

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cherryfields Housing with Care Scheme
Centre ID:	OSV-0000750
Centre address:	2D Cherryfields Lawn, Hartstown, Clonsilla, Dublin 15.
Telephone number:	01 857 2362
Email address:	fiona.mcanespie@foldgroup.co.uk
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fold Housing Association Ireland Limited
Provider Nominee:	Martina Conroy
Lead inspector:	Deirdre Byrne
Support inspector(s):	Gearoid Harrahill
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 February 2016 07:30 To: 11 February 2016 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. In 2015, information seminars for providers on evidence-based guidance and procedures were held. Guidance material on the thematic inspection process is published on the Health Information and Quality Authority's (the Authority) website.

Inspectors met with residents, relatives, and staff members. They tracked the journey of five residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a formal recording tool. Inspectors also reviewed documentation such as care plans, medical records and staff files. Inspectors examined the statement of purpose, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The person in charge completed the provider self-assessment and compared the service with the requirements of 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 2009.

Inspectors found the provider and person in charge were very committed to providing a high quality service for residents with dementia.

The centre provided a service for people requiring general care and support and also of dementia care. On the day of the inspection there were 55 residents (one was in hospital), and about 25 residents had a dementia diagnosis. 26 residents lived in the special dementia care unit located on the ground floor.

The dementia care unit provided an environment for residents to move around as they wished, with access to an internal courtyard available to them at all times. There were sitting areas, a TV room, sensory room and three dining areas. All were an appropriate size to meet the needs of up to 26 residents. Signs and colours had been used in the unit to support residents to be orientated to where they were.

The main part of the home had a large central sitting area where much of the day to day activity took place. The residents on the first floor could look down into the room and take part in activities and observe events from here. There was access to two internal gardens from the centre, which had seating, paths and was nicely landscaped.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if the witness, suspect or were informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and using methods of restraint in the service. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support residents to live as independent a life as possible.

Each resident had a full assessment of their needs prior to their moving to the centre, and this included an assessment of their cognition. Care plans were seen to be in place for all residents, that set out their needs, and provided detailed guidance about how those needs were to be met.

Arrangements were in place to support the civil, religious and political rights of residents with dementia. The quality of residents' lives was enhanced by the provision of a choice of interesting things to do during the day. Staff were trained to communicate with people who had dementia, and using the observational tool showed that over a period of time staff were engaging with residents in a meaningful way.

Staff were offered a range of training opportunities, including a range of specific dementia training courses, explaining the condition, the progression of the disease and effective communication strategies.

The centre was compliant in most areas reviewed during the inspection, with a small area of improvement outlined in Outcome 1 of the report and the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe 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 identified their needs and interests. There was an area of improvement regarding the completion of care plans for residents dietary requirements.

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.

The provider and person in charge advised inspectors that the pre-admission assessment would consider if the centre would be able to meet their needs. When considering admissions to the dementia specific unit, they would consider if the residents needs would be met in that environment. For example, the centre only provided a service to people who were assessed as low to medium dependency, as anyone with a higher dependency would require a higher degree of nursing input that was not provided full time in the service.

There were pre-admission assessments in place for all residents, and for residents admitted in the last few years there were also common summary assessment form (CSAR). These documents identified resident's needs and an assessment of the cognitive abilities completed. In addition, the clinical nurse adviser completed an assessment of residents cognitive abilities.

The policy of the centre was for residents to retain their own general practitioner (GP). Residents were seen on day of admission or within 72hrs if the resident was moving from their own GP, the person in charge confirmed this happened in practice.

Records also showed that where there were known risks related to a residents care they were set out in the care planning documentation on admission. Key workers were allocated to residents who then completed the detail for the residents, and completed the detail of how to support the residents in relation to their identified needs, for example communication, nutrition, daily living skills, mobility and pain management. A life history document called a "Key to Me" was also completed by the resident and their family that covered important information and events in their lives. It covered a wide range of subjects including childhood, parents, siblings, marriage, children, occupation and hobbies.

Care plans were seen to cover health and social needs, with information about residents social, emotional and spiritual needs included. Areas such as depression and understanding of their health care needs were covered in the documentation. Where residents had religious or spiritual beliefs this was recorded in their care plan, and it was set out how they would continue with them in the centre, for example, their preference to be remain in the centre, attending the services provided in the centre, or receiving sacrament of the sick from the visiting priest.

Records showed that where medical treatment was needed it was provided. They showed that residents had timely access to GP services, and referrals had been made to other services as required, for example, dietician, the speech and language therapist, optician or dietician. This was the same in the dementia specific unit and the other part of the centre.

A public health nurse visited the centre 7 mornings a week, to carry out a number of clinical treatments and assessments. For example, monitoring blood sugar levels and providing wound dressings. There was close links to a community intervention team who provided care support where required. In addition, there was very good access to the services of the geriatrician who could be called upon when required.

Evidence was seen during the inspection that residents were closely monitored, and where there was a change in the presentation of the resident, action was taken quickly to respond to that. Records showed that residents had been seen by a GP, or in some cases went to hospital for further assessments. A clinical nurse manager who worked in the organisation was available up to four mornings a week explained thorough checks would be completed before considering a hospital admission. For example, they were able to test for urine infections in the centre, and arrange for the appropriate treatment if they were identified.

Where residents had been admitted to hospital, records were seen that detailed what the residents needs were, and included any medication they were prescribed. Records also showed that when residents returned from hospital there were discharge notes and any updated details about their healthcare needs and medications were provided for them.

A range of evidence based tools were seen to be in use to support the care staff and the clinical nurse adviser in identifying any changes in areas such as nutrition and hydration, dependency, skin integrity, oral care and risk of falls. Resident's assessed and identified needs were set out in care plans that described the care need and the support to be

provided to meet the need, for example if residents needed support with diabetes management or communication. However, the consistency of completing care plans for all identified needs required improvement. For example, two residents on a modified consistency diet had no care plan developed, and care plans for a third resident did not fully guide practice.

There was evidence that the care plans were being reviewed and updated every four months, or as needs changed. Documents were updated and signed by the care assistants responsible for the records.

There was evidence that residents and families were involved in developing the plans, and staff incorporated these meeting dates into the care plan reviews. The person in charge said involvement in reviews was happening, but arranging meetings with families could be difficult.

There were two residents in the centre with wounds that required nursing intervention. There were care plans developed for the residents. The public health nurse visited the residents and completed dressings as per their plan. Inspectors tracked wound care for one residents and found their wounds were being regular treated and assessed.

Residents with diabetes were appropriately monitored and managed. Inspectors observed staff measuring residents' blood glucose levels and found the staff who undertook the procedure adhered to the HIOA guidance of blood glucose monitoring. In addition, the public health nurse visited the centre daily to administer insulin and take blood sugar levels for two residents. Residents with diabetes were managed by the GP and had been referred to the diabetic clinic where appropriate.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records, when required were appropriately maintained.

Inspectors joined residents having their lunch in the dining room, and saw that a choice of meals was offered. The system of communicating between care staff and catering staff of the residents prescribed special dietary requirements required improvement. For example, catering staff who were not fully aware what persons were on a modified consistency diet. Apart from a daily menu/choice records stating two residents were on a "soft diet", there was no other information available to identify who these persons were and what type of modified consistency diet they were prescribed. This could lead to a risk to residents if the incorrect diet was provided. The three residents on modified consistency diets were tracked. As outlined above the development of these residents care plans required improvement.

Inspectors found that residents on weight reducing, diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Mealtimes in the

dining room were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. Where residents had fallen there were post falls assessments and incident forms were completed. A review of the information about where and when falls were occurred to identify if there were any changes that could be made to reduce the risks. During the time inspectors were in the centre, they saw evidence of staff supporting residents to maintain their mobility, encouraging them to walk with staff and relatives who were visiting. Incident records were reviewed. There were approximately 13 falls recorded in January 2016, however, the residents experienced minor or no injuries and there was evidence of appropriate action taken.

There was evidence seen during the inspection that residents were able to make choices about the care and treatment they received. Some had recorded their wishes around end of life care, and any discussions around 'do not resuscitate' requests had been signed by the GP. In other cases residents were seen to choose not to take part in activities, or social interactions taking place, and spent time doing something of their own choosing such as moving round the centre or resting in their room.

During the inspection there were a range of activities taking place. Some were group activities, for example skittles and exercise classes. Others were one to one activities such as reading the paper, walking and talking. During the week there were a range of activities including music, exercise, art, and therapy dogs. An activities programme was displayed on the residents notice board that outlined the activities planned for the week.

In the dementia specific unit inspectors did a formal observation in the unit, and saw that staff worked to involve residents in the activities taking place, but respected their decisions to either observe or not engage at all. This is further discussed in outcome 3 (residents rights).

Inspectors spoke with care staff who were administering medication, and noted there was a clear system in place for safe administration of medication. This included the use of 'as required' (PRN) medications. The inspectors discussed medication practices with a senior carer who was familiar with the procedure in place. All senior carers who administered medication had completed medication management training with the pharmacy. There was regular reviews of the residents medications by the GP and the pharmacy service. The person in charge ensured regular audits of medication practices.

At the time of the inspection one resident was receiving nursing care and palliative care. There were appropriate care plans developed to ensure the residents care, and comfort needs were met. Relatives spoken to felt that the staff were excellent, were respecting their relative's dignity, and were doing everything they could to support the resident and the family. There was good access to local palliative care services.

Inspectors followed up on the issues raised at the last inspection and found that the actions had been satisfactorily completed. Training on care planning had been organised for the person in charge and the senior care workers. The care plans examined were found to guide practice reflecting the assessed needs of residents, with an area of improvement as discussed in the report above.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as substantially compliant, with an action regarding residents identified dietary requirements.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was an elder abuse policy in place dated 2013. The provider advised inspectors it was for review this year and it would incorporate and include reference to the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. A revised policy was submitted to the Authority following the inspection.

Inspectors spoke with staff who 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. It was noted one staff was not so clear however, upon discussing this with the provider appropriate action was taken with refresher training was to provided to staff on the 30 March 2016.

Records that were reviewed confirmed that staff had received training on recognising and responding to elder abuse. This took place every three years and all staff were required to attend. The area Health Service Executive local area elder abuse officer facilitated the training in the centre. A small number of staff had not completed training since 2011 however, there were legitimate reasons for the gaps and dates of refresher training for the staff was confirmed also for 30 March 2016.

Since the last inspection there had been one allegation of abuse notified to the Authority. The provider had completed an investigation into the allegations. An investigation report had been submitted to the Authority on its completion that outlined the action taken and any improvements that were required. The person in charge and the provider were also very clear of their role in the investigations.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

There were policies in place about managing behaviour that challenges (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to suitable instruction to guide staff practice. These policies were also scheduled for review by the provider in 2016. Inspectors were informed by the care assistants that they had training in how to support residents with dementia. The provider had completed a masters in dementia care and provided additional hands on mentoring and support.

Training records read for the last 12 months showed that all staff had attended training related behaviours and dementia awareness. 18 staff had also attended training in communicating with dementia in late 2015 and early 2016. This is discussed further in Outcome 5.

At the time of the inspection, very few residents presented with behaviours that challenge in the centre. Where there were residents who required support, care plans were developed that set out how residents should be supported if they had behaviour that was challenging. Inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff spoken with were very clear that redirection and considering how residents were responding to their environment were important in supporting people to feel calm.

At the time of the inspection, 'as required' medication had been prescribed, or administered to residents who became anxious. There were systems in place to regularly review the use of these medications if they were in use.

The clinical nurse adviser who was spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs. Senior care staff were the persons responsible for administering medications and were knowledgeable of the procedures to be followed in the administration of such medications. Protocols were developed and incorporated into the policy on managing challenging behaviours.

There were no residents who required the use of bed rails in the centre. There was a policy on restrictive practices. The provider advised inspectors the policy was scheduled for review in 2016 and would include reference to the National Policy "Towards a Restraint Free Environment".

Inspectors did not review the systems in place to manage the finances of residents at this time. This would be reviewed at the next inspection.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

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

There were residents meetings held in the centre every quarter, and the minutes of these were read. An external advocate facilitated the meetings, and provided minutes to the person in charge and provider, who would take action on any issues where required. The minutes were provided to all residents and also displayed on the notice board prior to the next meeting.

There were separate family meetings also held where relatives' may raise any issues on these persons behalf. The residents' feedback was generally positive, and some had taken the opportunity to give comments on areas they felt could be improved including the food on the menu. The minutes of the meetings also documented the action taken by the provider and person in charge, and these were discussed at the next meeting.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the centre that included daily prayers and weekly mass for Catholic residents. Where residents were of other religious denominations there were spiritual meetings held. Mass was held in the centre by a local priest on the inspection day, and a number of residents were observed to attend. Each resident had a section in their care plan that set out their religious or spiritual preferences.

The person in charge outlined details of independent advocacy services that were available to the residents. Their contact details were also conspicuously displayed in the centre. As mentioned above, a representative from the advocacy service facilitated the residents meetings in the centre. The provider outlined details of one resident who had been referred to the service in the recent past.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room. Inspectors observed residents with dementia unit being encouraged supported to follow their own routines. Some residents were observed to go out for a walk to the local post office or shop, and other residents were supported to come to the dining room at a time they preferred to eat breakfast. Staff told inspectors that breakfast times were at the residents choosing, and did not start till 9.30 am in the morning. Inspectors observed staff quietly going about their duties on arrival in the centre at 7.30am, the centre was calm and respected residents who were asleep and not yet up. Where residents required assistance or medications to be administered the staff were seen to quietly knock on residents doors seeking permission to enter. Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup. One resident was observed having her hair done in the hairdressing salon.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at two different times for one hour in the main sitting area of the centre. We will provide you with an overview of the two observations below:

In the first observation, inspectors found 75% of the observation period (total observation period of 60 minutes) the quality of interaction score was +1 (task orientated care). Staff provided kind physical care, with lots of friendly, personable interactions, however conversation was mainly instructive and not personally meaningful. The observation took place in the main sitting room where a group of residents had gathered and an exercise class took place. Two staff were present with the residents, nodding and verbally giving encouragement. The staff ensured excellent physical care and checked that the group were doing ok with the exercise but this was directed to the group as a whole and not individually to residents. Residents were asked how they were, did they want a drink or to sit down here but were not engaged in any more conversation. At one stage another staff member came in and engaged in one to one chats with a resident, asking her how she was, would she like a cushion under her feet, and returned with said cushion, smiling and chatting with the resident. 11 scores of +1 were awarded when staff provided physical care, where the conversation focused on the task such as assisting residents to sit or offer drinks. 2 scores of + 2 were merited when staff interacted with the resident and offered appropriate assistance, offered choice and shared the moment with residents as they chatted during their exercises.

During the second observation in the same area, inspectors found that for 60% of the observation period of 60 minutes, the quality of interaction score was +2 (positive connective care). Staff were friendly and patient towards residents. Residents were arriving into this area to attend mass followed by activities, and as they arrived, staff were observed asking where the resident would prefer to sit, offering suggestions such as pointing out a friend by a free seat. In all interactions with residents, care staff were

observed establishing eye contact, using the resident's name and ensuring they had their attention the before asking questions. Staff accompanied the priest while administering communion to ensure that each resident was able to accept it without difficulty. In activities that followed, staff encouraged participation in a friendly and enthusiastic manner, addressing residents who did not actively participate with a reminder of what the task was and if they wished to contribute, and ensure to invite residents outside of the dementia unit that had remained in the upper level. 7 scores of +2 were awarded when staff offered choices, and engaged with residents based on their individual preferences and personalities. 4 scores of +1 were awarded when conversation did not go beyond the immediate context of the task in progress or when staff stayed in the periphery of the area engaging primarily where assistance was required.

Inspectors found that residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Staff were heard explaining to residents why they were coming into their room, e.g. to give refreshments or administer their medications. Some residents had refused to be checked by staff at night time and this request was respected by the staff. A sign advising staff to knock before entering was located on each residents door.

Some residents with dementia were spending time in their own rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the communal areas of the centre. Activities were provided main sitting room area by staff who facilitated these. The activities for residents with dementia were regularly assessed and needs driven. There were assessments, resident profiles, a "Key to Me" and activities of daily living records that provided detailed information on each residents assessed needs, likes and interests. Inspectors spoke to one staff who described the range and type of activities, which included one to one time, games, exercise, music, reading. This staff member had also completed training in sonas (music therapy for residents with a communication impairment). There was one to one time with residents, and some joined in on activities, others were socialising with family and friends, and others were sitting quietly.

Residents had access to a number of private sitting room, a sensory room and number of sitting areas whereby they could meet with family and friends in private, or could meet in their rooms. In the three dining rooms was a kitchenette where residents or their relatives could enter to make a cup of tea.

There was a laundry service provided in the centre and residents clothes were regularly laundered. A well laid out laundry room was located in a secure part of the centre. The staff in this department outlined the system in place to manage residents clothes in such a large centre. Each residents clothes went into a laundry bag and was individually labelled with their room number. They rarely lost clothes as they ensured all clothing was labelled and returned directly to residents bedrooms after being washed. One resident told inspectors her clothes were well looked after. Inspectors met a resident who enjoyed helping out in the laundry folding clothes. The resident had worked in a laundry in their past life and told inspectors she liked helping the staff.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. As set out in outcome 1, staff were observed to be speaking with residents in a respectful way, and using their preferred names. Where residents had a communication deficit a care plan was developed and staff were seen to be familiar with them. For example, one resident who verbal and hearing deficits had a range of communication aids to ensure their needs were met.

Residents were seen to be wearing glasses and hearing aids, to meet their needs.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre maintained a complaints policy that met the requirements of the Regulations. It was available in an appropriate format in the residents' guide. A procedure was displayed on notice boards in the communal areas. The procedure identified the complaints officer and independent appeals process.

Inspectors were provided with the numbers of complaints and compliments received by the centre. The centre had received a small number of complaints in 2015 from staff and relatives and the provider kept files recording all correspondence, investigations and outcomes associated with these complaints. The means by which learning was taken from events was also documented.

The provider and inspectors discussed verbal complaints, and while the centre had not had received any verbal complaints, the provider was aware of their legal obligation to record and investigate these complaints also.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

Inspectors found there was adequate staffing levels of the centre to be appropriate towards meeting the care needs of the residents for both day and night.

There was a clear staff roster in place, that included the names and the times of staff shifts and of each staff category. The staff in the centre were observed to treat residents in a friendly and respectful manner both collectively and when assisting individual residents. Staff were familiar with the residents' health and social care need and were knowledgeable of their duties, and accountability. Staff were observed to interact with the residents in a kind, respectful and dignified manner, referring to them by their formal name.

The person in charge worked full time in the centre and the dates and time on duty were also noted in the roster.

The senior care staff took a supervisory role in the centre. There were two senior carers on duty during the day, and one senior carer overnight. All care staff reported to the senior carers. The senior carers in turn reported to the person in charge.

Inspectors reviewed a sample of personnel files for staff and found them to contained the documentation and information required by Schedule 2 of the Regulations. The care staff were sufficiently qualified, most with a Further Education Training Awards Council (FETAC) level 5 qualification, or degree/diploma course.

Appraisals were being carried out. They focused on performance and training needs. The information from the appraisals supported the development of the training plan.

The provider ensured that all staff access to and completed training in all mandatory areas. Inspectors reviewed a training programme and a training matrix. These were provided to them by a member of the human resources team who came to the centre from the head office with training and staffing files. The records confirmed all staff had completed up-to-date mandatory training in areas such as fire safety and prevention of abuse. In addition, staff had completed refresher training in medication management and movement and handling.

There was a range of other training completed by staff based on the needs of the residents and the operation of the centre. The person in charge and all senior care workers had received training in dementia care, care planning, risk assessment and end-of-life care. In addition, staff had received training in challenging behaviour, dementia

awareness, and communicating with dementia in late 2015 and early 2016.

Other training completed by staff included diabetes care, infection control, incontinence care, intercultural training, catheter care and first aid. Catering staff completed training in food hygiene/hazard analysis critical control points. The HR staff kept records of deficits and gaps in training completed by the staff. The names of these staff were provided to management who scheduled refresher training.

There were systems in place to regularly meet to review care practices in the centre and meet staff. The provider held clinical governance meetings with the person in charge and clinical nurse adviser on a monthly basis where residents health care needs were discussed. This ensured all residents were reviewed to ensure there was appropriate staffing to meet their assessed needs. In addition, there were monthly meeting minutes held with the public health nurses who visited the centre. The purpose of the meetings were to review the residents health care needs and any other clinical matters requiring attention. The minutes of the meeting held on the 8 February were read, and contained detailed information and follow up action required to be taken. The person charge also held meetings with the care staff. Issues discussed included reports on each residents, care plans updates, completion of residents life stories, staff resources, social events and activities and HIQA. The minutes of these meetings were detailed and accompanied by an action list for follow-up at the next session. Meetings held by the kitchen and laundry staff teams were also recorded.

There was a formal induction programme for new staff. This was reviewed by inspectors. There were two new staff who had recently commenced work in the centre. Inspectors reviewed the induction programme for the newly recruited staff which included introduction sessions and initial training to staff, with regular supervision sessions.

There was no regular use of agency staff in the centre. Relief and banked staff were all employed directly by the organisation. However, due to the unexpected change in one residents health care needs at the time of the inspection, the centre had enlisted the services of an agency nursing staff to do some overnight shifts. The provider confirmed the agency had provided written confirmed that they held all documentation as per the Regulations on file for the staff. There were systems in place to check identification and induct the agency staff on fire safety procedures on arrival at the centre.

The centre did not avail of volunteer staff presently.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The purpose built centre premises consisted of 56 single occupancy bedrooms across two floors. The dementia unit, which was the focus of this inspection, was located on the ground floor and made up of a large communal atrium and three interconnected bedroom corridors. The building was clean, tidy and in a good state of internal and external repair.

The layout of the centre was in line with the statement of purpose and was suitable to meet the needs and promote the dignity and independence of residents with dementia. The centre was well lit, heated and ventilated and free of sloping floors, steps and trip hazards. All of the corridors interlinked back into the main central sitting area. This enabled residents with wandering type behaviour navigate the centre unrestricted and without running into dead ends. There was a good use of contrasting colours to support residents with dementia to orientate and way find around the centre. For example, residents' bedroom doors were painted contrasting colours to the wall and bathroom doors were also painted a different colour. The carpet in the main sitting room was different colours in areas. Outside resident's bedroom door was a see through glass box with objects and photos the were personal to the resident to act as visual supports and in identifying their bedroom. The provider informed inspectors that they are continuously aiming to improve the dementia friendly design of the centre. There were plans were in place redecorate two corridors in the centre to enhance visual supports and use of objects and colour.

The centre was very pleasantly decorated in a homely manner. Along the corridors were resident photographs, artwork, Irish history information and vintage items such as phone booths, working rotary-dial telephones, old sewing machines and bus stops incorporated into the decoration of the centre. A "shop street" with shop fronts such as a vintage sweet shops and newsagents was located one corridor which gave the impression of walking through the local town, an effective reminiscence device for residents with a dementia. A smoking room was designed and fitted out to resemble a traditional Irish pub. The corridors of the centre were named and signposted with Dublin city street names.

The centre had three dining rooms, one for each corridor, and these were clean and well stocked for making tea or getting a snack. The dining rooms were small in size, beautifully decorated in a domestic manner and easily identifiable for residents to find. There was a smaller living room and a sensory room separate from the main living room, which could function as a space to receive visitors in private outside of the residents' bedrooms. The main sitting room was round in design, allowed for residents

see the entire room from any point, and was overlooked by the residents on the upper floor. This room was observed being used to hold mass in the centre, and it was used by many residents' during the day to sit in, read the paper, chat and take part in communal activities.

There were an adequate number of assisted toilets and bath/shower rooms in the unit. These were spacious, decorated appropriately and provided with a call bell. All bedrooms in the centre were single occupancy, with an en suite bathroom. Each bathroom may be locked from the inside and large, and was spacious enough to accommodate a wheelchair user. The bedrooms were decorated so as to be personal and individualised to each resident, and had an adequate amount of storage for clothes and personal belongings, including lockable space for valuables. There was assistive equipment used in the centre, for example, hoists and wheelchairs. Records read confirmed these were regularly serviced and in good working order.

The provider ensured the centre was free from the risk of accidents. The corridors were fitted with grab rails and all floors were free of trip hazards. There were suitable and secure outdoor areas in the form of a courtyard garden, with a seating area that was used by residents bbq in the summer months. The centre is over two storeys and lifts were provided to move between the floors. The bedrooms, communal bathrooms, sitting and dining rooms were equipped with working call bells. Some residents at risk of falling carried portable call bells on their person.

The centre had well equipped and maintained kitchen and laundry facilities. Inspectors reviewed records of regular servicing, and checks of assistive equipment, water thermostatic controls, lifts, call bells.

There was a hair dressers studio on site and this was due to be expanded in the coming months to include a beauticians. This would be hugely welcomed by the female residents in the centre.

A designated smoking area which was ventilated and provided with glass windows to ensure suitable staff supervision of residents who smoked.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Deirdre Byrne
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:	Cherryfields Housing with Care Scheme
Centre ID:	OSV-0000750
Date of inspection:	11/02/2016
Date of response:	08/03/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

The completion of care plans for all residents identified needs required improvement for example, residents with modified consistency dietary requirements.

1. Action Required:

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

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

that resident's admission to the designated centre.

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

The residents care plans have been reviewed and updated by our clinical nurse. Additional training will be provided for catering staff on modified and consistency dietary requirements.

Proposed Timescale: 30/04/2016