

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cherryfield Lodge
Centre ID:	OSV-0000024
Centre address:	Milltown Park, Sandford Road, Dublin 6.
Telephone number:	01 498 5800
Email address:	cherryfield@jesuit.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Society of Jesus
Provider Nominee:	John Guiney
Lead inspector:	Deirdre Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 September 2014 09:30	09 September 2014 17:00
10 September 2014 09:30	10 September 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing
Outcome 02: Governance and Management

Summary of findings from this inspection

This announced inspection took place to inform a decision following an application to renew the registration of the designated centre. As part of this inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures.

At this inspection the inspector found the centre was suitably managed, with systems in place to ensure effective governance of the centre. The inspector was satisfied with the ongoing fitness of the person acting on behalf of the registered provider and the person in charge.

Overall, the inspector found a good level of compliance with the Regulations. The staff were familiar with the residents and their health care needs. The residents were treated in a respectful, dignified manner and were regularly consulted with in the running of the centre. There was a range of activities and opportunities for residents to enjoy social event. There was a timely and effective response to residents health care needs with good access to general practitioner services and a range of allied health professionals. There was a robust staff recruitment process in place.

However, some improvements were identified in relation to the:

- management of risk,
- management of falls,
- provision of training for staff.

This inspector assessed compliance with the required actions from the previous inspection of July 2013. Of the six required actions, four were completed, and, two had not been fully addressed. These were:

- the dining room did not accommodate all residents,
- the assessment of the use of restraint.

These and all other matters are outlined in the report and Action plan at the end of the report.

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

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
 Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
 No actions were required from the previous inspection.

Findings:
 The inspector was satisfied a written statement of purpose was developed for the centre that met the requirements of Regulation 3 and Schedule 1 of the Regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found a guide to the centre was available to residents and a contract of care was provided to each resident on their admission to the centre. However, there were gaps in the information required to be included in the contract of care as required by the Regulations.

A sample of residents contract of care reviewed had been developed within the required time-frame. Each contract set out the services to be provided. However, contracts did not include the services that incur additional fees and their charges. A draft contract outlining the list of services and their fees was shown to the inspector after the inspection.

The residents guide to the centre was reviewed and met the requirements of the Regulations.

Judgment:

Non Compliant - Minor

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the centre was managed by a suitably qualified and experienced person with accountably and responsibility for the service.

The person in charge was a registered general nurse who had the relevant length of

experience required by the Regulations. She participated in ongoing professional development by attending study days organised by a local hospital. For example, training in topics such as end-of-life care, behaviours that challenge, dementia care and nutrition. In 2014, the person in charge also completed a certificate in gerontology, and management training days organised by the Jesuit Order.

The person in charge was present in the centre five days per week and was fully engaged in the management of the service. She was very familiar with the residents health and social care needs. She was demonstrated adequate knowledge of the Regulations and the Standards and gave examples of the records to be maintained for residents and staff in the centre.

Satisfactory deputising arrangements were in place. The person in charge was supported in her role by a clinical nurse manager who deputised in the absence of the person in charge. The CNM participated fully in the inspection process, demonstrated good clinical knowledge and adequate familiarity with the Regulations.

Residents could identify the person in charge, telling the inspector that she frequently met with them.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector found the policies and records required to be kept by Regulations was in place. However, improvements were identified in relation to policies guiding practice.

There were policies and procedures in place as required by Schedule 5 of the Regulations. Overall policies were comprehensive and guided practice. However, some policies did not fully provide direction to staff, for example the medication management policy, see Outcome 9: Medication Management.

The inspector found the person in charge had a system in place to ensure staff had read key policies, with staff sign off sheets read. However, staff were not sufficiently knowledgeable of certain policies. For example, the protection of vulnerable adults and the management of falls.

There was evidence to confirm the centre was adequately insured against loss or damage to residents property, and there was evidence of insurance against injury to residents.

Overall inspectors saw evidence that records were maintained in the centre, were up-to-date, secure, but easily retrievable. An action from the last inspection was completed and nursing notes were dated and signed on a daily basis.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. There were appropriate contingency plans in place to manage any such absence. The CNM deputised for the person in charge in her absence.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that systems were in place to protect residents from being harmed or suffering abuse. There were systems to ensure the restrictive practices were in line with National policy.

There was a detailed policy on the protection of vulnerable adults that provided sufficient detail to staff on the steps to follow in the event of an allegation of abuse. Records read confirmed all staff had received training in the protection of vulnerable adults, with regular training taking place. Staff spoken with were knowledgeable of the types of abuse and the reporting arrangements in place.

An allegation of abuse had been notified to the Authority prior to the inspection. The inspector discussed the incident with the person in charge and read reports into the incident that outlined the action taken upon the allegation being made. There was evidence of feedback to the resident also during this time. The person in charge was in the process of completing an investigation into the incident and an interim report of had been submitted to the Authority.

The inspector found suitable arrangements were in place to safeguard residents' finances. There was a procedure in place to guide staff that was implemented in practice. The system in place to withdraw residents' money was robust with only designated staff permitted to make transactions on behalf of residents where authorised to do so. An audit was also carried out to ensure practices were in line with best practice.

All residents spoken with said that they felt safe and secure in the centre. Residents stated that they attributed this to the person in charge and the staff who said they were caring and trustworthy.

The inspector read a policy on the management of behaviours that challenged that guided practice. At the time of inspection no residents presented with behaviours that challenged. Staff informed the inspector how to handle certain situations with residents and evidenced based tools were used when required.

There was a comprehensive policy on the use restrictive practices such as physical restraint. An action from the last inspection was addressed and restrictive practices were routinely risk assessed. However, the documentation of the assessment process required improvement. For example, a decision was made to put up bedrails in place for a resident assessed as at risk of climbing over them. This was discussed with the person in charge who undertook to address the matter immediately. There were a low number of residents with physical restraint in place. There were three residents using bedrails and four using exit seeking alarms. Care plans were generally put in place for all residents, however, one resident had no care plan developed to guide the use of the alarm. This is discussed under Outcome 11: Health Care Needs.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

While the inspector found there were systems in place to protect and promote the health and safety of residents, visitors and staff, improvements were required in relation to the ongoing management of risk in the centre.

The inspector reviewed the centres risk management policy that met the requirements of the Regulations. A risk register was read that contained clinical and non clinical risk assessments along with control measures to manage them. However, a number of risks identified by inspector were not included in the risk register. For example:

- unsecured parts of the garden leading to a car park,
- unlocked shed in the garden storing cleaning equipment,
- assistive equipment stored in communal bathroom,
- unlocked laundry room.

The person in charge assured the inspector these issues would be addressed. This had been an action at the previous inspection and was not fully completed. There were monthly checks carried by the safety representative, and records of these were reviewed however, this system of monitoring and was not robust to identify and assess risk such as those above.

The inspector reviewed incidents records and there was evidence that appropriate action was taken to address each incident and they were investigated in a timely manner. However, there was no evidence of the learning or improvement to prevent these incidents from happening again. For example, residents care plans were not updated following incidents, falls or medication errors, to outline the preventative measures in place to minimise the risk of recurrence.

The inspector saw residents were encouraged to be actively mobile and were seen being escorted around the centre. Staff were observed following best practice in the movement of residents. The inspector read records of training provided to staff in the movement and handling of residents. There was safe floor covering and handrails throughout the centre and a passenger lift accessed each floor.

There were documented procedures in place for the management of adverse events involving residents that contained sufficient detail to guide practice.

The inspector was satisfied suitable fire precautions were in place. Areas of non compliance from the previous inspection had been addressed. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. It was noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed.

The inspector read training records which confirmed that all staff had attended training within the last year. Regular fire drills were conducted including evacuation procedures. However, the records maintained were not comprehensive for example, the outcome and learning from the drills was not included. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency.

The inspector found that there were measures and policies in place to control and prevent infection. Staff had received training in infection and appeared to follow best practice. There was access to supplies of gloves and disposable aprons and staff were observed using the alcohol hand gels which were available throughout the centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found the outcome to be compliant as systems were in place to ensure residents were protected by medication management practices however, improvements were identified in relation to the medication management policy and training.

The inspector was not satisfied the medication management was comprehensive enough to guide best practice. For example, there were no documented procedures relating to prescribing and recording medication. There was no policy on the management of out of

date and unused medications. There were procedures in place for the management and storage of controlled medications (MDAs). However, they did not fully reflect local practices carried out. For example, the procedure when one nurse is present when administering an MDA. These matters are discussed under Outcome 5: Documentation.

The inspector observed staff practices and reviewed a number of residents prescription and administration sheets, and overall best practice was observed. Whilst there was evidence of training carried out in the past in medication management practices, there was no evidence of regular refresher or follow up training carried out. This is discussed under Outcome 17: Workforce.

There was evidence that residents medications were reviewed on a regular basis by their general practitioner (GP). Records were read of audits of medication practices carried out by the pharmaceutical service.

A small number of medication errors had occurred from documented incidents read by the inspector. There was evidence they had been investigated by the person in charge.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents was maintained and where required were notified within the specified time frame to the Chief Inspector.

The person in charge was aware of the requirement to notify the Chief Inspector of certain incidents. In addition, a quarterly report outlining other incidents in the centre was made to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The inspector found residents had good access to GP services, and to a range of allied health professionals. Residents had care plans developed for identified needs. Nurses had a good understanding of the care needs of the residents. However, an area of improvement was identified in relation to the management of falls and documentation of care plans.

Whilst there were good practices in the prevention of falls, an area of improvement was identified. There was a comprehensive policy in place. However, it was not implemented in practice by staff as post falls procedures outlined in the policy were not fully carried out. For example, there was no evidence that neurological observations were completed following an unwitnessed fall or suspected head injury. The inspector read care plans for residents who had experienced injuries from falls. They were updated following each fall, and the interventions and strategies to prevent future falls occurring. There was evidence of regular assessments and post falls assessments carried out. The inspector saw that controls measures were in place to protect residents such as hip protectors, alarm and crash mats.

The inspector reviewed the arrangements in place for wound care and found evidence of good practices in this area. There was a policy in place to guide staff. There was one residents with a wound at the time of inspection. A care plan was developed that outlined the frequency and dressing type. A wound assessment chart was completed to track healing and photos were also taken. Residents were regularly assessed for the risk of developing pressures sores, although care plans were not consistently developed where a risk was identified.

The residents' care plans were reviewed with nursing staff. Overall, there were good practices found and residents were regularly assessed using evidence based tools for a range of health care needs. Care plans were developed where a need was identified, and there was evidence residents were consulted with regarding their care. However, an area of improvement was identified in the documentation of care plans for residents at risk of pressure sores and in the use of exit seeking alarms. Where care plans were developed, it was completed as part of a review by a team of nursing staff, including the

person in charge. There was evidence care plans were regularly reviewed and updated as residents needs changed.

The inspector found residents had a choice of retaining their own GP and there was evidence of regular review of residents medical needs. An on call arrangement was in place for out of hours and at weekends. There was access to a range of allied health professionals. The inspector saw records of referrals and appointments with services including dietician, speech and language therapy, chiropody, physiotherapy and dentistry. Where recommendations were made, these were recorded and residents care plans were updated.

Judgment:

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The design and layout of the centre was in line with the Statement of Purpose and met residents individual and collective needs, with an area of improvement identified.

The centre was kept clean and well maintained to a good standard of repair. There was a large, landscaped, walled garden directly accessible to residents, some of whom were observed taking walks during the inspection. As outlined in outcome 8, the garden was not secure, with access to a car park, and this could pose a risk. This was discussed with the person in charge who outlined future plans in place to this with a proposed secure garden planned, directly off the kitchen/sitting room area.

The centre was purpose built and laid out over two floors which were accessed by a lift. The ground floor housed the kitchen, dining room, offices, staff facilities, and number of residents bedrooms. However, as outlined in previous inspection reports, the dining room was not large enough to accommodative all residents at the same time. There was seating for 16 in the dining room. To address this, there is usually two sittings at mealtime. Some residents were also happy to sit in other areas to eat their meal for example, the sitting area, and other residents like to have their meal on the first floor in the sitting room and a smaller area off that again. The inspector spoke to a number of

residents eating their evening meal in the sitting room who expressed their satisfaction with this.

There were plans in place to extend the dining area, along with the kitchen and living areas. The provider explained planning permission was obtained, a tender process had taken place over the Summer, and the works would proceed once this was finalised.

The residents bedrooms were also located on the first floor. All bedrooms were single occupancy and a number were visited by the inspector with residents permission. They were pleasantly decorated and laid out, with many residents adding their own personal touches such as photos, paintings and furniture. Each bedroom was provided with a large wardrobe and locker for personal items. All bedrooms were en-suite, with a shower, hand wash basin and toilet. There was sufficient number of communal bathrooms and showers to meet the needs of residents.

Adequate private and communal accommodation provided, with a chapel and large sitting area for residents to sit in during the day.

All beds had an emergency call facility and each resident was assessed for their use, and the inspector found these were regularly serviced.

There was provision of assistive equipment such as hoists and lifts. Servicing reports were read by the inspector and confirmed they had been recently serviced and were in good working order. Suitable storage was provided for assistive equipment.

Judgment:

Non Compliant - Minor

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

The inspector was satisfied that the provider ensured complaints were well managed.

There was a detailed complaint's management policy in place that met the requirements of the Regulations. The complaints procedure was displayed throughout the centre and in residents bedrooms. An action from the last inspection was addressed and it outlined the complaints process. It also contained details of the appeals procedure.

Residents who spoke to the inspector knew the procedure if they wished to make a

complaint, and said they would have no problem making a complaint if they needed to. They were able to name the person in charge who was the complaints officer.

A complaints log was maintained. There was a record of the investigation carried out, what action had been taken, and whether the resident was satisfied.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that policies and procedures were in place to ensure each resident's end-of-life care needs were met.

A detailed policy was reviewed which provided guidance to staff. There were no residents receiving end-of-life care on the day of inspection. There were arrangements in place to elicit resident's end-of-life preferences, and care plans developed that outlined spiritual and emotional practices. There was evidence of consultation with residents, and where required their families. Where residents declined to discuss their end-of-life wishes they were documented.

There was access to the local palliative care team who provided support and advice when required. The inspector met a palliative care nurse visiting a resident during the inspection. The person in charge had attended training on end-of-life care.

A visitor's room was available for relatives and friends for privacy if required. All bedrooms were single rooms occupancy which ensured residents received privacy and dignity at their end of life if required.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were provided with meals that were wholesome and in accordance with their assessed needs.

There was a comprehensive policy which provided guidance on the practice regarding residents nutritional and dietary needs. There were systems in place to ensure residents did not experience poor nutrition with regular assessments of residents using a malnutrition universal score test (MUST) assessment tool. The inspector saw care plans were developed to guide practice, along with monthly weights of each resident. Where residents were at risk the person in charge carried out increased monitoring, with weekly weights, food balance sheets and referral to the dietician. The inspector read that recommendations were followed up by staff for example, supplements were prescribed by the GP were required.

The inspector spent time with residents in the dining room at the evening meal and found residents were discreetly and respectfully assisted with their meals where required. A menu was displayed on each table that outlined the choice of meal for the day. A number of residents who spoke to the inspector expressed their satisfaction with the quality of meals served and choice they had. Tables were pleasantly set and residents were served as they sat. The inspector observed meals were presented and served by staff who asked residents if that was what they wanted. Some residents chose to eat their meal in the sitting area of the first floor, or in their bedroom.

There was evidence of choice for residents on a modified consistency diet. The staff were familiar with the special dietary requirements and preferences of residents' and were knowledgeable of the residents' assessed needs. The chef met the person in charge every two weeks to discuss residents meals. A dietician has carried out a review of the menu, providing detailed feedback and recommendations. The inspector discussed the findings with the chef who outlined what changes had been made. There was information for kitchen staff that outlined information on residents diet, fluids, and what assistance was required.

The inspector saw residents being offered a variety of snacks and fresh water, fruit juices and hot drinks during the day.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied residents were consulted with and participated in the organisation of the centre. The residents privacy and dignity was respected and there were opportunities to participate in activities appropriate to individual interests and preferences.

There were systems in place to ensure residents were consulted with about how the centre was planned and ran and to facilitate participation in the organisation of the centre. A residents' committee met regularly and the minutes of the last meeting held in September 2014 were read. Residents told the inspector they attended the meetings.

Voting rights were respected, and a polling booth was set up by the local council at each election or referendum. The details were outlined by the chairwoman, who ensured residents details were provided to the council.

Religious and spiritual needs of residents were respected. The provider of the centre, which is a religious order with a Roman Catholic ethos, ran the centre for members its congregation. Residents were observed and told the inspector they attended mass that was held each day in the chapel. A member of the congregation visited the centre each day to facilitate mass and to meet with residents.

There were no restrictions on visits except where requested by residents. There were arrangements in place for residents to receive visitors in private and a visitors room was available. Along with family and friends, many members of the congregation visited the centre on a daily basis. Some lived on the grounds and in the local area. They provided company, and where required support for the residents to attend appointments or events in the community. During the Summer the person in charge had organised a weekly coffee morning, for the residents along with members of their congregation. As it had been a great success with residents, it had been decided to continue on for the foreseeable future.

The residents had access to their own telephone and a centre phone. There were televisions provided and available in each bedroom. The newspapers were available each day including weekends. A unit held a variety of papers and magazines.

Overall, residents received care in a dignified way that respected their privacy at all times. The inspector observed staff chatting and sitting with residents. It was noted that a small number of staff had some difficulty understanding inspectors questions. This was discussed with the person in charge who assured the inspector staff were very aware of the requirement to communicate at all times in a clear manner and in the English language. The residents seemed comfortable and happy in their surroundings, and were observed reading the paper, attending mass, going on day trips and meeting friends during the inspection. The inspector spoke to a number of resident who expressed their satisfaction with the centre.

There were adequate facilities for recreation with a number of sitting areas for residents to choose to sit in, including a large living area and the first and second floor. A private sitting room was located in the centre.

The inspector was satisfied residents had opportunities to participate in activities that were meaningful and purposeful and in accordance with their interests. Each resident had a "social history profile" developed, a document that outlined their background, family, interests, hobbies and likes. A social care plan was completed also that ensured activities were appropriate to their needs, likes and preferences. A range of activities was provided such as pilates, exercise, physiotherapy, gardening, baking and art classes. A group of students from the local school visited the centre twice a week. Outings were also organised such as visits to the theatre. The residents were also facilitated to independently access the local community, events and day trips.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found residents had adequate space for their personal belongings and their clothes were suitably laundered and returned to them.

There was a policy on residents personal property and possessions. There was a list of personal possessions for most residents although, some residents' had no list in place and some lists were not up to date. This was discussed with the person in charge who said the matter would be addressed.

Residents were encouraged to personalise their bedrooms. Many of the bedrooms were decorated with pictures and photographs. There was ample storage space for residents clothing and belongings.

There were adequate laundry systems in place to ensure residents own clothes were returned to them. The inspector talked to residents who confirmed they were satisfied with the way in which their clothes were cared for.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

The inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection. However, improvements were identified in the provision of training to staff.

The inspector found there were adequate staffing levels and skill mix on the days of inspection. There was one nurse on duty at all times, over a 24 hour period. A two week roster was read that accurately outlined the staff on duty.

There was a recruitment policy that met the requirement of the Regulations. The inspector reviewed a sample of staff files and found recruitment practices were in line with the Regulations. A number of agency staff worked in the centre. There were service level agreements in place, that outlined staff documentation was in line with the requirements of the Regulations.

The inspector reviewed a sample of files and found that nursing staff had up-to-date

registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014. The person in charge informed inspectors that there were no volunteers and external service providers working in the centre.

There was education and training available to staff in a broad range of areas. All staff had completed up to date training in mandatory areas. The inspector saw a detailed training programme in place, which included infection control, end-of-life and food hygiene. However, not all staff had completed training in medication management practices.

Judgment:

Non Compliant - Minor

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied there was a clearly defined management structure that outlined the lines of authority and accountability. There was a system to review the quality and safety of life of residents required improvement.

There was a board of directors who met regularly, the chairwoman was based in the centre and facilitated these meetings. In addition, there were management meetings between the provider, the person in charge and the chairwoman. Minutes read by the inspector confirmed meetings took place at frequent intervals and discussed a range of issues regarding the operation of the centre, including residents health care needs and risk management.

There was a system in place to monitor the quality and safety of care and the quality of life of residents. The inspector reviewed documentation of both internal and externally carried out reviews. Audits carried out included falls, finances, risk management, medication, the menu.

Although there was no report on the overall review of the safety and quality of care of residents, this was discussed with the provider and person in charge who are aware of the requirement to prepare such a report annually. While residents and families were not yet involved or consulted with for feedback, this was discussed with the person in charge who was aware of the requirement to share the report of the review.

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:	Cherryfield Lodge
Centre ID:	OSV-0000024
Date of inspection:	09/09/2014
Date of response:	28/10/2014

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contact of care did not include details of additional services that incur an extra fee.

Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the

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

resident is not entitled to under any other health entitlement.

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

Contract of care has been amended to include fee.

Proposed Timescale: 30/09/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Not all policies were comprehensive enough to guide best practice for example, the medication policy.

Staff were not knowledgeable of certain key operational policies for example, the policies on protection of vulnerable adults, and falls prevention

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

- The medication policy will be amended to direct staff and reflect local practice in relation to MDA Medications, unused Medications and out of date Medications.

Proposed Timescale: December 2014

- Neurological signs are documented in the daily nursing note and the incident record sheet in the event of an unwitnessed fall.

- These will also be recorded in the vital signs chart.

Proposed Timescale December 2014.

- Staff will update themselves on operational key policies and complete staff sign off sheets within the stated timeframe.

Proposed Timescale December 2014.

Proposed Timescale: 31/12/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

A number of areas of risk had not been identified or assessed as outlined in the inspection report.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Garden Shed Locked

Laundry room locked

Bathroom items relocated.

Wall opening – reviewed during the upcoming building work.

The system of monitoring will be expanded to include these risks and recorded in the risk register.

Proposed Timescale: 30/11/2014

Theme:

Safe care and support

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

The arrangements in place for the learning from adverse events involving residents required improvement.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

A resident to exit seek. This was noted in the daily nursing note and reported to the PIC. The resident was risk assessed and care plan completed. Staff were informed of changes to the care plan as monitoring tag was used.

This will now also be recorded in the incident book.

The system of monitoring will be expanded to include these risks.

Proposed Timescale: 30/09/2014

Theme:

Safe care and support

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

The documentation of fire drills records required improvement.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

At the mandatory fire training a report on the level of staff skill/competency will be completed by the trainer to improve outcomes.

Proposed Timescale: 28/02/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Whilst care plans were developed for a range of health care needs an area of improvement was identified.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Residents are regularly assessed for the risk of developing pressure sores using evidence based tools. When a risk is identified the care plan is developed.

Proposed Timescale: 30/09/2014

Theme:

Effective care and support

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

The management of falls required improvement.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Neurological observations are documented in the daily nursing note and the incident record sheet.

They will also be recorded in the vital sign chart.

Proposed Timescale: 30/09/2014

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:

The dining area was not large enough to accommodate all residents.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Building company has been identified. Tender process is completed, we await a starting date.

Proposed Timescale: June 2015 for completion

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff training was required to ensure practices carried out were in line with evidence based practice.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Remaining staff to complete medication management training to reflect An Bord Altranais policies and procedures and management direction.

Proposed Timescale: 31/12/2014