

**Health Information and Quality Authority  
Social Services Inspectorate**

**Inspection report  
Designated centres for older people**



<b>Centre name:</b>	New Lodge
<b>Centre ID:</b>	0073
<b>Centre address:</b>	Bloomfield Care Centre
	Stocking Lane, Rathfarnham, Dublin 16
<b>Telephone number:</b>	01-4950021
<b>Fax number:</b>	01-4951006
<b>Email address:</b>	ceo@bloomfields.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	Robert Haughton
<b>Person in charge:</b>	Sean Molloy
<b>Date of inspection:</b>	23 September 2009
<b>Time inspection took place:</b>	<b>Start:</b> 09:20hrs <b>Completion:</b> 18:00hrs
<b>Lead inspector:</b>	Marguerite Gordon
<b>Support inspector:</b>	Aileen Keane
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input checked="" type="checkbox"/> Information received in relation to a complaint or concern

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate (SSI) that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

New Lodge Nursing Home is a unit within the Bloomfield Care Centre, a registered mental health facility. New Lodge is located on the ground floor of the Centre and it can accommodate 36 residents. There are three corridors leading off a central nurses' station, with 32 single and two double bedrooms which are en suite. Other facilities include two sitting rooms, a galley service kitchen, a clinical room, an assisted bathroom and a hairdresser's salon. At the entrance to the Bloomfield Care Centre is a bright spacious dining / canteen room which is used by the more independent residents, visitors and staff of New Lodge and the Bloomfield Care Centre.

### Location

New Lodge is located on the Bloomfield Care Centre site on Stocking Lane, approximately two miles from Rathfarnham village, Dublin.

<b>Date centre was first established:</b>	9 September 1990
<b>Number of residents on the date of inspection</b>	35

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	11	8	5	11

### Management structure

Robert Haughton is Chairperson of the Bloomfield Care Centre and is the Provider for New Lodge Nursing Home. Sheila McManus, Chief Executive Officer, reports to the Board and is involved in day-to-day operations. The Person in Charge is Sean Molloy and he reports to the Chief Executive Officer. There is a Deputy Director of Nursing, Patricia Knuttel, who reports to the person in charge. The Clinical Nurse Manager, Arlene Orellana, and the centre's nine staff nurses all report to the Assistant Director of Nursing and the Person in Charge. The centre's 17 care assistants report to the staff nurses on duty.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1 acting	4	6	3	3	1	1

## Background

This was an unannounced inspection scheduled after a complaint had been made to the Chief Inspector of Social Services within the Health Information and Quality Authority. The issues in the complaint centred on aspects of residents' care. These issues were considered by the inspectors and they focused the inspection on the governance of the centre, the healthcare needs of the residents and their quality of life. The inspectors have reported their findings from this inspection under these three headings.

## Summary of findings from this inspection

Inspectors found that the nursing and care staff knew the residents well and staff strived to ensure that they were offered choices in their lives. The standard of personal care was good and residents appeared well dressed. An activities coordinator facilitated a comprehensive range of activities such as art, exercises, gardening, shopping and outings. A large dining facility used by staff, residents and visitors was a venue for card games in the afternoon. Nutritious food with a choice at meal times was provided. Individual preferences such as specialist religious dietary requirements were facilitated.

The healthcare provision was of a good standard but further development of the care planning process was required. Although this work had recently begun, the majority of residents did not have assessments or a care plan in place to meet their needs. Residents could retain the services of their own general practitioner (GP). Chiropody, physiotherapy, dental and optical services are available by appointment. An occupational therapist who recently joined the team was prioritising specialist seating assessments for residents.

The inspectors found that the facility and its equipment were well maintained. The nurses' station, which was centrally located, had a window with a view into the sitting room used by less able residents. The centre's size and layout facilitated residents' personal freedom while maintaining their safety. All gardens and courtyard were secure areas.

There were some improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, such

as updating the policies and procedures, providing feedback to residents about complaints and amending the information available for residents.

Significant improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 included making the required notifications to the Chief Inspector, reviewing the dining experience for more dependent residents, developing the assessment and care planning process, managing infection control and one aspect of medication management.

## **Residents' and relatives' comments**

### **Residents**

The inspectors spoke with nine residents and sought their views throughout the day. One resident told the inspector that his hearing was quite poor and said he enjoyed reading and sitting in the day room. Another resident whose sight was poor said "I don't know what I'd do without the radio but I still enjoy choosing my own clothes for wearing".

The inspectors met five residents who were unable to express themselves. Four of those residents appeared comfortable and well cared for. One resident displayed signs of distress and was shouting and pulling at her clothes. Care staff who knew the resident identified the source of her distress and provided interventions that assisted in alleviating this.

### **Relatives**

As this was an unannounced inspection the number of relatives met by the inspectors was limited. The inspectors spoke to three relatives on the day. One relative said she was very satisfied so far with the service provided to her relative, that staff were very good and kind to her mother and encouraged her to improve her mobility. Another relative said she enjoyed being able to join her mother in the dining room for coffee in the afternoon. One relative was not satisfied with the response she had received about an incident.

## Issues covered on inspection

### **1. Governance**

#### **Organisation and management**

There was a management structure in place which was clearly understood by staff who were found to be knowledgeable about their own roles and responsibilities. The Chief Executive, who represented the provider on the day of inspection, was well informed about the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People in Ireland) 2009 and showed a commitment to the continual improvement of the service. She had commenced work on the issues in the Authority's guidance document, *Are you ready for your inspection* (Health Information and Quality Authority 2009).

On the day of inspection there were sufficient staff available in numbers to meet the needs of the residents. There were four staff nurses, in addition to the person in charge, and six care assistants.

The centre had comprehensive insurance cover in place.

#### **Risk management**

The provider has engaged the services of an external company to independently carry out a risk assessment on all aspects of its operation and was awaiting the report. There was a comprehensive risk management policy in place. Incidents and accidents were audited to identify and manage trends and to learn from them.

#### **Fire safety**

The fire equipment servicing was up to date and all staff had received fire safety training. The last training had taken place in July 2009. Staff were able to tell inspectors what they should do in the event of a fire.

#### **Policies and procedures**

Inspectors read a sample of the policies and procedures in place which were practical and clear, and which were available on the Bloomfield Care Centre website. However, not all of the policies were consistently updated as suggested by the review date. The range of policies, procedures and guidelines did not fully meet the criteria set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 Schedule 5. The policies in place were for the wider Bloomfield organisation and were not amended to reflect specific practices in New Lodge.

Staff spoken to did not demonstrate an adequate awareness of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

## **Complaints**

The complaints procedure was not displayed in the centre. The inspectors were told by the person in charge that the display copy had fallen off the wall a number of days prior to inspection and it had not been replaced. Residents told inspectors they would talk to the nurse or the "matron" if they needed something to be sorted out on a day-to-day basis.

There was a policy statement on responding to complaints and a record of complaints was maintained. The log contained information about the nature of the complaint, the investigation and the outcome. However, the complaints record did not adequately demonstrate if the complainant was satisfied with the outcome of the complaint.

A relative who spoke to inspectors said they were unhappy with the response received from the person in charge about an incident and maintained that team communication and the nursing assessment was poor, but that all the staff are lovely and kind and the residents' religious needs are looked after very well.

## **Information for residents**

The statement of purpose for New Lodge did not include the name and address of the provider and the person in charge. The information available in the residents' guide contained information about Bloomfield and the small section allocated to New Lodge Nursing Home did not include information required by the regulations.

## **Notifications**

The inspectors reviewed a record of an accident in the accident book. A resident had sustained a burn injury from hot liquid. While the staff provided the care required to this resident, the person in charge did not notify the Chief Inspector of this serious incident as required under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

## ***2. Healthcare***

### **Provision of healthcare**

Residents and relatives who spoke with inspectors said that the care provided by the staff at the centre was to a high standard. An inspector attended a staff handover meeting and was impressed with the very detailed information communicated about residents' healthcare needs. Information was shared about hospital test results, residents' dietary requirements and their likes and dislikes. Special care was given to communicate relevant information about new residents in the centre.

Residents had their own medical practitioner of choice; chiropody, physiotherapy, optician and dental services are provided by private arrangement. An occupational therapist had recently joined the organisation and was reviewing the specialist seating requirements for residents. Reflexology and massage were available as part of the activity programme.

### **Assessment and care planning**

While a system of clinical assessment had been introduced recently by the person in charge, it had been carried out with a small number of residents only. It did not

include a documented comprehensive assessment of the resident's health, personal and social care needs. There was no evidence of a review system. Inspectors reviewed a number of residents' records and found there were no arrangements to meet each resident's assessed needs by means of an individual care plan. The process did not include consultation and participation with each resident and / or his or her representative.

A daily nursing record was maintained and this was supported by utilising a number of task-orientated recording books such as a bath book, shower book, weight book, bowel book and doctors' book. This was not person-centred and resulted in a fragmented record of each resident's care.

### **Infection control**

Dependent residents' dentures were left on locker tops without a container. Toothbrushes were stored in an unlabelled container in a shared bathroom, gloves and aprons were worn by some staff when walking along the corridor. This was poor practice and contrary to the centre's policy on infection control.

The inspectors saw four residents who were receiving bedside care. When personal care was provided to these residents, there were unhygienic practices such as the use of a communal basin.

### **Medications**

Some prescribed medications were crushed prior to administration to residents without written authorisation from the medical practitioner. There was no policy for crushing medications.

## ***3. Quality of Life***

### **Staff and residents**

Staff were knowledgeable about the individual residents, their lives and their individual needs. They were aware of the support required by residents for their personal care, their individual dietary requirements and individual preferences.

### **Meals**

There was a three-week menu cycle in place and the menus were displayed in the dining room. The particular religious dietary requirements of residents were catered for, kosher food was available and specialist dietary needs were also met. The inspector met the chef who had a keen interest in meeting the individual residents' preferences and needs. He explained that he met with diners at least weekly to seek their feedback. More independent residents had lunch in the canteen area and told inspectors that they enjoyed their food and were aware of what was on the menu. The inspectors sampled the lunch which was well presented and appetising. Residents were offered a choice of portion size and staff added sauces as residents wished. There was flexibility of times for dining – residents told the inspectors that the food was "very good" and they had a choice of tea, coffee, water and snacks during the day when they wanted it. A number of residents told the inspectors how their individual religious dietary needs were met.

### **Meals and mealtimes for dependent residents**

The dining experience for dependent residents was poor in comparison to the dining arrangements in place for the more independent residents. Inspectors observed some residents having their lunch in the sitting room where they spent their day. Residents were brought into the sitting room for the lunchtime meal which created a crowded atmosphere.

There were no dining tables available and residents were provided with their meal on a tray which was placed on a bed table. There were 14 residents present and four required full assistance with their meal. The others needed supervision and assistance such as cutting up their meat and some required verbal prompting. Staff did not sit down but stood over while assisting them with their meal. The presentation and sensory experience of a pureed meal was diminished when staff mixed the meal into one mass on the plate before serving it to the resident. One resident's hot lunch was left on her bed table for 12 minutes before assistance was offered. Cling film on plated food was not fully removed before serving it to a number of residents.

Bringing all the dependent residents together in such a way did not support social interaction or allow enough space for assistance to be given in a respectful and dignified manner.

### **Fulfilment in daily life**

A comprehensive activities programme was facilitated by an activities coordinator. The range of activities provided was informed by the interests and abilities of the residents. There were opportunities for fulfilment for the more independent residents as they were supported and encouraged to continue with their previous hobbies and activities. One resident proudly showed inspectors his tomatoes, peppers and plants as he spoke of his passion for outdoor gardening. He talked about the pleasure he gets from sharing his knowledge when he provides guidance to other residents in the care of their house plants. Relatives and friends said they felt welcomed in the home, and they joined the residents for card games and refreshments in the canteen / dining room in the afternoon. Inspectors observed some more dependent residents watching a film about the centre's art exhibition, and their own art work was displayed in the centre. There was an activity programme for these residents which included massage and reflexology.

Residents and visitors had access to secure gardens. There were opportunities for the more able residents to go out shopping independently. There were newspapers, radio and television available to residents. One resident said, "Nurses and staff are great and I can go out when I please, I just let them know in the nursing home."

### ***Report compiled by***

Marguerite Gordon,  
Inspector of Social Services,  
Social Services Inspectorate,  
Health Information and Quality Authority

20 October 2009

### Provider's response to inspection report

<b>Centre:</b>	New Lodge
<b>Centre ID:</b>	0073
<b>Date of inspection:</b>	23 September 2009
<b>Date of response:</b>	24 November 2009

### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### **1. The provider is failing to comply with a regulatory requirement in the following respect:**

Some prescribed medications were crushed prior to administration to residents without written authorisation from the medical practitioner. There was no policy for crushing medications in the home.

#### **Action required:**

Put in place suitable arrangements, appropriate procedures and written policies in accordance with current legislation and professional guidelines for the safe administration of medications.

<b>Reference:</b> Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A draft policy and procedure in respect of Crushed Medication has been submitted for review to the Medical Advisory Committee, and will be before Bloomfield's Board of Directors for review / approval at its December meeting.	December 2009

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>  There was no comprehensive assessments or guidelines to meet each resident's assessed need set out in an individual care plan.	
<b>Action required:</b>  Put in place arrangements that each residents' assessed needs are set out in an individual care plan developed and agreed with each resident and reviewed as required by the resident's changing needs.	
<b>Reference:</b> Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The three-monthly medical assessment of patients is being expanded to encompass a multidisciplinary assessment, which will include medical and nursing assessment.	March 2010
The format of care plans is being reviewed to take into account the requirements of the regulations and a new format will be implemented.	March 2010

**3. The provider has failed to comply with a regulatory requirement in the following respect:**

A daily nursing record was maintained and this was supported by utilising a number of task orientated recording books such as a bath book, shower book, weight book, bowel book and doctors' book. This was not person centred and resulted in a fragmented record of each resident's care.

**Action required:**

Put systems in place that provides for each resident's comprehensive assessed needs to be set out in an individual care plan developed and agreed with each resident.

**Reference:**

Health Act 2007  
Regulation 8: Assessment and Care Plan  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan

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

**Timescale:**

Provider's response:

Record books will be replaced by including the relevant items in the patient's individual care plan.

March 2010

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

Space for dining in the sitting room was inadequate and residents were assisted inappropriately. The presentation of some meals was poor.

**Action required:**

Provide appropriate assistance and space to dependent residents during mealtimes.

**Reference:**

Health Act 2007  
Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Please state the actions you have taken or are planning to take following the inspection with timescales:**

**Timescale:**

<p>Provider's response:</p> <p>Arrangements for dining in the day room are being reviewed and we have requested our Architect to advise on solutions to extend the space so that a separate dining area for dependent can be incorporated close to the day room.</p> <p>We have introduced a new presentation format for soft diet meals.</p>	<p>April 2010</p> <p>November 2009</p>
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<p><b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There were unhygienic practices which had implications for infection control.</p>	
<p><b>Action required:</b></p> <p>Put systems in place that provides for adherence to centre's infection control policies and a high standard of evidence-based nursing practice.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 6: General Welfare and Protection  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Training has been arranged with care staff regarding infection control and hygienic practices. This training is underway and will be completed before the end of 2009.</p> <p>Denture cartons have been put in place.</p> <p>Toothbrush holders are now clearly labelled.</p> <p>Individual basins are provided in the two shared rooms.</p>	<p>December 2009</p> <p>November 2009</p> <p>November 2009</p> <p>November 2009</p>

**6. The provider has failed to comply with a regulatory requirement in the following respect:**

The Person in Charge did not notify the Chief Inspector when an incident occurred in the centre that resulted in a serious injury to a resident under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Action required:**

Put arrangements in place in accordance with current regulations to notify the Chief Inspector when an incident occurs that results in a serious injury to a resident.

**Reference:**

Health Act 2007  
Regulation 36: Notification of Incidents  
Standard: 29: Management Systems

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

**Timescale:**

Provider's response:

The correct procedures are in place regarding the reporting of accidents. The incident referred to was not in the "serious injury" category and was therefore notified in the normal way as required for the reporting of accidents.

We would welcome guidelines from HIQA regarding the categorisation of reportable incidents.

**7. The provider has failed to comply with a regulatory requirement in the following respect:**

The complaints procedure was not displayed in the centre.

**Action required:**

Display a copy of the complaints procedure in a prominent position in the designated centre.

**Reference:**

Health Act 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A copy of the complaints procedure has been re-instated on the wall.</p> <p>The complaints procedure also continues to be available on our website.</p>	November 2009

**8. The provider has failed to comply with a regulatory requirement in the following respect:**

The complaints record did not adequately document the outcome of the investigation for the complainant.

**Action required:**

Maintain a record detailing the investigation and outcome of the complaint and whether or not the complainant was satisfied.

**Reference:**

Health Act 2007  
 Regulation 39: Complaints Procedures  
 Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A review of the complaints policy will be undertaken, with particular emphasis on documentation of verbal complaints, and measurement of complainants' satisfaction with the outcome of complaint investigations.</p>	March 2010

**9. The provider has failed to comply with a regulatory requirement in the following respect:**

1. Policies were not consistently updated as per due review date.
2. Range of policies, procedures and guidelines did not fully meet the criteria set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 Schedule 5.
3. The policies did not reflect practice in New Lodge.

<b>Action required:</b>	
Provide written operational policies and procedures as listed in schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
<b>Reference:</b>	
Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
There are a large number of policies which are reviewed and updated on an ongoing basis. The review of the relevant policies will be given priority as part of this process.	May 2010

<b>10. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
The information contained in the current Residents' Guide did not reference New Lodge Nursing Home or contain all required information.	
<b>Action required:</b>	
Produce a written guide "the residents' guide" which shall include a summary of the statement of purpose, terms and conditions of residency, a contract for provision of services and facilities, the most recent inspection report, a summary of the complaints procedure and the address and telephone number of the Chief Inspector.	
<b>Reference:</b>	
Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
The current residents' information booklet will be updated to include the required information.	March 2010

**11. The provider has failed to comply with a regulatory requirement in the following respect:**

The statement of purpose and function did not name New Lodge Nursing Home and did not contain the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Action required:**

Update the current statement of purpose to include matters listed in Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

**Timescale:**

Provider's response:

The current statement of purpose will be updated to include the information outlined in the new regulations.

March 2010

**Any comments the provider may wish to make:**

**Provider's response:**

We thank the inspectors for their courtesy to patients and staff during the inspection and look forward to working collaboratively with HIQA in the continuous improvement of patient care.

**Provider's name:** Robert Haughton

**Date:** 24 November 2009