, music, and reminiscence. There was great fun, anticipated excitement and enjoyment as residents participated in a game of skittles in one unit. On another unit residents were keen to show inspectors their art work. In the group activities there was gentle banter and spontaneous laughter. Positive risk taking was encouraged and residents were seen mobilising around the units either independently or with the support/supervision of staff.

There were close links between the designated centre and the local community. Relatives and friends were seen visiting throughout the day of the inspection. Relatives were complimentary about the services and care provided to their relatives and of the support they themselves received from staff and managers in the designated centre.

Residents' privacy was respected as staff knocked on the residents' bedroom doors prior to entering.

The households were tastefully decorated and enriched with 'household items' to provide stimulation, engagement and create a focus for discussion. Throughout the households there were various areas for residents to wander freely, with alcoves and corners set as quiet spaces for residents to sit. Some residents were happy for the inspectors to see their private bedroom accommodation and they confirmed that the layout of their rooms provided them with sufficient personal space for their clothing and personal items. They acknowledged that the staff members kept the bedrooms neat, tidy and clean. Residents were encouraged to bring in personal mementos, souvenirs and photographs to make their bedrooms feel like home. Many of them availed of this opportunity.

## Capacity and capability

The inspection was carried out to inform a decision in relation to an application made by the provider to increase the number of residents that could be accommodated in the designated centre from 108 to 121 residents. The inspectors spent part of their time reviewing the 13 new bedrooms and assessing how the increase in resident numbers might impact on the current residents. In order to do this the inspectors spoke with residents, families and staff and spent time in the communal areas and observing the day to day lives of the current residents.

Inspectors saw that the leadership and management of the service was effective in ensuring that a good quality and safe service was being provided for the residents in the designated centre. Inspectors found that the provider and the person in charge had put the appropriate measures in place to ensure that the current residents

would not be negatively impacted on by the planned changes. Residents and their families had been consulted about the changes and were aware of the planned increase in resident numbers. Management had systems and processes in place to ensure that there would be sufficient staff recruited to meet residents' needs and to ensure that any new residents would be admitted on a phased basis in line with centres ethos of care and stated aims and objectives.

Three actions in relation to staffing, the provision of social activities and health and safety arising from the dementia thematic inspection carried out in February 2019 had been fully addressed by the registered provider representative (RPR) and person in charge.

Prior to the inspection, the application dated the 20 January 2020 seeking approval to register an additional 13 beds (an increase from 108 to 121) and the required documentation was submitted by the registered provider representative (RPR). A review of the information showed that the floor plan and the statement of purpose outlining the facilities and services corresponded to the findings on inspection.

There was a clear organisational structure and reporting relationships in the centre. The RPR and the person in charge facilitated the inspection process.

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Staff morale was good which helped to create a positive and happy environment for the residents.

The inspectors observed good interactions between staff, residents and visitors which helped to create a positive and welcoming atmosphere in the centre.

A staff member from the human resources personnel informed the inspectors that recruitment was ongoing for new staff in order to facilitate the opening of additional beds. Inspectors found that recruitment was conducted in compliance with employment and equality legislation, including the appropriate Gardai vetting procedures.

Staff had access to a range of ongoing training appropriate to their roles and responsibilities and they were supported to carry out their work by the RPR and the person in charge. Staff were confident, well informed and knowledgeable about their roles. Staff were seen to take responsibility for their work and were clear about the standards of care and services to be delivered for residents.

The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. Complaints were investigated in accordance with the procedures and processes.

Appropriate notifications were received by the Office of the Chief Inspector.

## Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The applicant, the registered provider representative (RPR) was seeking approval to vary the registration of the centre (condition 7) by increasing the maximum number of residents that can be accommodated in the designated centre from 108 to 121. This has been due to an internal reorganisation of the facility on the ground and first floor within the current footprint of the designated centre. Reconfiguration has entailed the following:

- the creation of 10 new single en suite bedrooms in the Rossnaree household
- a new single en suite bedroom in Newgrange household
- a new twin en suite bedroom in Millmount and Mellifont household
- relocation of laundry and
- creation of new office/meeting room.

The application and associated documents including the statement of purpose and floor plans submitted to the Office of the Chief Inspector reflected the designated centre on inspection.

Judgment: Compliant

## Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative and is accountable and responsible for the provision of the service.

Judgment: Compliant

## Regulation 15: Staffing

The numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of 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.

At the time of the inspection there were staff vacancies, however the human

resources department confirmed that staff were recruited to fill these vacancies. In addition, interviews were being scheduled in order to facilitate the staff required to open up the additional beds.

Recruitment procedures were robust ensuring that schedule 2 documents were in place including appropriate vetting and as a result appropriate staff were recruited in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control, challenging behaviour and protection of residents from abuse.

Staff were appropriately supervised.

Judgment: Compliant

### Regulation 21: Records

Records were maintained in accordance with Regulation 21 and were accessible to the inspectors. Records were stored securely and access to confidential information was managed appropriately.

Judgment: Compliant

### Regulation 22: Insurance

The provider had appropriate insurance against injury to residents and damage to residents' property. The insurance was up-to-date.

Judgment: Compliant

### Regulation 23: Governance and management

Management of the changes associated with the refurbishment was effective. The

reconfiguration of the centre (additional en suite bedrooms, relocation of the laundry facility and new administration rooms) had been carried out to a high standard and will provide quality facilities/services to residents.

An effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

Systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance.

The leadership and management ensured that care and services were person centred in line with the centre's statement of purpose and stated objectives. As a result the ethos of person centred care was evident in staff practices and attitudes.

The deployment of sufficient resources including staff, equipment and facilities ensured the delivery of good quality, effective and safe care/services for the residents.

The annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and contained a quality improvement plan.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the information set out in Schedule 1 of the regulations. The facilities and services described in the statement of purpose corresponded with the findings on inspection. The RPR agreed to further update the document in relation to the recent changes in the organisational structure and the admissions schedule for the new bedrooms.

Judgment: Compliant

### Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents and their families said that their complaints and concerns were listened to and acted upon in an effective manner.

Records showed that one ongoing complaint was being managed in accordance with the centre's policy and procedures. The RPR agreed to keep the Chief Inspector

updated regarding this matter.

Residents and relatives did not raise any concerns during the inspection.

Judgment: Compliant

## Quality and safety

The inspectors found that the care and support residents received was of a good quality and ensured that they were safe and well supported. The design and layout of the premises was appropriate for the current residents and ensured their comfort, privacy and well-being. Residents' lived experience reflected their lifestyles and ensured that their rights were upheld in the residential setting.

A number of residents who spoke with the inspectors confirmed that they were offered opportunities to exercise their choice in a range of matters, for example, the daily routines and day-to-day running of the centre.

Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives.

There was evidence that residents had access to an independent advocate.

Managers and staff were working towards a restraint free environment and where restraints were used this was done in for the shortest time and in the least restrictive manner. As a result residents were supported to be independent and to spend their day as they chose.

Policies and procedures were implemented that ensured residents were protected from abuse and staff who spoke with inspectors were clear about their responsibilities to keep residents safe from abuse and to report any concerns.

Effective arrangements were in place to manage risk and protect residents from the risk of harm. This included fire safety precautions, infection prevention and control and risk management processes.

The inspectors saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities. The household model was well established in the designated centre and helped to ensure that residents received care and services to meet their needs and which upheld their dignity and individuality.

## Regulation 12: Personal possessions

Resident had access to and retained control over their personal property and possessions.

They had adequate space to store and maintain their clothes and other personal items.

The new bedrooms had sufficient space for residents' possessions.

Judgment: Compliant

## Regulation 17: Premises

The layout and design of the centre met residents' needs. The centre was divided into six households each with its own front door, open plan sitting, dining room, kitchen and en suite bedroom facilities.

The entrance to the centre was bright with a spacious reception area and a comfortable coffee dock. Running left and right of the reception was a street scape which depicted life in the town of Drogheda and surrounding areas down through the years. Facilities available included; a hair dressing salon, an oratory, a visitors' room, a smoking room, an internet point and several comfortable seating areas where residents could meet with friends and family. Entrance to the first and the second floors included a visitors' rooms and a landscape collage depicting the countryside and local scenes.

The physical environments of each household and communal area 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. The communal areas were safe and comfortable and were well used by the residents during the day. Inspectors found that the communal areas would be sufficient to accommodate the increased numbers of residents planned for the centre.

Residents' bedrooms were spacious, comfortable and residents were able to retain their own personal possessions. Many of the bedrooms were personalised with photographs and pictures that the residents had brought in from their homes. The additional bedrooms, two twin and 11 single were all en-suite with shower facilities and provided comfortable private space for potential new residents. bedroom wardrobes and personal lockers and shelving was available for residents to store their possessions. The twin bedrooms had appropriate privacy screening in place.

New laundry facilities had been included in the changes to the centre. The new laundry was spacious and well organised which enabled laundry staff to adhere to

infection prevention and control procedures and protocols.

The centre also contained a main kitchen and all meals were freshly prepared on the premises.

Each household unit had an outside space which residents were able to access either independently or with the support of a staff member. The buildings and grounds were well maintained and provided a safe environment for the residents. The premise was clean, hygienic, free from unpleasant odours and suitably decorated.

The environment for residents, 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 and appropriate heating and ventilation throughout.

Judgment: Compliant

## Regulation 28: Fire precautions

Overall, the registered provider representative RPR had taken precautions against the risk of fire including providing suitable fire fighting equipment and making adequate arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures. However the following matters required attention:

- a fire safety certificate in respect of the additional bedrooms to be submitted to the Chief Inspector
- appropriate evacuation pathways to be constructed through two garden areas to the final fire exit to assist residents with mobility problems to be evacuated in the event of an emergency
- ski sheets to be provided in each of the new bedrooms to assist in evacuation procedures
- fire doors to be checked to ensure that they are aligned and close in the event of an emergency
- update floor plans for locating residents in the event of an evacuation and
- ensure that storage under a stairway is not a fire hazard.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Opportunities were made available for residents to participate in meetings so that they could share their views of the organisation of the centre. Records of resident meetings showed that they had been kept informed about the planned changes to the designated centre.

Residents were encouraged to participate in the social and recreational programme and most residents were seen to be engaged in group or individual activities. Residents said that they enjoyed the activities on offer especially the arts and crafts sessions. There was evidence that various local community groups visited the centre to entertain residents.

An independent advocacy service was available to residents and the services were being provided to a resident and their family.

Residents were supported to lead their lives as they wished and daily routines were found to be organised around the resident's preferences for daily life and their care needs. Staff were knowledgeable about each resident's preferences for care and as a result care was person centred.

Inspectors observed visitors and staff chatting with residents. Visitors said they were made welcome and were encouraged to be involved with the resident's life in the designated centre.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Moorehall Lodge Drogheda OSV-0000737

Inspection ID: MON-0028772

Date of inspection: 25/02/2020

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"><li>1. Fire safety certificate in respect of the additional bedrooms submitted to the Chief Inspector on the 28th April 2020</li><li>2. Construction of evacuation pathways through two garden areas to the final fire to be completed 15th May 2020.</li><li>3. Ski sheets were available on the day of the inspection and were positioned in each new bed by 25th February 2020.</li><li>4. Fire doors in question are checked weekly.</li><li>5. Updated floor plans for locating residents in the event of an evacuation completed on the 28th February 2020</li><li>6. Storage under a stairway cleared and checked weekly.</li></ol>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	25/02/2020
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/05/2020
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	25/02/2020
Regulation 28(2)(iv)	The registered provider shall make adequate	Substantially Compliant	Yellow	15/05/2020

	arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	28/02/2020