

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	New Lodge Nursing Home
Centre ID:	OSV-0000073
Centre address:	Stocking Lane, Rathfarnham, Dublin 16.
Telephone number:	01 495 0021
Email address:	info@bloomfield.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bloomfield Care Centre Limited
Provider Nominee:	Damien O'Dowd
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	1

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 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:
10 December 2014 10:00	10 December 2014 18:30
11 December 2014 08:15	11 December 2014 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

This inspection was for the purpose of informing an application to renew the registration of New Lodge Nursing Home. The provider had applied for registration for 36 places. This report sets out the findings of the inspection.

The inspector found that the provider met the requirements of 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 to a good standard. Improvements had been made since the previous monitoring inspection in August 2013.

Residents were seen to be receiving a good quality of health and social care from staff that were well trained and knew their needs well.

The centre is run by Bloomfield Care Centre Ltd. There is a management team in place which is headed by the provider and director of nursing. The person in charge has been in their role for 18 months, and had made a lot of changes to the practices in the centre.

The inspector observed practices, reviewed documentation such as care plans, medical records, policies and procedures, and spoke with residents and relatives.

The inspector found that residents were generally satisfied with the service they were receiving, and where they raised comments or concerns they were addressed. Relatives gave positive feedback about the quality of the service provided, including the commitment of the staff. The environment was well maintained and supported people to move around in a safe environment, and offered a range of outdoor spaces. Mealtimes were seen to be social events, and residents had choices about where they ate, and what they chose to ate. Special diets, such as kosher diets were well catered for. There were a range of activities for residents to take part in, and a number of religious services to meet the needs of a number of different denominations.

Areas for improvement focused on servicing of fire equipment, clear guidance in the use of some 'as required' (PRN) medication, updating the risk management policy and staffing levels in the evening period after 8pm.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

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

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):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place that met the requirements of the regulations.

The inspector read the document and it was seen to set out the services and facilities provided, and the aims objectives and ethos of the service. It also included all of the information required by schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). For example the aims and objectives of the designated centre, the specific care needs they intend to meet, and how the facilities and services will be provided to meet those care needs.

The document was kept under review and had recently been updated to fully reflect the provider nominee's position in the organisation. The inspector observed that the information reflected the service that was provided in the centre.

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:

There was a clearly defined management structure that identified the lines of

accountability.

The designated centre was one service provided on the site, the other areas were providing mental health services.

The Board was supported by the Chief Executive of the Bloomfield Care Centre, who was also the provider nominee of the designated centre. He was supported in his role by directors of nursing, finance human resources and a clinical director. Under each of those roles there were teams of people with clear job descriptions and roles. The provider nominee was satisfied that the structure and the regular meetings with agreed agendas ensured he was kept up to date on the designated centre. He reported that he received updates formally in the form of reports and audits from the person in charge, but as they were often in the same building, informal discussion also took place on a regular basis to ensure he was up to date in relation to the quality and safety of the centre.

The person in charge had been in position at the centre for the past 18 months, and they were supported by an assistant nurse in charge, however at the time of the inspection that role was vacant as the previous person had recently left. It was usual practice for them to cover the working week between them, and it was reported this would start again when the post was filled.

There were formal systems in place in the centre to ensure that the service provided was safe, and met the needs of the residents. There were monthly management meetings, and minutes seen by the inspector showed that they covered issues such as staffing levels, staff training, and health and safety issues. The risk register was regularly reviewed and updated. There were leads in the service for areas such as finance, recruitment and health and safety. They all confirmed they were involved in regular discussion about how effective the service was and any changes that needed to be implemented.

The inspector reviewed a number of audits that had been undertaken of areas such as medication and health and safety. The audits supported the management team to ensure the service was being run in line with the operational policies, and was meeting the needs of the residents.

There were residents' meetings that took place on a three monthly basis. They discussed a range of topics, and the approach encouraged residents to tell the management team things that they wanted to see happen in the centre. For example, more day trips.

The provider had also introduced a questionnaire to check with residents that they were satisfied with the quality of the service being provided, and an action plan was in place to identify whose role it was to respond to the main findings.

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:

There was information available to each resident in the form of a resident guide, and all residents had a contract which included the service to be provided, and the fee's to be charged.

The guide for the centre covered a summary of the services and facilities provided how they manage complaints and visiting the centre, both as a prospective resident and also for family of residents who live there. It was available to the residents in the centre.

The inspector read a sample of contracts and saw they had been agreed and signed on admission to the service. The contract set out the services to be provided, and the fee's to be charged for that service.

Judgment:

Compliant

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:

The centre was managed by a suitable qualified and experienced person with authority and accountability for the provision of the service.

The person in charge worked full time, and was supported by an assistant and the rest of the nursing team. This provided nursing cover at all times in the centre.

She was a registered general nurse, and also held qualifications in healthcare management, employment law and human resources management. She had worked in a number of nursing homes, and had previous experience of being the person in charge. She continued to keep herself updated and had attended training and seminars to keep her qualifications up to date, for example infection control.

The inspector spoke with the person in charge at length during the inspection. She

showed a good knowledge of the legislation she was required to work under, the policies and procedures that needed to be followed in the centre, and also had very detailed knowledge of the needs of each of the residents. For all questions asked she provided a comprehensive answer, and could find all documentation requested quickly. In reviewing the list of improvements made since the last inspection many of the areas of non compliance had been resolved.

She was involved in the governance, operational management and administration of the centre. This included attending monthly provider meetings, as discussed in outcome 2, and leading regular staff meetings. She also undertook audits of the practice in the centre.

The residents spoken to were all familiar with who the person in charge was, and provided positive feedback on her approach.

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):

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. They were found to be complete and well organised which supported ease of access to information.

Written operational policies were in place to inform practice and to guide staff. They provided clear and detailed guidance to the staff on all aspects of health and social care. They had review dates on them, and the person in charge was able to show recent reviews and updates that had taken place.

Staff were seen to be putting the policies in to practice during the inspection, and knew where to access the guidance if they needed to access it.

All records and documentation was stored securely in the centre, the filing system was very organised and documents were easy to retrieve. The inspector reviewed a range of documentation including medication records, care plans, and records of any incidents.

All were found to be clear and up to date.

There was a policy on the creation, storage and destruction of records in the centre, which clearly set out the timeframes for the disposal of records. It also covered who could access documentation, and this included the resident in relation to their personal records.

Insurance was in place that was in line with the requirement of the regulations. It included insurance against injury to residents.

Judgment:

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 designated 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 had not been absent from the centre for a period of time that required notification to the Chief Inspector, but they were aware of the need to do so if they were to be absent from post for 28 days or more.

The provider had appropriate contingency plans in place to manage any such absence.

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 inspector found that measures were in place to protect residents and to respond to allegations of abuse.

There were policies in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. It was noted that the document would benefit being broadened out to cover cases where it is someone other than a staff member that an allegation is made about.

The policy document gave definitions of the different types of abuse, and staff spoken with during the inspection were clear on what these were, and the signs to look out for. All staff knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour.

Records that were reviewed confirmed the majority of staff had received training on recognising and responding to elder abuse and the training staff were able to show the planned dates for the remaining staff to be trained.

A recent allegation had been made, and the person in charge was able to provide documents that showed the policy was being followed in practice. She was knowledgeable about the action she needed to take, and was following the procedure.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were very caring and supportive. In the questionnaires they completed they made statements such as 'it's safer than my own home, there is a receptionist and they will know who is coming in'.

Relatives who completed the questionnaires all said they felt their residents were safe and well cared for, and said 'the staff are very vigilant' and 'general security is low key, but watchful'.

There were also policies in place about managing behaviour that challenges, whistleblowing and restraint. All of the policies gave clear instruction to guide staff practice. The documents highlighted that any restraint used must be the least restrictive for the shortest period of time.

There were care plans that set out how residents should be supported if they had behaviour that was challenging. They were developed with a multidisciplinary team, this could include psychology and psychiatry services where needed. The care plans included what may trigger the resident to become upset or agitated. It was noted however, that when 'as required' (PRN) medication was prescribed to support residents to manage their behaviour, there was not always a clear set of instructions on when it would be appropriate to use it. This is discussed further in Outcome 9.

The staff spoken with were knowledgeable about the resident's individual plans, and gave examples of when they had been put in to practice. Incident reports showed clear detail of incidents relation to behaviour, and would support analysis of what lead to the incident. Audits were carried out of the use of restraint in the service, and steps had been taken to reduce it where possible. For example the use of bedrails had been reduced.

Monthly review meetings were conducted with psychologist, psychiatrist, person in charge and other staff as relevant. The resident and families were invited to the meetings also. They reviewed any incidents, use of medication, uses of restraint (including chemical) and healthcare. Care plans were updated following these meetings if needed.

A small number of residents were using bed rails, and these were recorded in the restraint register. Risk assessments had been completed, and regular checks were in place when the bed rails were in position. The inspector reviewed a sample of these, and they were seen to be complete.

The centre did not manage the finances of any of the residents, however clear records were maintained of any items that residents were billed for on top of their monthly fees.

Judgment:

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):

Findings:

Systems were in place to promote the health and safety of residents, staff and visitors, and there were systems in place to identify and manage risk. However the risk policy required additional information to meet with the regulations, and some servicing documentation around emergency lighting was unavailable on the day of inspection.

There was a comprehensive health and safety statement for the centre which covered the health and safety of residents, staff and visitors.

The emergency plan held a lot of detail for the staff should an emergency occur. It covered who would be in charge, the procedure to follow. It detailed the different emergencies that could occur such as fire, flood and power outage, and what action needed to be taken. Roles for staff were clearly defined.

There was a risk management policy in place. It covered hazard identification and assessment of risk. In order to comply with the regulations it needed to have information added to cover the measures in place within the service to manage the risk associated with self harm, and aggression and violence.

There was a detailed risk register in place, which was the tool used for monitoring and responding to any risks identified. It included topics such as clinical and health and safety risks, for example the greenhouse, and hazardous substances. There were measures in place to mitigate all of the risks identified. The document was seen to

record potential hazards, current controls, risk level, likelihood and additional controls.

There were also individual risk assessments in place for residents where required which set out any areas of risk that may present for them, for example risk of falls, and use of bed rails.

The inspector reviewed policies on responding to accidents and emergencies, the incident reports and copies of the audits that had been carried out to ensure any trends could be identified and acted on quickly. Evidence was seen of learning from any trends, for example due to a number of unwitnessed falls in the lounge area, staffing was now always provided in that area during the day.

On the day of the inspection the premises were seen to be clear of hazards, for example all walkways were clear, and were well maintained.

There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection. A range of hoists and slings were available in the centre to meet individual's needs.

The inspector observed that there were measures in place to control and prevent infection. Staff had received training in infection control and were knowledgeable about the way they needed to work, including the cleaning staff. Hand sanitizer and personal protective clothing such as aprons and gloves were available through the centre.

The inspector observed that there was fire equipment provided throughout the building, and there were clearly marked escape routes that were free from obstructions.

The procedure for evacuation was displayed on the wall in different parts of the centre.

Records showed that fire equipment had been serviced annually. A lot of work had been carried out to upgrade the emergency lighting system in the designated centre, and though some areas had been tested recently, there was no certificate to evidence an annual service had been carried out of the whole designated centre. The fire alarms were serviced quarterly in previous years, but at the time of the inspection there were only records for two services in 2014.

Records showed that two fire drill had been carried out in 2014.

The inspector read the training records which confirmed that all staff had attended training within the last year on fire safety. All staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

Some resident smoked. They were seen to follow the guidelines put in place to ensure their safety. Fire blankets and extinguishers were placed in the areas where the resident smoked.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector was satisfied that each resident was protected by the designated centre's written policies and procedures for medication management. However, a review of medication records was needed to ensure medications prescribed to residents were available in the centre. Also clear guidance was needed for staff in the use of some 'as required' (PRN) medication.

A comprehensive medication policy was in place which guided the practice of the staff. It included storage, safe administration (including controlled drugs), disposal and reporting of errors.

The inspector observed the process of administering medication, and nurses spoken with demonstrated good knowledge of the procedures and practices in the centre for the administration and management of medication. Staff reported they completed refresher training around medication practice.

The storage arrangements were seen to be secure, and in line with best practice, including for controlled drugs. Nurses kept a register of the controlled drugs, which was signed by two staff at the beginning and end of shifts, following a stock check.

Recording of the medication prescription and the medication record were complete, and also followed best practice, for example setting out how medication was to be administered and the maximum dose of medication in a 24hr period. Records showed that the general practitioner was involved in regular reviews of medication, discontinuing or changing doses as required. There was also close contact with the psychiatrist who could also review medications if required.

It was noted that there were examples of medications that were prescribed on an 'as required' (PRN) basis but not available in the centre on the day of the inspection. The nursing staff reported they were no longer needed, but agreed this could lead to confusion.

It was also noted that there were some examples of 'as required' (PRN) medication not having clear guidance about when they were to be used. For example emergency rescue medication for epilepsy, and some medication to support people to manage their challenging behaviour.

There were clear records of any medication errors that had been made. An audit of

medication practice by the person in charge identified that there was a theme of medications not being signed off, so the process had been changed so that staff had the medication prescription record with them when administering medication. This had significantly reduced the numbers of errors identified.

At the time of the inspection no residents were self administering their medication. There was a policy and procedure in place for this should people wish to manage their own medication, and there were locked drawers in each room for safe storage.

One pharmacy supplied the medication to the centre, and was able to provide advice to staff and residents as required.

Judgment:

Non Compliant - Minor

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:

The person in charge and the registered provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The inspector reviewed the records in the centre and they showed that all incidents and accidents had been notified to the Authority in line with the regulations.

A quarterly report had been provided to notify the Authority of incidents that did not involve an injury to residents. This was submitted on time.

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:

Residents wellbeing and welfare was maintained to a good standard, with their assessed needs set out in individual care plans that set out their needs and interests.

Records showed that resident's needs were assessed, and where medical treatment was needed it was provided. They showed that residents had timely access to general practitioner (GP) services, and referrals had been made to other services as required. Residents using the service had a range of needs, including mental health needs. The range of medical professionals available to support residents reflected their needs. There were psychiatry, and occupational therapists provided as part of the service, and other professionals such as a dietician could be called upon if needed.

Nursing staff reported to the inspector that they would review residents care needs regularly, and would give detailed handover at the beginning of each shift to ensure relevant information was passed on. The inspector observed this, and noted the discussion reflected the care and treatment that had been provided in the centre during the inspection.

Many residents were able to tell the nurse if they felt unwell. Where residents were not able to verbalise pain or changes in their needs, there were a range of nursing tools to support identification of the change. For example a method for rating the pain of those unable to speak.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

Resident's needs were set out in nursing care plans, and their likes and dislikes recorded in a person centred document about them. The inspector found that the detail provided was individual and would guide staff in how to provide care and support to the resident in their preferred way.

There was evidence that they were being reviewed and updated every 3 or 4 months, or as needs changed. A range of evidence based tools were seen to be in use, to support nursing staff in identifying any changes in areas such as nutrition and hydration and skin care.

Residents and their relatives where appropriate were invited to take part in the multi disciplinary team meetings where care and treatment was reviewed. It had been noted in a management meeting that uptake was low from relatives, and they were looking at ways to engage with families more.

Staff reported that they completed care plans and risk assessments where residents were at risk of falling, and were aware of the need to observe these residents when they were moving around the centre. Incident forms were completed where residents had

fallen, and staffing had been reconfigured to ensure someone was in the lounge at all times. Residents and their relatives reported that where people had fallen, staff were there to support them. The person in charge was reviewing the information about where and when falls were occurring to identify if there were any changes that could be made to reduce the risks.

There were also assessments and risk assessments in place around the care of skin and reducing the risk of pressure sores, equipment such as pressure relieving mattresses and cushions were also seen to be available . At the time of the inspection no residents had any pressure sores.

Where residents were using wheelchairs, assessments including seating position were seen to be in place. Risk assessments and care plans also identified manual handling practice to be used.

Records were seen that confirmed residents consent for their photographs to be used in the centre, and records showed they had agreed to their care and treatment by signing their records where possible. Where residents did not have the ability to make decisions for themselves, medical practitioners considered their needs in relation to their best interests. These were recorded in their care plans.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The centre was well maintained internally and externally. It was kept clean and was suitably decorated.

There were 32 single en-suite bedrooms and two twin bedrooms, which were also en suite. There was screening available in the double rooms for privacy of the residents. All rooms had a wash hand basin, storage for clothing and belongings, and each bed had a call bell system within reach, and in working order.

Some residents showed their rooms to inspector, and they were seen to be personal in nature, with their own belongings and photographs to make a homely environment, as they preferred. All residents spoken to said they thought the standard of cleanliness and

the quality of furnishings in their rooms were good.

The inspector observed that the centre provided a homely environment that had different areas that residents could sit if they wished. This included a canteen in the main part of the hospital building next to the centre, and a range of outdoor spaces with extensive views over Dublin. The gardens were well maintained, and easy to access from the main rooms, and some of the bedrooms.

A reminiscence area had been set up in the lounge, and items such as old hot water bottles and sewing items were available for residents to look at.

There was a good standard of cleanliness and hygiene was maintained in the centre. Cleaning staff were seen to be respectful about entering resident's bedrooms. The inspector spoke to cleaners about infection control, and they confirmed they had received training on how to perform their duties and meet the necessary standards of infection control. There was a sluice available in the centre.

The layout of the centre was seen to promote residents dignity and independence of movement in the service, with handrails along the corridors. Bathrooms and toilets also had grab rails and shower seats for those who needed them.

On the day of the inspection the centre was found to be of a comfortable temperature, with adequate lighting and ventilation.

There was a small kitchen area that was available for residents to prepare their own food and drinks, but resident reported that they asked the staff if they wanted anything.

There were aids and adaptations available in the centre to meet the needs of the residents. Some people had wheelchairs, comfortable seating and walking aids that they had been assessed for. Hoists were available in the centre where people had been assessed as needing that support with their mobility. Service records were seen for all equipment provided in the centre, which were repeated at least annually.

Judgment:

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:

There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process.

There was a detailed policy that set out the procedure within the centre for making a

complaint. This included attempting to find local resolution where possible. There was an arrangement to speak to someone independent to the centre if they remained unsatisfied with the outcome of the complaint. It also stated that there would be no adverse impact on anyone making a complaint.

The procedure was displayed prominently in the centre, and residents were clear who they would speak to if they were not happy about something. Relatives also confirmed they know who they would speak to if they had a concern.

The inspector reviewed the complaints log that was used to record complaints from residents and relatives and found that there were adequate records maintained of complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied. This included any verbal feedback that was received about the service provided. There were a small number of complaints recorded. It was possible to see areas such as food preferences, and room temperatures had been responded to.

Reviewing complaints was part of the regular audit practice within the centre, completed by the person in charge and the provider nominee.

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:

The inspector found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for the resident.

The policy on end of life provided helpful guidance to staff. It covered care of the dying, and care to be given following death.

The inspector saw an end of life plan in the care plan for each resident, however there was not much individual information recorded, for example peoples wishes following death. The inspector it noted it may benefit residents if this information were recorded, so it can be accessed if they become unable to express their wishes.

Care plan review meeting records did show evidence that conversations were being held during family meetings to identify what individuals wishes were about the care and treatment they wanted to receive. Any wishes around resuscitation were recorded, and

signed by the general practitioner where appropriate.

At the time of the inspection no residents were receiving end of life care, however some were receiving support from palliative care services. Records showed this had been arranged in agreement with the residents and their family where appropriate. The service included counselling and support with deteriorating health.

It was also explained that relatives were welcome to stay with their resident, and there was a relative's room they were able to use. Kitchen staff confirmed drinks and snacks would be offered to them, and they could access the kitchen in the centre directly. Residents' cultural and religious needs were supported. The centre supported people from different religious backgrounds including Catholic and Jewish.

There was a non denominational oratory that could be used by family, and for services following death.

The person in charge reported that following the death of the resident there was a remembrance service which the family and friends were invited to attend. Thank you notes in the centre confirmed that this was felt to be a very supportive part of the process of grieving the loss of their family member.

The provider had bereavement information that could be given to families following the death of a loved one that provided useful information including details of how to register a death and details of professional support services available.

The policy set out that possessions would be returned to relatives at a time that suited them, and would be handed over in a bag purchased especially for that purpose.

Staff spoken to confirmed that there was signage used in the home when someone was at end of life, and that staff were quite and respectful in the care they offered, focusing on supporting the resident around nutrition, comfort and spending extra time with them if family and friends were not there.

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):

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

Findings:

Residents were provided with food and drink in sufficient quantities to meet their needs.

There was a nutrition policy in place that covered the importance of nutrition and hydration. It also covered the process to follow if residents lost or gained weight, and when to make a referral to a general practitioner (GP) or other professional.

The inspector found that there were systems in place to monitor that residents were receiving good nutrition and hydration. For example, residents weight, special diets, advice from dieticians and speech and language therapists, and a screening tool to identify the risk of malnutrition. Residents who needed support around nutrition were discussed during handover, and the person in charge and the staff were seen to be very clear of each residents needs.

Where residents were on a modified diet, evidence was seen that the professional advice was followed and care staff and kitchen staff were familiar with who should have which diet. Arrangements had been made to meet individual needs, including purchasing equipment to ensure a very smooth puree diet could be provided. Assistance was seen to be provided discreetly and respectfully by staff, who sat next to the person they were supporting and went at the preferred pace of the resident.

A number of residents in the centre followed a kosher diet, and this was prepared in a special kosher kitchen. Residents were observed to receive the kosher meals where this was their choice.

The inspector observed breakfast and lunch being served, and found that the dining experience was a pleasant one. It was not rushed and was seen to be a social occasion. Some residents took their meal in the dining room, others in the canteen in the main building and others in their rooms. Tables were laid out with cutlery, napkins, and condiments, and those taking their meals on trays also had the same.

Residents were seen to enjoy choice of meal at each sitting. There was also a range of drinks available with their meal, including tea, water, and juices. The inspector noted that all meals were well presented and residents all gave very positive feedback about the meals, and the choice offered.

The inspector saw residents being offered a variety of drinks and snacks throughout the day and fresh water was available at all times.

There were no facilities for residents to prepare their own meals, but everyone spoken to felt if they wanted something they would just ask. They could use the kitchen on the ward to make drinks and snacks, but most who were asked said they asked the staff to get things for them.

The inspector met with the chef who was knowledgeable about the assessed needs of the residents, and their likes and dislikes. There was a list of the residents who required a modified diet, or for their food to be fortified with butter and cream. Residents were seen to get the meals they are assessed for. The kitchen served the whole of the service, but the chef knew the needs of the designated centre, and was involved in reviewing the service provided by the kitchen with the person in charge. Some of the complaints or comments received in the centre had been about the quality of the meals,

but these had been resolved to the satisfaction of the person raising the issues.

A four week menu was being followed and this had been seen by the dietician in the past. The kitchen was well maintained, and storage was sufficient for the needs of the centre.

The inspector read reports from the Authority responsible for food safety, where they were found to be compliant with food safety regulations.

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):

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

Findings:

The inspector was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

The inspector observed staff interacting with residents in a positive way. Those joining in the activities enjoyed the conversations being held with the staff.

There was an open visiting policy and contact with family members was encouraged. During the inspection a lot of relatives were seen visiting their relative's and either sitting with them in the main areas of the centre, or using the resident's rooms. In the questionnaires relatives commented the gardens were nice for taking relatives out to the fresh air.

Residents communication needs were identified in their personal care plans, and staff were seen to be working closely with residents who had limited verbal communication to ensure their needs were met and they remained comfortable.

There was a residents meeting held every three months. The minutes showed that residents were consulted about what activities to arrange in the centre, and for any comments on the running of the centre. Issues raised included food quality, alarm call button not being answered, and possible day trips.

The provider had recently conducted a satisfaction survey, and had identified the areas that needed to be reviewed following the comments received. The topic of call bells

taking a long time to answer came up through the centres own evaluations, and also during the inspection. This issue is discussed further under outcome 18.

There were a range of activities available in the centre, and a dedicated activity co-ordinator who did an assessment with each resident to identify what they would be interested in, and they tried to include those activities where possible. This was reviewed 3 monthly to see if residents were enjoying the activities provided and if any changes to the planned programme were needed.

During the inspection residents were seen to be engaging in card making, therapy dog visits, and watching DVDs. Some residents were winding yarn or folding napkins. The reminiscence area of the lounge was also seen to spark a few conversations between residents and staff. Some residents chose to stay in their rooms, while others chose certain activities they wanted to join for example the religious services available in the centre.

The inspector noted that residents could have TVs and radios in their rooms, and there was access to daily papers.

Voting had been facilitated in the centre during the last election, and this arrangement would be repeated for the next elections planned.

There were also advocates visiting from a local service, and they spoke to residents and passed feedback to the person in charge. This was done without mentioning names so residents could feel safe to raise any issues. Those spoken with said they would speak to the staff, person in charge or the advocates if they needed to, and they confirmed that they felt they would be listened to.

Judgment:

Compliant

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:

The inspector found that adequate provision had been made for the management of residents personal possessions.

There was a policy in place covering resident's possessions which set out the importance of listing the resident's belongings on admission, and also the arrangements for storing of valuables.

The inspector noted that there was sufficient storage space in the bedrooms for residents which included a wardrobe and a bedside locker, with lockable drawer. Residents had personalised their rooms with pictures and ornaments.

The inspector saw clear records of the resident's possessions including any furniture, clothing and other belongings were brought in to the centre.

There was a laundry on the premises that met the needs of the residents in the designated centre. There were washing facilities that were able to manage with delicate laundry, and also wash at high temperatures where infection control measures were needed.

A new system of recording what clothing was being sent to the laundry, and checking it had returned had made great improvements in the number of items getting lost.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector observed that there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection. However, there was some evidence that lower staffing levels after 8pm were having an impact on the residents' care needs.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Residents knew all the staff well, and reported that they were pleasant. However a number of residents identified that it could take a long time for call bells to be answered. Some also commented that personal care could feel rushed. Residents said they thought this was because staff were busy.

On the day of the inspection the staff were seen to have sufficient skills and experience to meet the needs of the residents. There were nurses on duty at all times, and the

person in charge or their deputy. The nursing staff undertook all of the medication and nursing care responsibilities.

The staff rota matched the staffing in place at the time of the inspection. It was noted that after 8pm that the staffing went down to two care assistants and one nurse. Staff commented that it could be hard to meet the needs of the residents during this time.

Through the records there was evidence that there were some recurring issues in this time period. For example falls in the lounge that was not supervised after 8pm, and delays in responding to call bells. Residents also commented that they sometimes felt that personal care was rushed.

Through discussions it was apparent that when the nurse need to do a medication round they would not be available for personal care and should not be interrupted, but said that they often were. It was also noted that some residents required the care of two staff to meet their personal care needed. This would leave no staff able to observe other areas of the centre, respond to call bells or meet the needs of the other resident's during that period of time. This could increase the risk of residents needs not being met, and increase in accidents such as falls.

All staff had completed mandatory training (fire, manual handling, and adult protections). There were also other training opportunities that reflected the needs of the residents in the centre. This included food and nutrition, and infection control. The policy on selection and vetting of staff was seen to be put in to practice. Staff files reviewed contained all the required documents as outlines in schedule 2, which was evidence of a robust recruitment process. Evidence of up to date registration with the relevant professional body was seen for the nursing staff employed in the centre.

All documentation was also in place for volunteers that supported the centre, including photo identification and a Garda vetting checks.

Appraisals were being commenced and would take place on an annual basis. They were to include a self appraisal where the staff member could identify where they were doing well, and any areas they thought they needed to improve, or required training. The information from the appraisals supported the development of the training plan.

Minutes were seen of staff meetings, covering issues such as training and residents' needs. Staff said they felt supported by the person in charge and could arrange to meet them if they needed to discuss anything with them.

Management were in the centre through the day and evening and so supervision of staff practice was undertaken daily. The person in charge was seen to be active in her supervision of the daily activity in the centre, and had made a number of changes to improve the experience for the residents.

Use of agency staff had reduced since the last inspection, and a recent recruitment drive hoped to reduce it further. It was clear from the staff rota that the same people were used where possible, so they got to know the service and the residents well.

Judgment:

Non Compliant - Moderate

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:

Helen Lindsey
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:	New Lodge Nursing Home
Centre ID:	OSV-0000073
Date of inspection:	10/12/2014
Date of response:	

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 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:

The risk policy did not cover the measures and actions to take in relation to the risk of self harm and aggression and violence.

Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-

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

harm.

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

The Risk Management Policy for New Lodge Nursing Home has been updated to include measures and actions in place to control self harm.

Proposed Timescale: 23/01/2015

Theme:

Safe care and support

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

At the time of the inspection there was no evidence of the annual servicing of the emergency lighting, and only some evidence of servicing of the fire alarm on a three monthly basis.

Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

A system is being put in place to ensure that the Emergency Lighting and Fire Alarm System is serviced every three months.

Proposed Timescale: 02/03/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Not all 'as required' (PRN) medication had clear guidance about when it should be used.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Guidance is currently being put in place to ensure that all PRN has clear guidance about when it should be used.

Proposed Timescale: 02/02/2015

Theme:

Safe care and support

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

Not all 'as required' (PRN) medication that had been prescribed was available in the centre on the day of inspection.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

A system is being put in place to ensure that all PRN medication not required for a period of three months is discontinued.

Proposed Timescale: 02/02/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The number and skill mix of staff in the evening time required review to ensure that the assessed needs of all residents were met.

Action Required:

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

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

A review of the skill mix of staff in the evening time is currently under way and the findings of this will be implemented.

Proposed Timescale: 02/03/2015

