

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cherryfield Nursing Home
Centre ID:	ORG-0000213
Centre address:	Ballygarret, Gorey, Wexford.
Telephone number:	053 94 27286
Email address:	larrydoylecherryfield@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Larry Doyle
Provider Nominee:	Larry Doyle
Person in charge:	Naomi Walsh
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	5

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.

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 2009 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 June 2014 08:00 To: 04 June 2014 16:00

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

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the monitoring inspection the inspectors met with residents, relatives, the provider, person in charge and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. Inspectors found that residents appeared to be well cared for and their health needs were met. However, improvements were required in a number of areas, including the following:

- health and safety issues
- the activities programme was not adequate
- continued significant issues in relation to the premises
- end of life care was not adequate
- staff files required updating.

The Action Plan at the end of this report identifies where improvements were needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 2009 (as amended), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a full-time person in charge who was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. The person in charge was engaged in the governance and operational management of the centre on a regular and consistent basis. The person in charge outlined to inspectors that she had eighteen hours protected managerial time each week and also worked as the nurse in charge for the remaining time. The person in charge stated that she was supported in her role by the provider whom she met each day. Inspectors were informed that since the last inspection, weekly meetings had been held between the provider and the person in charge and inspectors reviewed minutes of these meetings. The person in charge informed inspectors that she fulfilled this role with the assistance and cooperation of her staff. Since the last inspection a senior nurse had been appointed to the position of deputy person in charge who also attended the weekly meetings with the provider. Staff to whom inspectors spoke had a clear understanding of management and reporting relationships and confirmed that the person in charge was readily available to support staff. In the absence of the person in charge, the deputy person in charge or the staff nurse on duty undertook her responsibilities. During this inspection, the inspectors noted that the person in charge demonstrated a positive approach towards effectively meeting regulatory requirements. In addition, the person in charge demonstrated an adequate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Judgement:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge informed inspectors that she was involved in the care provision and was highly visible in the centre, regularly meeting residents and visitors, and was well known to all. The person in charge outlined that the centre was small in size and therefore she easily monitored safeguarding practices by regularly speaking to residents and relatives and by reviewing the systems in place to ensure safe and respectful care. Residents spoken with confirmed to inspectors that they felt safe in the centre and spoke positively about their care and the consideration they received. During the inspection, inspectors observed the person in charge and staff knocking on bedroom doors prior to entering, speaking with residents and visitors in a sensitive and considered way and generally dealing with care and welfare issues in a respectful manner. Inspectors noted there was a centre-specific policy for the prevention, detection and response to adult abuse. Staff spoken with also stated that they had received training and staff interviewed by inspectors were able to confirm their understanding of the features of adult abuse and their reporting obligations and how they might deal with a suspected incident of abuse. The person in charge outlined to inspectors how records of residents' finances were maintained in a clear and transparent format. Inspectors noted that a small safe was provided for each resident who wished to retain cash in their room. Safeguards such as double signatures were in place to protect the financial interests of residents with cognitive impairment and there was a clear system in place for the safeguarding and disbursement of personal cash.

Judgement:

Compliant

Outcome 07: 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:

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

Findings:

Inspectors noted that there was a mobile hoist available and there was evidence that staff were trained in moving and handling of residents. Inspectors viewed records in relation to equipment inspection and maintenance, including hoists which had been serviced on a regular basis. The environment was kept generally clean and adequately

maintained, with flooring and lighting in adequate condition. Since the last inspection a ramp had been constructed replacing the two large steps leading into the laundry room and therefore removed this manual handling hazard for staff. In addition, inspectors noted that since the last inspection call-bell facilities for residents use had been installed in the sitting and dining rooms. The main entrance was controlled by an electronic keypad and all other exit doors were alarmed. Inspectors noted that since the last inspection a grab rail had been installed at the main entrance to assist residents and visitors with mobility needs. Inspectors noted that the policy on risk management included the management of hazards and the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. In relation to the management of accidents and incidents; the person in charge outlined to inspectors how incidents were effectively managed and importantly the learning that occurred following accidents/incidents within the centre. For example inspectors viewed evidence of suitable reviews of residents risk assessments and adjustments made as required to residents' care plans following any incident/accident. There was also evidence of effective communication with residents' representatives and members of the multidisciplinary team including the General Practitioner (GP), the clinical nurse specialist, occupational therapist and/or the psychiatrist. Inspectors viewed the risk register which identified hazards such as slips, trips and falls and manual handling risks and detailed measures/controls aimed at reducing such hazards.

Inspectors noted that there were a number of propane gas cylinders stored at the side of the premises near the staff changing room. However, the storage of the propane gas cylinders had not been risk assessed and it was unclear to inspectors where staff in the centre smoked. In addition, there was no smoking policy in relation to staff smoking in the centre. There was centre-specific health and safety documentation including an up-to-date safety statement and there was a centre-specific emergency plan in place. Inspectors noted that the emergency evacuation plan stated that alternative accommodation arrangements had been made with the provider who would accommodate residents in the event of an evacuation. Nevertheless, inspectors requested that the provider provide more detail in relation to the contingencies for accommodating residents in the event of an evacuation of the centre.

Inspectors examined the fire safety register which showed that fire fighting, fire safety equipment and fire alarms had been regularly serviced. The fire policies and procedures viewed by inspectors were centre-specific and there was a fire safety plan. Inspectors noted that there were records of staff having completed fire training and evacuation drills. All staff to whom inspectors spoke were able to clearly articulate appropriate knowledge and understanding of what to do in the event of fire. Inspectors noted that fire safety checks included daily inspection of the fire alarm system, means of escape and the automatic door release devices were conducted and all fire door exits were seen to be unobstructed. Since the last inspection automatic door release devices had been installed on most designated fire doors. However, inspectors noted that one designated fire door in the sitting room was wedged open.

Judgement:
Non Compliant - Major

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that there were appropriate operational policies and procedures available in relation to medication management, and these were borne out in the manner in which medication was ordered and administered. Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements. Inspectors noted that a medication audits had been completed and there was evidence of medication reconciliation checks having been conducted in conjunction with the local pharmacist to ensure that medications delivered corresponded with the prescription record. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with best practice.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a policy on quality assurance and continuous improvement that was centre specific and the person in charge outlined how residents and their representatives were consulted in relation to reviewing and improving the quality and safety of care and the quality of life of residents. She described how the residents and their representatives were invited to attend meetings with the provider through a residents representative committee. Inspectors viewed minutes of these meetings and noted that the details of these meetings were generally recorded under the following headings: ongoing and resolved issues, and new topics. The person in charge outlined how residents and their representatives were consulted in relation to the system for reviewing and improving the

quality and safety of care, and the quality of life of residents. The person in charge worked in the centre each day and spoke to residents obtaining one to one feedback. Inspectors noted that while a number of the residents had high care needs nevertheless, the person in charge and staff endeavoured to ensure that the approach to care provision was individualised and person-centred. The person in charge informed inspectors that there was a monthly auditing programme to assist in measuring and reviewing the quality and safety of care provided. Inspectors noted that a number of corrective actions had been taken following these audits for example latex gloves were removed from the bedroom corridor and tiles on the sluice room floor had been replaced following an environmental audit. Inspectors noted that this programme included the following audits:

- falls incidence
- governance/management issues
- maintenance
- environment issues
- manual handling
- accidents/incidents.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

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

Findings:

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on wound prevention and management. From medical records viewed by inspectors residents were reviewed by their GP at appropriate intervals. From speaking with residents and the person in charge, inspectors noted that residents also had access to allied healthcare services including physiotherapy, psychiatrist, occupational therapist, dental, dietetics and chiropodist services. Inspectors noted that residents' weights were also monitored and recorded at a minimum each month and more often if required. Inspectors reviewed a selection of care plans which were comprehensive and centre-specific. There was evidence of a range of assessment

tools being used including; barthel activity of daily living index, mini-mental test, falls risk assessment, pain assessment, waterlow pressure ulcer prevention and nutritional assessments. In addition, there were risk assessments in relation to the use of restraint and wound care needs assessments had also been conducted. From the sample of care plans reviewed inspectors noted that for each resident requiring it, there was an up-to-date nursing wound management care plan with photographic records in place and it was revised as required by the resident's changing needs or circumstances. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at three monthly intervals.

In relation to restraint practices, inspectors observed that while bed-rails were in use, their use followed an appropriate assessment. Inspectors noted that signed consent from residents was secured where possible and the use of bed-rails discussed with residents representatives as appropriate. There was a centre-specific restraint policy which stated that the centre aimed for a restraint free environment and included a direction to consider all other options prior to using restraint. From a review of residents' care plans it was clear that suitable practices were recorded in relation to the use of bed-rails. There was ongoing monitoring and observation of residents while a bed rail was in place and such observations were related to the needs of residents as identified in their care plans.

While there was a general routine to the operation of the centre, individual choice was offered to residents as much as possible for example in relation to the time that residents got up, when and where they had their meals and the level of residents' participation in activities. Inspectors were informed that the provider also worked as the activities co-ordinator in the centre and was actively involved in the provision of activities for residents. There was a schedule of activities available that included activities such as walks in the garden, fit for life (provided by external company) board games, bingo, singing, pet therapy, mass and general knowledge quiz sessions. However, from reviewing the schedule of activities, residents' care plans and observations made during this inspection; inspectors formed the view that the activities continued to be inadequate. In addition, the programme of activities did not adequately met the needs of residents, and in particular residents with a cognitive impairment or restricted mobility. For example there were a significant number of periods in the activities schedule where no activities were provided and the activities listed on the schedule did not relate to the residents identified activity/social needs assessments. Inspectors observed that residents spent a considerable amount of time in the sitting room with minimal stimulation, other than the television, and with little interaction with staff. In addition, there was no evidence that suitable arrangements had been made to provide activities consistent with residents' previous routines, expectations and preferences, or to satisfy their social, cultural, and recreational interests and needs.

Judgement:

Non Compliant - Moderate

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Since the last inspection, inspectors noted that there had been some minor improvements in the premises including the installation of a hand rail at the entrance to the premises and a ramp had been constructed to replace steps into the laundry room. In addition, the provider informed inspectors that the bedroom that had previously been accessed by going through another double bedroom; would now be an office for the person in charge. This room/office would then be accessed only via an external door and this arrangement would promote the privacy of residents in the adjoining double bedroom.

Following the last inspection in January 2014 and repeated requests from the Authority; the provider eventually submitted outline drawings in relation to proposed construction works for the premises in May 2014. The provider outlined how a number of unforeseen issues had delayed the construction works to date. The provider informed inspectors that this extension would improve the design and layout of the premises for all residents. Nevertheless, the provider agreed to provide the Authority with evidence of planning progress, detailed construction time-lines and costings in relation to this proposed extension. The provider also agreed henceforth to update the Authority as matters in relation to the proposed construction of the extension progressed. However, inspectors noted as detailed in previous inspection reports; that there continued to be a number of major non-compliance's in relation to the premises. That the design and layout of the centre continued to have a number of significant issues and since the last inspection there had been no major structural improvements to the premises. Communal accommodation consisted of a sitting room, dining room and a small sun room. However, there were no suitable facilities for residents to meet visitors in private, which was separate from the residents' own private rooms. There were only two toilets that were suitable for use by residents, as the third toilet was located in the sluice room. One toilet was located in a room that had a standard shower tray and a non-functioning shower. The second toilet was in a bathroom that also contained a standard bath and wash-hand basin. Inspectors were again not satisfied that there were adequate toilet facilities to meet the needs of residents. There were some measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste, and staff spoken with had received infection control training. There were adequate supplies of latex gloves and inspectors observed staff using alcohol hand gels which were available in most areas of the centre. Staff to whom

inspectors spoke were able to outline suitable cleaning processes which were in keeping with best practices. The cleaning equipment provided in the centre was adequately stored to prevent cross-infection. There was a sluice room that contained hazardous materials, including cleaning liquids and there was an electronic keypad lock on the sluice room door. However, there were a number of issues in relation to the prevention of cross contamination including:

- there was a large container of protective antiseptic cream with no residents' identifying name or date when opened stored in the communal shower room
- there were seven used/opened bottles of shampoo located in the one communal shower room with no obvious means of identifying to whom each bottle belonged to which resident
- there were three pieces of used wet gauze swabs on the shower tray
- there was a empty urinal container unsuitably stored on the floor of the shower room.

In addition, inspectors were again not satisfied that there were adequate shower/bath facilities to meet the needs of residents for the following reasons:

- there was only one shower available for residents which was inadequate to meet the needs of the premises that catered for seventeen residents
- the size, design and layout of this shower room made it difficult for staff to provide assistance to residents that required the use of assistive devices, such as a hoist
- there was no assisted bath in the premises
- there was only one bathroom that contained a standard bath that was inadequate to meet the needs of this resident population.

There was a laundry room that contained a large industrial type washer and dryer, a standard single bowl sink and drainer, and ironing facilities. The staff toilet for use by all staff, including kitchen staff, was accessed through the laundry room. However, the laundry room continued to be unsuitable in the design, size and layout; as it remained cluttered, did not contain separate hand washing facilities and did not provide adequate space for the separation of clean and dirty laundry. Inspectors again formed the view that the size, layout and location of the laundry room did not comply with good infection prevention and control practice and posed a risk of cross contamination.

The sluice room continued to be unsuitable due to the following:

- there was a lack of storage/racking available for sorting, drying and the storage of incontinent equipment such as urinals and commode pans
- the domestic type water taps were not suitable for sluicing/cleaning purposes.

Inspectors noted that a number of residents' bedrooms had been personalised with residents' memorabilia, pictures and furnishings. Screening was provided in rooms with more than one occupant to assist in providing privacy for personal care. However, there continued to be inadequate storage space for equipment to be used in the centre for example there was a lifting hoist stored in a bedroom and laundry trolley stored in a bathroom.

Judgement:
Non Compliant - Major

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:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date and centre specific. Inspectors reviewed a sample residents care plans with regard to end-of life care and noted that they comprehensively captured residents' preferences at this time. Information in relation to end of life care was accessible to staff and staff were aware of this information. There was evidence that residents' received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Inspectors noted that the residents had timely access to the GP and the out-of hours service. There was evidence that medication management was regularly reviewed and closely monitored by the GP. Relatives were appropriately involved and there was evidence that family communication/meetings were convened. Residents who spoke to inspectors spoke in a positive manner with regard to their care. Inspectors noted that some residents had expressed that they would like to go to the acute services if they became unwell, while other residents stated that they would prefer to be cared for in the centre. This information was captured in the residents' care plans. There was evidence that religious and cultural practices were facilitated and residents had the opportunity to attend religious services held in the centre. Facilities were provided for relatives to have refreshments and snacks. Inspectors noted that within the aforementioned premises limitations; family and friends were facilitated to be with the resident approaching the end of their life. However, there were a number of issues in relation to end of life care including the following:

- there were no overnight facilities for families to be with the resident when they are dying
- for one end of life resident the recording of residents' fluid input and output and clinical monitoring/observations of care provided were not adequate.

Judgement:

Non Compliant - Major

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:

No actions were required from the previous inspection.

Findings:

There was a dining room located adjacent to the kitchen and most residents dined there. Inspectors viewed centre-specific policy and guidelines for the monitoring and documentation of residents' nutritional intake including a policy on the provision of therapeutic and modified diets. Staff used the malnutrition universal screening tool (MUST) which was an established weight monitoring/assessment tool that formed part of a comprehensive holistic resident's assessment on admission. Residents' weights were checked on a monthly basis or more regularly if required and weight records were maintained. Inspectors noted that a number of residents required modified diets and from a selection of care plans and medical records viewed there was evidence of appropriate allied healthcare referrals. Such referrals included dietetic and speech and language therapists' reviews, the outcome of which was recorded in the residents' care plans. Inspectors spoke with the cook who detailed how she and staff were aware of residents' menu choices and any particular dietary needs that they might have. There was up-to-date information with regard to residents' dietary requirements available in the kitchen. Staff had good knowledge of residents' likes and dislikes and particular dietary requirements. Residents had the option of having their breakfast served in bed, in the dining room or at their bedside and at a time of their choosing. Inspectors reviewed the dining experience during lunchtime and noted staff appropriately assisted dependant residents in a dignified manner. Inspectors also noted that residents were offered snacks and refreshments outside of scheduled meal times.

Judgement:

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a policy on staff recruitment and vetting of staff and staff to whom inspectors spoke to were able to articulate clearly the management structure and reporting relationships to inspectors and confirmed that copies of both the Regulations and the

Standards had been made available to them. Since the last inspection inspectors were informed that the allocation of staff hours in relation to cleaning within the centre had been reduced. During this inspection, inspectors reviewed the staff roster and observed practices and were satisfied that there were adequate staff and skill mix on duty to meet the needs of the residents, based on dependency levels and the size and layout of the centre. Staff to whom inspectors spoke were also able to articulate adequate knowledge and understanding of the Regulations and Standards. Since the last inspection, the provider had replaced many of the staffing records including the staff training and personnel files. The provider informed inspectors that such records were stored in a locked filing cabinet in the centre. The person in charge worked in the centre and also demonstrated a willingness and commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. Inspectors noted that ongoing staff training was provided which included the following:

- fire safety training
- manual handling training
- missing person training
- challenging behaviour
- elder abuse training
- care planning
- medication management
- dysphagia management (difficulty swallowing).

Inspectors reviewed a selection of staff files and noted that most of the documents under schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available. However, not all staff files viewed contained a full employment history, together with a satisfactory history of any gaps in employment.

Judgement:
Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Cherryfield Nursing Home
Centre ID:	ORG-0000213
Date of inspection:	04/06/2014
Date of response:	27/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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:

To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by risk assessing the storage of propane gas cylinders and provide a suitable smoking policy in relation to staff smoking in the centre.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The propane gas cylinders have been assessed for risk.

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

They will be secured to the wall to prevent movement.

Proposed Timescale: completed before July 4th

The smoking policy will be amended to include a designated area where staff will be allowed smoke in a safe environment.

Proposed Timescale: Completed before July 4th

2A The door wedge has been removed. A suitable automatic door releases device will be fitted.

Proposed Timescale: Completed before July 31st

2B I have commenced negotiations with nearby Nursing Homes to ensure that in the event of residents being removed to provider's house they will accept our residents to their Nursing Homes.

Proposed Timescale: Completed July 31st

Proposed Timescale: 31/07/2014

Theme:

Safe Care and Support

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

To make adequate arrangements for detecting, containing and extinguishing fires including the removal of door wedges from all designated fire doors.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

2A The door wedge has been removed. A suitable automatic door releases device will be fitted.

Proposed Timescale: Completed before July 31st

2B I have commenced negotiations with nearby Nursing Homes to ensure that in the event of residents being removed to provider's house they will accept our residents to their Nursing Homes.

Proposed Timescale: Completed July 31st

Proposed Timescale: 31/07/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

To ensure that residents have opportunities to participate in activities appropriate to his or her interests and capacities.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

The range variety and period of activities have been increased since last inspection

Proposed Timescale: Completed July 1st 2014

Our reminiscence programme continues at 1 Sonas Programme each week

2 Monthly Residents Meeting

Proposed Timescale: Completed July 1st 2014

A programme of activities organised by volunteers has been developed this involves 12 hours of activities each week with residents.

Proposed Timescale: Completed July 1st 2014

Our care plans are being reviewed to incorporate a programme of activities for each individual resident. This will allow us develop a programme best suited for the individual needs of each resident consistent with past life experiences.

Proposed Timescale: Completed July 31st 2014

Proposed Timescale: 31/07/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

To provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

Action Required:

Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

Please state the actions you have taken or are planning to take:
A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:

Theme:
Effective Care and Support

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

To ensure that the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:
A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:

Theme:
Effective Care and Support

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

To keep all parts of the designated centre clean and suitably decorated.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

Please state the actions you have taken or are planning to take:
A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:

Theme:

Effective Care and Support

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

To provide adequate private and communal accommodation for residents.

Action Required:

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:**Theme:**

Effective Care and Support

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

To ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:**Theme:**

Effective Care and Support

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

To provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents own private rooms.

Action Required:

Under Regulation 19 (3) (i) you are required to: Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents own private rooms.

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

A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:

Theme:

Effective Care and Support

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

To provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Action Required:

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:

Theme:

Effective Care and Support

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

To provide the necessary sluicing facilities.

Action Required:

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:

Theme:

Effective Care and Support

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

To ensure suitable provision for storage of equipment in the designated centre.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:**Theme:**

Effective Care and Support

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

To provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.

Action Required:

Under Regulation 19 (7) (b) part 2 you are required to: Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.

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

A separate email will be sent giving details of current position re planning permission etc. The authority will be kept informed on a regular basis of all developments.

Proposed Timescale:**Outcome 14: End of Life Care****Theme:**

Person-centred care and support

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

To facilitate the resident's family and friends, insofar as is reasonably practicable, are facilitated to be with the resident when they are dying and overnight facilities are available for their use.

Action Required:

Under Regulation 14 (2) (c) you are required to: Facilitate each residents family and friends to be with them when they are dying and provide overnight facilities for their use.

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

We pride ourselves on the caring manner in which we treat residents and their families in end of life situations.

Over the years separate overnight facilities have Never being requested.

Rather families have welcomed our family style approach where we open all our facilities eg snacks, breakfast, sitting room, religious care, funeral arrangements, phone service and any special requests are met where possible.

Indeed testament can be secured from many, many families to express their satisfaction with the care provided at this traumatic time for families.

Should separate overnight facilities become an issue it will be addressed in context of planning permission.

Proposed Timescale: Current position completed

Extension as per planning permission

Proposed Timescale:**Theme:**

Person-centred care and support

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

To ensure that when a resident is approaching the end of their life appropriate care and comfort are given to the resident to address their physical needs.

Action Required:

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

Our care plans will be amended to include the concerns expressed in your report.

Proposed Timescale: 31/07/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

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

To put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

The minor gap in our staff files identified by you will be amended as requested.
Proposed Timescale: completed July 1st 2014

A full audit of all staff files will be conducted to ensure no other gaps existed.

Proposed Timescale: completed July 31st 2014

Proposed Timescale: 31/07/2014