



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

Issued by the Chief Inspector

Name of designated centre:	Cherryfield Lodge Nursing Home
Name of provider:	Cherryfield Lodge Nursing Home
Address of centre:	Milltown Park, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	10 May 2022
Centre ID:	OSV-0000024
Fieldwork ID:	MON-0036817

About the designated centre

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

Cherryfield Lodge is situated in Ranelagh, Dublin 6 and is well serviced by nearby restaurants, libraries, community halls, and is close to the National Concert Hall and theatres. The ethos of Cherryfield Lodge is based on that of the Jesuit Order. Cherryfield Lodge can accommodate 20 male residents, who can enjoy a good quality of life and are supported and valued within the care environment to promote their health and well-being. Male residents with the following care needs can be accommodated: general care, respite care, dementia care and those convalescing, providing 24 hour nursing care as provided and as directed by our policies and procedures. Jesuits, members of other religious orders and the general public may be admitted to Cherryfield Lodge and all levels of dependency are admitted.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 10 May 2022	08:45hrs to 16:30hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Cherryfield Lodge nursing home and their rights were respected in how they spent their days. The home as a whole had a calm and tranquil atmosphere. Residents who spoke with the inspector, expressed great satisfaction with the staff and the service provided to them.

On arrival to the centre, the inspector was met by a member of staff who guided them through an infection prevention and control procedure which included the use of hand sanitising gel, the wearing of a mask, temperature monitoring and the completion of a health questionnaire. Staff were observed to be compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed.

Following a short opening meeting, the inspector was accompanied on a tour of the premises by the chairperson from the board of management, where residents were met and spoke with in communal sitting and dining rooms.

Residents' accommodation and living space was laid out over two floors which were served by a lift and all areas were easily accessible to residents. Bedroom accommodation comprised of 20 single ensuite bedrooms which provided the residents with privacy and dignity. The inspector saw that there was sufficient secure storage in residents' bedrooms and that each had a television for entertainment. Residents were supported to personalise their bedrooms, with items such as photographs, artwork and personal effects to help them feel comfortable and at ease in the home. One resident informed the inspector that "things could not be better". Those residents who could not articulate for themselves appeared very relaxed.

There was a variety of different spaces for residents to use throughout the day. There was comfortable day and dining spaces for residents to relax on each floor. The design and layout of the home promoted free movement.

The inspector spoke directly with three individual residents and also spent time sitting with small groups of residents observing staff and resident engagement. Overall feedback from residents spoken with was that the staff who delivered their care were kind and attentive. One resident described the staff as "kind and caring". Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly and unhurried manner. Call bells were answered promptly and staff were seen knocking on bedroom doors prior to entering.

Residents spoken with were highly complimentary of the service received and told the inspector that they felt safe and very well cared for living in the centre. The inspector observed that the care staff knew the residents well and were aware of

their individual needs. Residents were familiar with the name of the person in charge and other staff members. They said that they were approachable and would address any concerns brought to their attention.

Mealtimes were seen to be an enjoyable and social occasion. The inspector spoke with a small group of residents having finished their midday meal. The residents expressed a high level of satisfaction with the meal, with one resident commenting that 'the food is excellent. Residents confirmed that a choice of food was always on offer. Fresh water was available in dispensers and jugs throughout the centre so that residents could get a drink of fresh water as required throughout the day.

A number of residents spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the musical therapy. Activities had continued during the Covid-19 pandemic, for example pilates had been organised outside through the window. Staff had taken on the chaplaincy role during this time. Mass had now resumed each morning in the centre.

Visiting was in line with the Health Protection and Surveillance Centre (HPSC) guidelines on visits to nursing homes. Visiting was open to resident families and friends, a nominated person was identified for each resident in the event of a Covid-19 outbreak.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection show that this was a centre which ensured that residents received high quality, safe care. The management structure was clear and the lines of authority and accountability were clearly outlined and reflected the statement of purpose. However there were areas that required action within governance and management, contracts for provision of service and residents' rights.

The designated centres' operations are overseen by the Society of Jesus (Jesuit Order) management board, and the chairperson of the board was based in the centre. The person in charge (PIC) was supported in her role by administration staff and a clinical nurse manager (CNM). The governance structure in the centre was clear, with each member of the management team having clear roles and responsibilities. The provider had adequately resourced the service and had committed to upgrading areas of the designated centre. For example there was a plan of work to install every residents' bedroom door with an easy access open fitting. There was a plan to have at least four clinical hand wash sinks in 2022. An

annual review report for 2020 was available to the inspector, direct input from residents and their families was not evident in the report, which the person in charge explained was due to restrictions around the COVID-19 pandemic, this is further discussed under regulation 23:Governance and Management.

Clinical audits included those on the environment and medications. There was clear evidence of learning and improvements being made in response to these audit reports. However whilst falls had been recorded and incident reports completed, there was no evidence of trend analysis, therefore there was no learning identified in this area.

There were adequate staffing resources available to ensure that care was provided in accordance with the centre's statement of purpose and to meet the assessed needs of the residents living in the centre. There was a reduction of one in the whole time equivalent in nursing staff from the previous statement of purpose. The provider assured the inspector this was due to the reduction in bed occupancy. When the centre was operating at full capacity the whole time equivalent would increase. At the time of inspection there was a vacancy in one health care assistant position, which had been recruited for.

Staff had access to an extensive list of mandatory and supplementary training, which included infection control, safeguarding vulnerable adults, manual handling and fire training. Training was being planned for managing challenging behaviour.

A sample of residents' contracts for the provision of services was reviewed. These contracts outlined the terms and conditions and responsibilities of the provider and resident, and all had been signed by the resident and/or their next of kin. However these contracts had not been reviewed following changes in relation to fees and bedroom allocations.

The centre had written policies and procedures in place, which were reviewed and updated in accordance with best practice guidelines. These policies included those specific to COVID-19 pandemic and public health guidance.

Residents spoken with told the inspector that they would know how to make a complaint if needed and felt supported by all staff to do so. The inspector reviewed the complaints log which recorded individual complaints, however complaints were not seen to be closed out as there was no record of the satisfaction of the complainant.

Regulation 15: Staffing

There was an appropriate number of staff and skill mix to assist with the need of the residents, assessed in accordance with Regulation 5 and the size and layout of the

designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Records reviewed showed that mandatory training was up to date for all staff working in the centre. Training was regularly reviewed and planned according to the needs of the service.

Judgment: Compliant

Regulation 23: Governance and management

Actions were required to improve the overall governance and management systems in the centre in order to ensure effective oversight and the resident's voice being heard. For example:

- The annual review which was named as a Quality Improvement Plan 2020-2021 had no evidenced input from resident and their families.
- Falls were seen to be reported and incident logs completed, however there was no audits of these falls, for example one resident had a number of falls in a three month period, there was no trend analysis to identify any learning outcomes.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts for the provision of services and observed that not all contained the required information.

Contracts had not been reviewed to include up to date fees.
The correct bedroom allocation was not on contracts for three residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required up dating to reflect the current registration. Seven conditions were listed instead of the three conditions in line with the current registration from the 24 January 2021, ending the 23 January 2024.

The details of access to the GMS and the national screening programmes were not included in the statement of purpose.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaint log was a record of all complaints received, there was no record of the complainant's satisfaction with the outcome.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre.

Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection control, visiting and cleaning protocols.

Judgment: Compliant

Quality and safety

The inspector found that residents received a safe service which enhanced their quality of life. Staff supported residents to access health services and to make choices about their daily living and activities. Residents welfare was maintained by good quality evidence based care. The centre was clean and furnished in a homely manner to meet the needs of residents.

The inspector reviewed documentation related to the care of five residents. Care plans were person-centred and were informed by a number of clinical assessments covering all aspects resident's care including mobility, nutrition, cognition and skin

care. Comprehensive pre-admission assessments were completed to gather information about residents needs prior to their move to the designated centre. Care plans were reviewed every four months or earlier if residents' circumstances changed.

The GP visited the designated centre regularly. Residents had access to a number of allied health professionals, including dietetics, occupational therapy and speech and language therapy. A physiotherapist visited weekly and referrals were made to tissue viability nursing when required. GP and allied health interventions were documented in resident records.

Inspectors saw evidence that residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express physical discomfort) were treated with respect and dignity by staff. Where restrictive practices were in use, documentation was in place which recorded the reason for the practice, and when it was used. However consent was obtained from next of kin in the risk assessment for the implementation of bed rails. This is not in accordance with national policy "Towards a restraint free environment in nursing homes."

The provider had in place adequate facilities and resources to support recreational activities for residents, and many residents were observed to partake in group and one-to-one recreational activities during the inspection. The inspector observed residents moving freely throughout the centre and a spacious picturesque outdoor garden was freely accessible. There were facilities and opportunities in the centre for residents to engage in recreation and to exercise their civil, political and religious rights. Residents had access to radio, television and newspapers. Residents' privacy and dignity was protected by staff practices. There was independent advocacy available in the centre, however residents' meetings were not held regularly, the last reported meeting was in January 2020. There were no resident surveys to capture the residents voice, in how the centre was run or any improvements they would like to see happen.

A choice of food was offered at mealtimes. Written menus were available to residents in dining rooms and staff were observed to ask residents what their preferred option was at lunch, and alternatives to the choices on offer on the day were available if requested by residents. There were adequate staff to assist residents with their meals and this was seen to be performed in a discreet and respectful manner and mealtimes were observed to be social and relaxed occasions.

The centre had an in-house laundry facility which was clean and well-organised. It had clear signage indicating the areas where soiled and clean laundry were processed which ensured that resident's clothing was promptly laundered and safely returned to them. The laundry staff ensured that residents' clothes were labelled and they maintained a record of new clothes as they were brought to the designated centre. There was adequate wardrobe space in bedrooms to store the resident's clothes and their personal possessions.

At the time of the inspection, visits were facilitated in line with current public health guidance. Visits were booked in advance through reception where a record of all

visits was maintained, however if a visitor did arrive to the centre unannounced their visit would be accommodated.

The provider had a comprehensive COVID-19 contingency plan in place and provided documents which evidenced simulated actions around a COVID-19 outbreak. The management team was responsive in managing identified risks and in monitoring for emerging risks within the centre. A comprehensive risk register had been developed which included both clinical and non-clinical risks. Accidents and incidents were reviewed in a timely manner and appropriately responded to.

The inspector observed staff adhering to good hand hygiene practice and the correct use of PPE throughout the day. While there were dedicated hand wash sinks in the centre, these sinks did not comply with HBN-10 specifications. The hand soap provided at each sink was in a pump action bottle, which has the potential to lead to cross contamination. Management are in the process of replacing at least four hand wash sinks and has planned to replace the soap bottles with dispensers.

Cleaning trolleys were well organised and housekeeping staff who spoke to the inspector were knowledgeable about good infection prevention and control procedure. For example staff were able to describe how they used single mops for each room and separated soiled and clean mops to prevent cross contamination. A sample of cleaning schedules was viewed by the inspector and found to be completed by staff and signed by the housekeeping supervisor. A rota of the deep cleaning of communal areas and residents bedrooms was maintained on a daily basis. There were sufficient housekeeping staff to maintain a good standard of cleanliness within the designated centre.

Regulation 11: Visits

A comprehensive system was in place in line with HPSC guidance to ensure residents' safety while being able to welcome visitors to the designated centre.

Judgment: Compliant

Regulation 27: Infection control

Infection control procedures were consistent with the national standards for the prevention and control of health care associated infections and were seen to be implemented by staff working in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed on an ongoing basis using a number of clinical assessment tools. Care plans were reviewed and updated as residents' needs changed and within four months and as required. Residents' preferences were documented and where the resident was unable to contribute to their care plan family members were consulted.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that residents had appropriate access to medical and healthcare through regular visits from the general practitioner, referrals to allied health professionals and other medical services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Whilst a risk assessment was completed prior to the implementation of bed rails, consent was obtained from next of kin which is not in accordance with national policy "Towards a restraint free environment in nursing homes."

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was no evidence of consultation with residents in relation to their needs and preferences being taken into account in the planning, design and delivery of the service.

There were no resident meetings held since January 2020, and there was no plan for such meetings to recommence.

No resident surveys had been carried out.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy was available for review and it met the regulatory requirements. A risk register was in place which identified open and closed clinical and environmental risks. It was evident that the risk register was reviewed on a regular basis.

A comprehensive COVID-19 contingency plan had been developed which was regularly updated and included information on communication with families, visiting arrangements, recreational support and isolation plans for residents. There was a plan in place to respond to major emergencies.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 26: Risk management	Compliant

Compliance Plan for Cherryfield Lodge Nursing Home OSV-0000024

Inspection ID: MON-0036817

Date of inspection: 10/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Reflecting the report we will continue to respect Residents views and suggestions and how they spend their days.</p> <p>We will continue to have individual conversations with residents and families with access to the Registered Provider representative, the Person in Charge in person, by phone and/or by email where residents and families may express or address any issue that is of concern to them or make observations, recommendations or suggestions on our service. Residents, families and visitors may also use the comments box if they wish which is monitored and checked regularly. Family and Resident conversations are logged. Pre pandemic residents meetings were held on a monthly basis with an agenda and minutes circulated. We have introduced all activities socially distanced such as pilates, physio and musical therapy based on I.C.P Guidelines and normalizing life in Long Term Residential Care Settings. We will recommence residents meetings also subject ICP guidelines.</p> <p>A clinical practice group meets to discuss and review our restrictive practice four monthly. At this meeting route cause of falls is also discussed in detail and the supports required to prevent resident falls. These supports include bed and chair alarms, high low beds, and review of medical conditions by the GP, Specialists and Allied Health Care professionals including dietary requirements. Minutes of meeting cover residents’ wishes in respect of maintaining independence and their wish to take reasonable risks in how they spend their day. We will separate falls review discussion in the minutes of these meetings. We audit the effect of our strategies at each meeting.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract of Care will be reviewed to ensure compliance with Regulation 24. Up to date record of Residents room allocation and fee rates is currently maintained outside of the Contract of Care with the resident's financial record. Communications re fee changes are held on file.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Residents are supported to avail of their entitlements under the GMS services and schemes. This is recorded in the Statement of Purpose. The statement of purpose has been amended to contain 3 conditions of registration in line with current registration.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints log and investigation will continue to be reviewed by a Board member and will include "tick box" sign off that the investigation is completed and resident's response to the outcome of the complaint is recorded.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A Risk assessment document to record discussion with all stake holders relating to restraint will be amended. Resident consent will remain.</p> <p>Next of kin will be included in the discussion at the request of the resident.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Reflecting the report we will continue to respect Residents rights individually and respect how they spend their days.</p> <p>We will continue to have individual conversations with residents and families with access to the Registered Provider representative and the Person in Charge in person, by phone and/or by email where residents and families may express or address any issue that is of concern to them or make recommendations or suggestions.</p> <p>The comments box is also available which is monitored and checked regularly.</p> <p>Pre pandemic residents meetings were held on a monthly basis with an agenda and minutes circulated. We have introduced all activities socially distanced such as pilates, physio and musical therapy based on I.C.P Guidelines and normalizing life in Long Term Residential Care Settings. We will recommence residents meetings also under ICP guidelines.</p> <p>Conversations where concerns or suggestions are made are logged.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	14/06/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	14/06/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for	Substantially Compliant	Yellow	31/07/2022

	such services.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/06/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/07/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/06/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	30/08/2022

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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