



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Cherryfield Lodge Nursing Home
Name of provider:	Cherryfield Lodge Nursing Home
Address of centre:	Milltown Park, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	04 April 2018
Centre ID:	OSV-0000024
Fieldwork ID:	MON-0023803

About the designated centre

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

Cherryfield Lodge is situated in Ranelagh, Dublin 6 and is well serviced by nearby restaurants, libraries, community halls, and is close to the National Concert Hall and theatres. The ethos of Cherryfield Lodge is based on that of the Jesuit Order. The principles observed in the care of the Residents and in dealing with staff are based on Jesuit core values. The mission and underlying values of Cherryfield Lodge are those of faith and justice, human dignity, compassion, quality and advocacy. The mission of Cherryfield Lodge is to provide a residential setting where residents are cared for while enabling them to lead a life which is as close as possible to that of other members of the Society of Jesus (Jesuit Order), and other religious orders in accordance with their present condition. Cherryfield Lodge is a twenty bed residential unit where residents (male only) can enjoy a good quality of life and are supported and valued within the care environment to promote their health and well-being. Male residents with the following care needs can be accommodated: general care, respite care, dementia care and those convalescing, providing 24 hour nursing care as provided and as directed by our policies and procedures. Jesuits, members of other religious orders and the general public may be admitted to Cherryfield Lodge and all levels of dependency are admitted.

The following information outlines some additional data on this centre.

Current registration end date:	23/01/2021
Number of residents on the date of inspection:	17

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
04 April 2018	08:35hrs to 15:30hrs	Sarah Carter	Lead

Views of people who use the service

The inspector spoke with a group of residents during their morning coffee and spoke with a small number of individual residents over the remainder of the day. Residents said they find the home comfortable and that it offered the right balance of time alone and time together. They felt that the large communal area was conducive to chatting or sharing views as small groups could sit together for coffee and meals. Residents said they could go out on their own if they wished around the pleasant garden area, but some said they were unable to do that due to limitations in their mobility or their need for supervision from staff.

Recent changes to the menu were praised as a good improvement by some residents while others said it was ok but not as varied as what they may have eaten at home.

The residents were aware of the different activities on offer in the nursing home, and some liked to engage in the activities offered while others did not but all said their choices were respected.

Residents were satisfied with their bedrooms and en-suite facilities, saying they had enough room and it had sufficient private space for their own reflection and time alone. Most had TVs, radios and books of their own interest in their rooms.

Residents were positive about the care they received and said that they felt safe and that the staff were kind and well-meaning and knew their preferred routines and activities. There was daily mass and regular visits from members of their religious community who did not live in the centre, which was a source of enjoyment and fulfilment.

Residents said they would recommend the home to their colleagues as a place to live.

Capacity and capability

Overall the clinical governance of the centre was good and ensured a safe service for residents. The centre had a good management team in place and they managed the centre for the benefits of the residents. There were regular board meetings and the person in charge (PIC) prepared reports for these meetings. The centres last inspection was fully compliant, and there were no follow up actions required. The provider representative was unavailable on the day of inspection; however the chairperson of the board was available to answer questions about the governance

systems in place to maintain a safe service. The registration of the centre had been recently renewed and did not include the chairperson of the board as a person participating in management, although they are based in the centre and contribute to the governance and management decisions within the centre. The chairperson indicated that this situation was being discussed at the next board meeting.

There were management systems in place to monitor and improve the service in the form of operational and clinical risk assessments that the person in charge reviewed annually, and these assessments included the controls developed to mitigate the risk. There was evidence of routine clinical audits over the previous year which were brought to the attention of the board in an annual report compiled by the person in charge. This report detailed reviews of medications errors, falls, restraints and infections and identified some action points, for example, the need for staff training in the management of behaviours that challenge. However the annual report required some improvement as it did not show evidence of consultation with residents or reference the standards required.

There was sufficient staff available on the roster and on duty on the day of inspection and they had the knowledge and skills to meet the needs of residents. Recruitment processes were robust, and staff did not commence their employment until Garda vetting was secured. The person in charge was a registered nurse with experience and skills in the care of older persons and was well known to residents. The chairperson of the board also fulfilled a role as health delegate who managed pre-admission assessments from the religious community, and was also a registered nurse.

There were up to date policies in place, and the policies were easily accessible to staff at the nurse's station and staff had signed that they had read recent revisions. All staff had received mandatory training in fire response. The centre had one active volunteer who met the requirements of the regulations. A recent volunteer who was part of the international religious community had recently completed their placement, but did not have a description of the role they completed. This was submitted following inspection.

Regulation 14: Persons in charge

The person in charge was a registered nurse who works full time in the centre and had the relevant skill, knowledge and experience for the role.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staffing on duty and on the roster, who had relevant skills and experience to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised and had received training in fire safety, manual handling, CPR and safeguarding. A very small number of staff had not received training in manual handling and safeguarding, however training was scheduled for the following week.

Judgment: Substantially compliant

Regulation 21: Records

Records reviewed were accurate and accessible. Staff files were complete with details of Garda Síochána (Police) vetting disclosures and a staff training record was also maintained. Resident files were comprehensive and had all details as required and were maintained accurately and kept safely. The policies as required in Schedule 5 were freely available to staff, had been personalised to the centre and were in date. Policies were routinely reviewed, and there was a system in place where staff indicated they had read the updated policies by signing them.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance that met requirements was in a place and the certificate of insurance was displayed.

Judgment: Compliant

Regulation 23: Governance and management

The provider had staff in place in manage the service. The person in charge (PIC) was skilled and experienced. The provider representative was unavailable during the inspection. The chairperson of the board which oversees the service, was based in the centre and was available to answer questions on the governance of the centre but they were not identified as a person participating in management the centres registration, which had been renewed prior to inspection.

There were systems in place to monitor the quality and safety of the service, through a combination of audits, reviews and risk assessments. There were sufficient resources in the centre to manage the needs of residents.

An annual review had taken place on the previous year which detailed areas of risk and the controls in place which had been prepared by the person in charge and approved by the board. However there was no evidence that residents were consulted in the preparation of this annual review and it was not prepared in accordance with the standards.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contract in use in the centre was detailed and clear and informed residents of the service and accommodation they were to receive. The fees for specified additional services were clearly outlined.

Judgment: Compliant

Regulation 30: Volunteers

The centre had a small number of volunteers; one of whom had recently left their volunteer role. On review this volunteer's file included Garda vetting, training and employment history but did not detail their role. Current volunteers had a description of their role and a memorandum of understanding between their organisation and the centre included in their files.

Judgment: Substantially compliant

Quality and safety

Residents' needs were central to the way care was delivered and their health and well-being was promoted. Their well-being was also encouraged by the provision of a quiet, contemplative routine and appropriate activities which ensured that residents' religious lifestyles were honoured and respected. The design and the layout of the building also facilitated residents to engage in a meaningful routine and have as much privacy as they required.

Residents had access to evidence based nursing care and also to a physiotherapist and occupational therapist. There were structures in place to manage referrals to specialists, who could come to the centre or residents could be facilitated to attend appointments externally. On admission, comprehensive assessments were completed, which included the residents' personal occupational history and their preferences for discussion topics. Any areas of risk identified had a separate risk assessment and care plan in place. Care plans were reviewed regularly and residents and relatives were informed about them and had the opportunity to contribute to these plans. Residents had a choice to use the centres' doctor or engage their own.

Residents who needed support for their responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or their discomfort with their social or physical environment) had care plans in place and appropriate logs were kept of the behaviour to ensure that staff were aware of the risks. A small number of residents used bedrails, and the assessments were accurate and clear, alternatives to the use of bedrails had been considered, and their use was in line with national guidelines. However staff had not been trained in the management of responsive behaviour and the person in charge had identified this issue in the annual report as an area for improvement.

There was an activity programme in place, which included yoga, exercise groups and a visiting therapy dog. While the activities were provided by a range of external contractors and not an employee of the centre, the activities on offer were appropriate for the residents. The person in charge encouraged visits to the centre by members of the wider religious community and this was a source of fulfilment and stimulation for the residents. The visiting members of the community conducted daily mass, and the inspector observed this was a well-attended focal point of the daily routine. Activities could take place in the communal dining area and while activities were being facilitated the space was designed and laid out so non-participating residents could continue to relax or observe from a distance.

There were regular residents meetings, with up to a third of residents attending meetings on average. The meetings were chaired by the person in charge, and a wide range of issues were discussed. There was evidence that issues brought up by residents had been addressed, for example recent menu suggestions.

Residents were safe in the centre and there were safeguarding systems in place to protect them. There was a safeguarding officer available in the centre from the

wider religious community organisation, and both the person in charge and the health delegate spoke of accessing this service quickly for guidance and support if required. The majority of staff had completed training on safeguarding with a very small number due to receive training the week following inspection. Staff were knowledgeable about their safeguarding responsibilities and how to handle and address any concerns.

The premises was suitable for the residents who lived there. The building is two-storey, with the majority of bedrooms on the first floor, and the first floor was accessible by a lift or stairs. Bedrooms were spacious and each room was a single room with an en-suite. There were sufficient storage spaces, cupboards and open shelving. En-suites were adapted to the needs of residents with disabilities, with spacious flat floor shower areas and grab rails. Each bedroom was accessed by a wide entrance door, and there were push buttons fitted to open these doors so residents in wheelchairs could move freely throughout the building.

The centre had a large communal area which was laid out in zones, to facilitate dining, activity and a seating area. There was a separate library area for quieter activities or private meetings. The centre had a small church facility with had recently been redesigned in conjunction with the requests of residents and the expertise of a board member. This space could be accessed from the ground floor and a mezzanine feature made it accessible from the 1st floor. Due to poor weather it was not possible to access the outdoor grounds, however they were noted to be well planted with flowers and shrubs, and laid out around an accessible pathway.

Risk management was good in the centre, the provider had an up to date risk management policy in place and both clinical and operational risks were assessed and appropriate controls identified. The policy included guidance on dealing with serious and adverse events. The provider also had suitable fire plans in place. There were records and evidence of training, servicing of equipment and staff were knowledgeable about how to respond in a fire and the person in charge conducted daily checks on the emergency exits. Both the risk management policy and fire plans kept residents and staff safe.

Regulation 11: Visits

Visitors were encouraged, and a visitor log maintained. Visitors were observed in the communal area and staff were observed to interact and welcome them. There was also a library room, which could be used by visitors and it was open throughout the day.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had their own room which included bedside lockers, wardrobes and sets of drawers, and personal items were observed in each. Residents retained control over their clothing and laundry.

Judgment: Compliant

Regulation 17: Premises

The premises was of a high standard and appropriate for the needs of the residents who lived there.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was comprehensive and in date and included guidance on identifying hazards, and the measures and controls in place to manage risk. There was a plan in place to manage adverse and serious incidents.

Judgment: Compliant

Regulation 28: Fire precautions

Staff were fully trained in fire safety and were familiar with the procedures to follow in event of a fire. There were measures in place to prevent, detect and respond to fires and the procedures were displayed throughout the building. There were records maintained that showed fire equipment was routinely tested and serviced.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre admission assessments were completed by a health delegate, who was a registered nurse. As admissions to the centre are from the religious order throughout the country the people seeking admission are generally known to the health delegate or to a nurse assigned to that part of the community. Comprehensive assessments were completed on admission. Care plans were comprehensive, regularly reviewed and were noted to have been discussed with residents where appropriate and / or their relatives and many were signed by relatives.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health services were available to residents. A general practitioner (GP) was available to the residents within the centre or they could use a GP of their choice. There was high level of evidence based care documented in the resident's files. Any specialist interventions or reviews that were required were organised in a timely manner by the person in charge and any recommendations attached to the residents care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Where a resident was assessed as having behaviours that challenge the care plan recorded the behaviour and the techniques to use to deescalate the situation. There was a behaviour log maintained separately to the care plan to details specific circumstance of the behaviour.

There were clear arrangements in place for the centres use of restraint and its use was risk assessed, monitored, checked and in accordance with national guidelines.

Staff had not received training in behaviours that challenges, and the person in charge reported this had been identified as a priority by the management team.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents. Staff had received training in safeguarding, with a small number due to complete safeguarding training in the coming week. Staff were knowledgeable about safeguarding issues and processes and the residents spoken to felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported by staff to live the routine that they preferred. There was regular time in the day to day routine for prayer, mass and private contemplation, which were all values of the community who lived there. Residents contributed to the management of the centre by having had regular meetings with the person in charge and they were able to raise concerns and have them addressed at that forum.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherryfield Lodge Nursing Home OSV-0000024

Inspection ID: MON-0023803

Date of inspection: 04/04/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The training schedule seen by the Inspector on 4/4/2018 for the very small number of staff has been completed and certified. One member of staff commenced her maternity leave earlier than planned and will complete on her return. All mandatory training will continue annually.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Annual reviews will include residents views and consult with their next of kin for their views on all areas of care provision as appropriate, in relation to assessment of risk in the following area:</p> <ul style="list-style-type: none"> Clinical risk Complaints New clinical/environmental risk Social activity Staff 	
Regulation 30: Volunteers	Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers: A job description is in place for Jesuit volunteers detailing role.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

We are in the process of identifying a suitable trainer to provide training for clinical staff initially and then remaining staff. We plan that this will be completed within six months.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	April 2018. On return from maternity leave, expected date December 2018/January 2019.
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	NF37 Form to be completed by May 2018.
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that	Substantially Compliant	Yellow	August 2018.

	such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Yellow	August 2018
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	April 2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Yellow	November 2018.