

**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
Provider Nominee:	Sean McCoy
Lead inspector:	Jillian Connolly
Support inspector(s):	Philip Daughen
Type of inspection	Announced
Number of residents on the date of inspection:	84
Number of vacancies on the date of inspection:	24

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 February 2015 10:00	25 February 2015 18:00
26 February 2015 07:30	26 February 2015 15:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Moorehall Lodge Drogheda is a nursing home located in Co. Meath. The nursing home is one of two nursing homes operated by Moorehall Healthcare Limited. The nursing home was first registered under the Health Act 2007 in 2012 to provide services to 60 residents. In November 2014, the conditions of the registration were varied following an inspection conducted in October 2014. The variation was to increase the occupancy of the centre from 60 to 108. This was as the second floor, which was initially not registered, was ready for occupancy.

The statement of purpose and function refers to the individual units of the designated centre as houses and the provider nominee informed the inspector that

the organisation is structured around the 'Household' model. The inspector was informed that the aim was for communal areas to be designed for residents' convenience and comfort and built on the principals of home. In practice the inspector observed that the features of the model included each house having their own front door inclusive of post box and door bell. Each house also had a kitchenette and a homemaker which was a staff member who was employed to exclusively ensure that the communal areas of the house were homely and needs outside of care activities were met, such as ensuring that residents could have a cup of tea whenever they wished or that activities were available throughout the day.

There were five houses operational on the day of inspection, with 84 residents. The sixth house was not as yet occupied.

The purpose of this inspection was following an application from the provider to the Chief Inspector to renew the registration of the designated centre. Fourteen residents completed questionnaires which were provided to inspectors and provided feedback on the service they received. On inspection, inspectors observed practice, reviewed documentation, inspected the premises and spoke with residents and staff. Inspectors found that the governance and management systems provide for a safe and quality service. Feedback obtained from residents was positive in respect of the service provided and residents feeling safe. Staff spoke positively about residents and were observed engaging with residents in a dignified and respectful manner.

Eighteen outcomes were inspected on this inspection and eleven outcomes were judged to be compliant. Substantial compliance was identified in five of the outcomes and moderate non-compliance was identified in two outcomes.

The action plan at the end of the report identifies areas where mandatory improvements are required in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

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

Findings:

Inspectors reviewed the Statement of Purpose of the designated centre and confirmed that it contained all of the items as required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The findings of the inspection also confirmed that the Statement of Purpose was implemented in practice. An action arising from the previous inspection was that the Statement of Purpose did not identify the specific needs that the twin rooms in the designated centre could meet. The Statement of Purpose had been updated following on from this and stated that a criteria for admission to these rooms was that residents who required assistance of equipment which may infringe on their privacy and dignity would not be admitted to the rooms. This was implemented in practice on the day of inspection; however inspectors found that an additional review was required of the admission criteria to these rooms as stated in Outcome 12 to ensure that the privacy and dignity of residents was safeguarded.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

From observing practice, speaking to residents and staff and documentation such as staffing rosters, inspectors determined that the designated centre was resourced effectively to ensure the effective delivery of care in accordance with the Statement of Purpose. There was a clearly defined management structure in place. Within each of the houses, there were staff members identified as team leaders with responsibility for staff supervision and co ordination of care activities on a day to day basis. They in turn report to the person in charge, who reports to the provider nominee. There was also additional personnel available, inclusive of two acting care managers, human resources and administration personnel.

Audits were regularly undertaken to ascertain that if the services provided were safe and effective and meeting the needs of the residents. Inspectors reviewed the quality review management plan for 2015 which demonstrated that there was a clear plan in place to ensure pertinent areas such as medication management, wound management, incident reports and end of life care are audited regularly. Inspectors also reviewed a sample of audits which had been undertaken and confirmed that they informed improvements in practice, such as medication management which was conducted in conjunction with an external party.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

As part of the application to renew the registration of the designated centre, the registered provider submitted a residents' guide to the Authority. Inspectors reviewed the document and confirmed that it contained all of the information as required by regulation. For example, it had a summary of the services and facilities in the centre. It also outlined the rights and responsibilities of the resident and the provider. The procedure to be followed in the event of a resident wishing to make a complaint and the arrangements in place for visitors.

The services provided include long term residential care and respite care. Inspectors reviewed a sample of residents' written agreements and determined that amendments

were required to ensure compliance with regulation was achieved. Inspectors confirmed that since July 2013, the registered provider had an agreement with each resident on admission. This included residents receiving respite care. However on review of the contracts for residents receiving respite, the primary focus was on any additional charges which may be incurred such as hairdressing etc. The agreement did not adequately include the terms and conditions in which the resident shall reside in the centre as required by Regulation 24 (1) or the services to be provided and the fees, if any, to be charged. Inspectors discussed this with the person in charge on the first day of inspection. On the second day of inspection, the inspectors were provided with a sample of updated contracts which demonstrated that this was amended. The provider subsequently wrote to the Authority the day after the inspection to confirm that the contracts had been updated to state that the fees for services were paid by the Health Service Executive on behalf of the resident.

Of the contracts reviewed for residents in receipt of long term care, there was also a review required. In some instances there was no signature of the resident in place. In other instances, there was no breakdown of the fees charged. For example, the overall weekly charge was documented however it was not clear the actual cost to the residents and the amount which was being funded by the Nursing Home Support Scheme or otherwise. The provider confirmed in writing to the Authority, the day after inspection, that this had been reviewed and the agreements amended to reflect same.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors met with the person in charge at the commencement of the inspection. The person in charge was also present throughout the inspection and at the feedback meeting at the conclusion of the inspection. Inspectors confirmed that the person in charge is a registered nurse and has more than 3 years' experience of nursing older persons within the previous six years as required by Regulation 14 (3). Inspectors confirmed that the provider had ensured that the documents specified in Schedule 2 were submitted to the Authority as required by regulation. The person in charge also had more than three years experience in a management capacity of care of the older person services.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors confirmed that the documents as required by Schedule 5 were maintained in the designated centre. As stated in Outcome 18, inspectors reviewed a sample of staff files and confirmed that the records as required by Schedule 2 were also maintained in the designated centre.

In the main the records as required by Schedule 3 and 4 were maintained in the designated centre, however there were improvements required for full compliance with regulation. There were deficits identified in the directory of residents as it did not consistently contain the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre. This had been identified by the person in charge since they commenced their post and the most recent admissions were accurate. However as the records are required to be maintained for a period of seven years, non-compliance remained. There was also an absence of dates on transfer documents to the acute setting.

As stated in Outcome 8, the records in respect of the maintenance of the electronic magnet locks and catches were not present in the designated centre on the day of inspection.

As part of the application to register the designated centre, the provider submitted evidence that they had effected a contract of insurance against injury to residents.

Judgment:

Substantially Compliant

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the***

management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge has not been absent from the designated centre for more than 28 days since the commencement of their post in August 2014. Therefore it was not necessary for the registered provider to give notice in writing to the Chief Inspector of the proposed absence as required by Regulation 32 (1). The registered provider demonstrated to inspectors their knowledge of this requirement. They further demonstrated knowledge of the requirement to have procedures and arrangements in place for the management of the designated centre in the event of such an absence. The provider has identified members of the management team who would manage the centre in the event of this occurring as a result of an emergency.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The designated centre had policies and procedures in place regarding the protection of older people. The policy included the information on the different forms of abuse and the procedures in place for the reporting of abuse. Staff were adequately able to inform inspectors of the actions to be taken in the event of an allegation or suspicion of abuse. There was also evidence that staff had received training in elder abuse. Residents stated that they felt safe residing in the designated centre. The questionnaires submitted to the Authority also confirmed that residents felt safe. There had been no allegation or suspicion of abuse recorded since the last inspection.

There was a policy in place for supporting residents who display behaviours that challenge and the use of physical or chemical restraint. There had been an audit

conducted in January 2015 regarding the use of restraint which demonstrated that the primary restrictive practices pertained to the use of bedrails and lap straps on wheelchairs. There was also a register maintained of any occasion in which restrictive practice was utilised. From a review of residents' personal documentation, inspectors found that the appropriate assessments had been completed to ensure that these interventions were utilised as a safeguarding measure. There were instances in which residents were prescribed and had been administered medication as required for agitation. However, in some instances there was an absence of care plans to support the administration of this medication.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The designated centre had policies and procedures in place in respect of Health and Safety. There was a risk management policy in place and a risk register which included an assessment of all of the pertinent risks within the designated centre. Inspectors reviewed the premises and identified that there were no apparent risks present which did not have appropriate control measures in place. For example, each house had a kitchenette area, which contained potentially hazardous equipment such as kettles. However a control measure in place was that there was always a staff member present in the area. Inspectors confirmed that this occurs in practice. One hazard identified by inspectors on the day of inspection was that the laundry room on the second floor was very warm and the ventilation was not adequate. This was communicated to the person in charge during the inspection. Inspectors were informed at the feedback meeting, that this had been addressed as the dryer in the room was not suitable for the space and had been removed.

There were policies and procedures in place regarding the management and control of infection. Staff had received training such as hand hygiene. Inspectors noted that the centre was clean and that there were appropriate cleaning practices in place to reduce the risk of cross contamination. Since the previous inspection, the Chief Inspector had been notified by the person in charge of an outbreak of a notifiable disease as required by Regulation 31 (1). Inspectors reviewed the actions which had been taken and confirmed that the appropriate action had been taken.

Inspectors reviewed the systems in place in relation to the prevention, detection and management of fire. There was a policy in place and staff had received training in same.

There was evidence of fire drills occurring. The centre was noted as having been provided with a fire alarm, emergency lighting and fire fighting equipment throughout. Inspectors noted that fire resisting construction was provided where necessary. There were fire doors provided throughout where required. All doors appeared to be in good working order and provided with appropriate closer mechanisms, hold open devices and ironmongery.

However improvements were required in the signage and procedures in place. The information available was indicative of the action to be taken in the event of discovering a fire however it did not inform of the action to be taken if a person was to hear the alarm. Inspectors noted that a phased evacuation strategy was in place in the event of fire, which was appropriate given the size and layout of the centre. Staff were able to inform inspectors of the appropriate actions to be taken in the event of the evacuation strategy being implemented. However inspectors noted that the location of fire resisting construction between the fire compartments was not clear to staff in all cases. For example, some personal evacuation plans stated that in the event of a fire in the main sitting rooms, residents were to be evacuated out through the main doors of the house. However these doors were not fire doors. Therefore for residents to be safe, they would be required to be evacuated further in order to be in a place of relative safety in a neighbouring fire compartment. The provider wrote to the Authority on the day following the inspection to confirm that the personal evacuation plans and procedures had been updated to reflect this.

A review was also required of the provision of a mechanical combination lock on the alternative exit door from the oratory to ensure that it did not impede exit in the event of an emergency. Inspectors reviewed the records regarding the maintenance of equipment such as fire extinguishers and the fire alarm system. The records demonstrated that they were serviced at appropriate intervals. A review was required to ensure that the records in respect of maintenance of electromagnetic locks and catches were maintained in the designated centre.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place regarding medication management. The designated centre had a policy in place in which only registered nurses could administer medication. Inspectors reviewed the storage of medication, and confirmed that they

were secured in a safe location. The centre utilises compliance aids, and through observation inspectors confirmed that the administrating nurse utilised the appropriate checking procedures prior to administration. Inspectors further observed that the nurse engaged with residents appropriately whilst administering medication and utilised appropriate hand hygiene procedures. Inspectors reviewed a sample of medication administration and prescription records and confirmed that they contained all of the pertinent information. The times of administration correlated with the times prescribed.

The centre's system in respect of the management of controlled drugs was adequate, with storage and records demonstrating that they were managed in line with best practice. As stated previously there was a system in place for the auditing of medication management practices with an external party. Action plans had been developed based on the findings of these audits. For example, one finding was that in one instance only one nurse had signed for the administration of a controlled drug. This is not in line with the policy of the organisation. An action plan had been developed and implemented following on from this. There had been two medication errors recorded in 2015. Inspectors reviewed the incident report forms and confirmed that the appropriate action had been taken to ensure the well being of residents. There were no adverse effects to residents as a result of these errors. There was also evidence that leaning had occurred from the errors.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the accident/incident records in the designated centre. The records confirmed that all notifiable events had been reported to the Chief Inspector within three working days as required by Regulation 31 (1). The person in charge had also provided a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7 (2) (k) to (n) of Schedule 4 as required by Regulation 31 (4).

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.

The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The assessment of residents' needs and subsequent planning of care of residents were facilitated through an electronic system. Inspectors reviewed a sample of residents' personal plans and confirmed that a comprehensive assessment was completed on a resident's admission to the designated centre as required by Regulation 5 (2). From these assessments, in the main, care plans were developed within 48 hours of admissions as required by Regulation 5 (3).

The assessments included the health, personal and social care needs of residents. For example, the mobility needs, nutritional needs and skin integrity were assessed. Of the sample of care plans reviewed, inspectors determined that the information recorded was specific and measurable. Improvements were required in respect of the assessments of residents' ability to maintain a safe environment and communication. As the information did not always correlate with practice. For example, the communication assessments which included assessing the emotional/mental state of a resident did not always correlate with the care plans in place and the practice. There were residents who were assessed as alert and orientated, however decisions regarding their admission to the nursing home and finances were made by other parties such as family members. There was no clear rationale for this, or if the resident had consented to same. There was also instances where residents were assessed as being confused at times but there was no care plan in place to support this. There were residents, as stated in Outcome 7, who were prescribed medication as required for agitation or confusion with no care plan in place to support same. Inspectors found that evidence based tools were utilised to assess residents who were at risk of pain or prescribed medication as required for pain. There was also evidence based tools utilised to assess other risks such as the risk of pressure sores or malnourishment.

Daily progress notes were maintained of residents, and inspectors found that they were reflective of the care of residents being met as per the plans of care in place. Inspectors observed the verbal communication between night and day staff on the second day of inspection. Inspectors confirmed that the pertinent information was communicated to ensure that the health care needs of residents were met and that any change in need was identified to all relevant parties. There was also evidence that if a need required assessment by an Allied Health Professional that the appropriate referral was completed and residents were assessed in a timely manner.

Residents had regular access to their general practitioner and were supported to have

necessary investigative procedures for their health care needs.

There is a €20 weekly social charge for residents residing in the designated centre, which is included in the written agreement between the registered provider and the residents. Inspectors observed social activities occurring throughout the two day inspection. These activities were facilitated by both the staff of the designated centre and included bingo, exercise, quizzes and a learning circle. There were also external parties present for activities such as music. Residents spoken to stated that they were occupied and enjoyed the activities offered.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

As of the day of inspection five of the six houses were occupied, with the sixth ready for occupancy. Each of the houses consisted of a living/dining area with a kitchenette. Two of the houses also contained ten single bedrooms with en suites and two of the houses contained twenty single bedrooms all of which contained an en suite. There was also a clinical room located in each house and additional bathrooms. The fifth and sixth house contained twenty two single rooms and one twin room, all of which had en suites. These two houses shared a clinical room. There was also a visitors' room available on each floor and laundry facilities for residents own use if required. The centre also contained a main kitchen, main laundry, oratory, smoking area, hair dressers, a room for visitors to stay overnight and administration offices. Each house also had an external area attached which residents could access.

Inspectors found the centre to be of sound construction and in a good state of repair. The centre was clean and suitably decorated.

Equipment was also 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 sufficient storage and adequate heating and ventilation throughout.

The previous inspection conducted was to inform a decision to vary the original

conditions of registration and to increase the occupancy of the centre from 60 to 108. This was as the second floor (the fifth and sixth house) was not yet operational. There were two failings identified on the last inspection: -

- There was inadequate natural lighting in two of the single rooms on the second floor
- The twin rooms were of a size that is stipulated in Standard 25 of the National Standards for Residential Care Settings for Older People in Ireland 2009 published by the Authority. However, the layout of the room was not conducive to assistive equipment, such as hoists being utilised around the beds, therefore it was only suitable for residents who had an assessed need of low or medium dependency.

The provider responded by stating that work would commence on the two single rooms to increase the natural day light to both rooms. Inspectors confirmed that this work had been completed on this inspection. In regards to the twin rooms the provider had updated the Statement of Purpose to state that 'Due to the layout of both rooms, usage will be restricted to ensure that residents sharing do not require assistance of equipment which may infringe their privacy and dignity.' Inspectors reviewed the assessments of the residents of one of the rooms on this inspection and confirmed that neither resident required the assistance of equipment. However one of the residents was assessed as high dependency utilising evidence based tool. Their manual handling assessment further evidenced that they required the assistance of two staff. Staff demonstrated to inspectors, the practice in place to support the resident and inspectors found that this involved moving the bed closer to the neighbouring bed. Therefore inspectors determined that an additional criteria was required to ensure it included the manual handling needs of residents in the absence of equipment being utilised.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had a policy in place regarding the procedure in place for the submission of complaints. The procedure was made available to residents through the residents' guide and by being displayed throughout the designated centre. The person in charge was nominated as being the person who is not involved in the complaint to deal with complaints as required by Regulation 34 (1) (c). Inspectors reviewed the record of complaints maintained and confirmed that all complaints documented were investigated as per the complaints policy of the designated centre. The documented evidence

supported that complaints had been resolved and the outcomes reported. Inspectors confirmed that as per the outcome of the audits of the complaints, there was no trend or patterns in the nature of the complaints.

Residents spoken to stated that they were comfortable to make a complaint. This was further supported by the questionnaires submitted to the Authority as part of the application to renew the registration of the designated centre.

There was also a person identified in the complaints procedure to review the complaints procedures and to manage appeals as required by Regulation 34 (3).

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were policies in place to guide practice on the actions that should be taken to support residents and their families during End of Life. An audit had been conducted in this area one week prior to inspection. The findings of the audit identified that 75% of the residents who had passed away in the previous three months had an End of Life Care plan in place. There were actions arising from this audit which included staff being scheduled to attend training in April 2015.

Inspectors reviewed a sample of end of life care plans for residents residing in the designated centre. Inspectors found that the information contained were reflective of the choice of residents and/or their representatives. This included the action that residents would like to be taken both at the end of their life and in regards to arrangements following their passing. The care plans also included the residents' wishes in respect of resuscitation. Decisions regarding this were completed in conjunction with the appropriate professionals. The designated centre also has an oratory and inspectors were informed that it is available for the residents and their families. Inspectors confirmed that this had occurred in the past.

Inspectors reviewed a sample of residents who had died in the previous six months. Inspectors determined that due to an absence of dates and a combination of paper recording and electronic recording, it was challenging to ascertain if the end of life wishes of residents had been met and the actions taken following the death of a resident. Inspectors requested at the feedback meeting that an internal review be

completed and submitted to the Authority. This was completed as per request, and confirmed the findings of inspectors. The practices were supportive of meeting the needs of residents; however improvements were required in the documentation of same. For example, a learning outcome from the internal review was that residents' progress notes would be completed following the death of a resident to evidence that the end of life care plan of a resident was carried out. A further outcome was that the dates on the transfer documentation to an acute setting would be included.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

As stated in Outcome 11, each resident was assessed on admission utilising an evidence based tool to ascertain their nutritional needs. There was a comprehensive policy in place for the monitoring and documentation of nutritional intake. Inspectors found that if a resident was identified as having a nutritional need the appropriate referrals were sent to the relevant Allied Health Professional. Recommendations arising from the Allied Health Professionals were documented and implemented in practice. Inspectors also confirmed that residents' weights were recorded monthly or sooner if required.

Inspectors joined some residents at dinner and observed that the food provided to residents was in keeping with their care plans. Catering staff confirmed that the needs of residents were communicated via documentation and that food was served in accordance with same. Food which was modified was observed to be served in a presentable manner.

Inspectors reviewed a sample of menus and confirmed that there was a variety offered to residents and that there was a choice of two main meals daily. Residents confirmed that there was adequate food and drink provided throughout the day. Whilst there were set mealtimes, residents further confirmed that they were facilitated to eat and drink in line with their own preferences.

Inspectors observed adequate staff available to support residents at mealtimes.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors observed that the rights and dignity of residents were respected. Staff were observed throughout the two day inspection to engage with residents appropriately. Residents who could self-advocate confirmed both through speaking with inspectors and through the questionnaires submitted to the Authority that they felt respected and consulted.

The centre provided adequate facilities for occupation and recreation and opportunities for activities. These activities included a learning circle which was a residents' forum to provide feedback on the service. There was also a residents' survey completed which identified areas of satisfaction and areas for improvement. There was access to various media sources such as television, radio and newspapers. As 98% of the rooms were single occupancy with an en suite, residents were enabled to undertake personal activities in private. However, as stated in Outcome 12, a review was required of the occupancy of the twin room to ensure that the personal activities of residents were able to be conducted in private.

There were inconsistencies in the procedures in place for safeguarding residents' finances and the assessments of residents mental/emotional needs and communication needs. Whilst communication assessments and safe environment assessments were conducted for each resident on admission, the assessment did not correlate with the practice. For example, inspectors reviewed the system in place for safeguarding residents' finances. In line with the written agreement between the provider and residents, residents were invoiced for activities such as hairdressing etc. However documentation did not support that the resident had consented to each individual charge or that the activity had taken place. This was due to the external provider charging the provider directly, who subsequently re-charged the resident. Whilst residents who had the ability to self-advocate informed inspectors that the activity occurred. Inspectors determined that improvements in the current system were a necessity for residents who were assessed as having a cognitive impairment. There were also inconsistencies in the decision making on behalf of residents, without any clear rationale for same. For example, family members had engaged with the provider regarding the financial affairs of residents. There was no evidence that this was with the agreement of the resident or if the rationale was that the resident did not have the

capacity to make informed decisions. This was further supported in the residents' questionnaires, with a resident providing feedback stating that they were not sure why they were residing in the designated centre. There was also an absence of evidence to support that residents were given the choice of the key codes for the centre, to exit and enter their home without the assistance of staff. Inspectors spoke to the provider nominee and the person in charge on inspection regarding this. They verbally informed the inspector that they were assured that residents were safeguarded. Notwithstanding this verbal assurance, inspectors found that improvements were required to ensure that the business of the designated centre was carried out considering the ability of each resident as required by Regulation 9 (1) and that the civil rights of residents were ensured as required by Regulation 9 (3) (e).

There was a policy in place regarding visiting in the designated centre. There were no restrictions on visiting hours and there was a room available for residents to meet visitors in private if they wished. The centre had a record maintained of all visitors to the designated centre. Residents confirmed that their family and friends were always welcome in the centre and that staff supported residents to provide refreshments to their visitors if they wished.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place regarding residents' personal property and possessions. There was also an inventory maintained of residents' possessions on admission. There was a system in place for safeguarding monies of residents maintained on site, which included that the signature was required of two staff for withdrawal of the residents funds. However, as stated previously, there was an absence of consent by the resident recorded, in some instances. However this had been identified by the person in charge in an audit which was conducted in January 2015. Other areas identified in the audit included that at times there was the signature of only one staff present.

Inspectors confirmed that as of the day of inspection, the amount recorded correlated with the amount present and that there were two signatures of staff always present following on from the audit.

There was adequate space for the storage of personal possessions of residents. There was also a laundry on site and residents reported that their clothes were laundered efficiently.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Through observation and speaking with residents and staff, inspectors found that the number and skill mix of staff was appropriate to meet the needs of the residents, and considering the size and layout of the building. The cumulative findings of the inspection further evidence that the staffing levels were adequate. A review of the rosters confirmed that there was always a registered nurse on duty, with four nurses being the lowest compliment. This was between the hours of 20.00 hours and 8.00 hours. There was also a wide range of auxiliary staff rostered including maintenance, laundry, household, administration and catering staff.

As of the last inspection, the provider had commenced providing services to an additional twenty four residents. Inspectors confirmed that the appropriate number of staff had been recruited to facilitate the expansion of the service. Staff had completed the relevant mandatory training as required by regulation and additional training had been provided, including the use of the electronic care planning system. This was an action stated by the provider, which resulted from failings identified on the previous inspection. Work had commenced on ensuring that formal supervision of staff would commence based on recent restructuring and recruitment. Inspectors were assured however that staff were supervised and that areas of improvement were identified through audits and quality reviews.

Inspectors confirmed that the items as required by Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained.

Judgment:

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:

Jillian Connolly
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:	25/02/2015
Date of response:	05/05/2015

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: Information for residents

Theme:

Governance, Leadership and Management

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

The written agreements in place for residents accessing respite did not adequately account for the terms and conditions in which residents would reside in the designated centre. The written agreements did not adequately inform of the fees residents pay for services.

Action Required:

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

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

This issue has been addressed and contracts updated.

Proposed Timescale: 28/02/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The directory of resident did not consistently contain all of the information as required by Schedule 3.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

This issue has been addressed and the directory of residents updated.

Proposed Timescale: 21/04/2015

Theme:

Governance, Leadership and Management

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

The records in respect of the maintenance of electro magnet locks and catches were not maintained in the designated centre.

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:

The recording of maintenance of electro magnets now incorporated into our operating procedure

Proposed Timescale: 23/04/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Evidence did not demonstrate that when medication was administered to residents as a result of a resident presenting as agitated or confused it was the least restrictive option.

Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The PIC ensures that all residents who present with behaviour that challenges have a person centred care plan which clearly documents strategies to manage these behaviours. In addition the care plan sets out those circumstances in which the use of medication is used as a last resort. The PIC supervises the construction of this particular aspect of the care plan which is also informed by our policies on 1) Behaviours that Challenges and 2) Use of Restraint. These policies were developed by the PIC and signed off by the Registered Provider and implemented on 29/09/2014 and are available within each household in dedicated policy folders. These policies are also referred to in The Medication Management policy and guidelines folder, under section of Administration of PRN medication. All residents when they are prescribed PRN psychotropic medication under medical supervision will have a care plan specifically for behaviour that challenges incorporating the alternative measures prior to administration of medication.

Following restraint audits undertaken by the PIC in September and October 2014, the use of restraint policy was reviewed. The PIC disseminated outcomes for the purpose of practice change and information to all staff via a Memo on 02nd Oct 2014. The PIC also undertook briefing sessions for staff via weekly meetings regarding the Use of Restraint. To evidence this, the PIC ensured staff signed the revised Policy and memo sheets indicating receipt and understanding of this information.

All residents who present with behaviour that challenges have a person centered care plan in place. This care plan describes interventions which diffuse by use of language and psychological interventions such as "understanding that person's reality". These approaches allows staff manage the situation in a person centred way. Prescribed medication is therefore used only as a last resort.

Proposed Timescale: 21/04/2015

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

Evidence did not demonstrate that staff and residents were aware that the main entrances to each of the houses were not fire doors and therefore drills and plans did not reflect same.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Staff are aware of fire compartments and that household front doors are not fire doors.

Proposed Timescale: 21/04/2015**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The procedures displayed throughout the building informed of the actions to be taken on discovery of a fire as opposed to in the event of hearing the alarm.

Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

This issue has been rectified and notices updated.

Proposed Timescale: 24/04/2015**Theme:**

Safe care and support

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

The mechanical combination lock on the alternative fire exit door from oratory was not easily operable by occupants of the oratory in the event of an evacuation of the centre.

Action Required:

Under Regulation 28(1) (b) you are required to: Provide adequate means of escape, including emergency lighting.

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

Work is scheduled to address this issue.

Proposed Timescale: 02/05/2015

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was an absence of care plans for individuals who experience confusion or agitation.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

For all residents who experience agitation or confusion, a person centred care plan is devised and implemented within 24 Hours of admission. This plan incorporates their life story and any relevant pre admission information pertinent to confusion and agitation triggers.

Proposed Timescale: 21/04/2015

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

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

A review was required of the criteria for admission to the twin rooms to ensure that the privacy and dignity of residents is maintained.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Our Statement of Purpose will be reviewed to take account of the observation made in this report. In addition feedback is being sought from residents currently residing in these rooms to establish if they believe their privacy and dignity is being compromised.

Proposed Timescale: 14/05/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was inconsistency in the consultation with residents regarding their financial affairs however there was no clear rationale that this was due to the ability of the resident.

Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

Residents will be assessed on admission of their emotional and communicative needs when their consent will be obtained. In the absence of resident being unable to discuss their financial affairs, the rationale for this inability will be recorded and the identity of the person who will be consenting on the resident's behalf recorded in residents notes.

Proposed Timescale: 24/04/2015