

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cherry Orchard Hospital
<b>Centre ID:</b>	OSV-0000508
<b>Centre address:</b>	Ballyfermot, Dublin 10.
<b>Telephone number:</b>	01 620 6000
<b>Email address:</b>	kevin.brady@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Kevin Brady
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector(s):</b>	Helen Lindsey;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	158
<b>Number of vacancies on the date of inspection:</b>	10

## 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 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: 15 July 2014 07:30 To: 15 July 2014 16:00

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

Outcome 11: Health and Social Care Needs
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

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. Inspectors met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was minor non compliant in relation to one of the outcomes and was actively addressing this.

While areas of non compliance were identified regarding food and nutrition, overall the inspector found a satisfactory level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection. Improvements were required in many aspects of the dining experience.

Residents requiring end of life care received a high quality and person-centred service at this stage of their lives. Inspectors noted many examples of good practice in this area and staff were supported by prompt access to specialist services in house. Feedback shown to inspectors from a number of relatives of deceased

residents showed that families were satisfied overall with the care given to their loved ones. However, care plans did not properly guide the care to be delivered.

The nutritional needs of residents were met to a good standard and there was access to specialist services. There was a good standard of nutritional assessment and monitoring and residents had very good access to the in house medical team including the dietician and speech and language therapist when indicated. Residents were provided with food which was varied and nutritious and respected their preferences. Residents provided feedback to inspectors, regarding the food and nutrition, which was very positive.

However significant improvement was required. There was a lack of clinical supervision at meal times. Appropriate assistance was not provided to all residents at meal times. Many of the practices around the meal time were institutional in nature, in that residents were not provided with a choice of where to eat breakfast or the time they wanted breakfast as some of the residents were woken for breakfast. All residents were not satisfied with the time of the evening meal. There was a lack of seating assessments and appropriate seating was not provided in one of the dining rooms. This did not make the meal time enjoyable for all residents.

These matters are discussed further in the report and in the 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 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:**

Person-centred care and support

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

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

**Findings:**

Care planning, as it relates to nutrition and end of life, was reviewed under this outcome. A minor non-compliance as detailed under Outcome 14 and 15 was identified.

Inspectors observed that there was a lack of assessment of residents needs regarding appropriate seating in dining areas. Many of the chairs used for residents in some of the dining areas were not appropriate and some residents were seen to be having difficulty reaching these tables at times. Residents discussed this with inspectors.

This did not make for a comfortable dining experience for residents.

**Judgment:**

Non Compliant - Moderate

***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:**

Residents received a good standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes

for residents. A committee had been established to review end of life in the centre in order to improve practice. Additional resources were provided, such as alters purchased for each unit.

There was a policy on end-of-life care which was in the process of being reviewed and had not as yet been rolled out to staff. The person in charge had identified the policy as an area for improvement in the self assessment.

Inspectors reviewed documentation for a number of residents in relation to end-of-life care planning. Inspectors found that the majority of residents had an assessment in place which dealt with future healthcare needs in the event that the resident became seriously ill and was unable to speak for themselves. The place of death was documented. There was evidence of resident and family involvement in the development of these assessments. The decisions concerning future health care needs had been discussed with the GP and were documented. However the decision had not been consistently reviewed. Inspector reviewed the document that would be used going forward to address this. All residents were reviewed by the multi disciplinary team on a three monthly basis. Care plans were of good quality and referenced the religious needs of the resident; they addressed the social and spiritual needs as well as preferences, however they were not always person centred to guide care.

There were residents receiving active end-of-life care at the time of inspection. Inspectors read these records and those of a resident, who had died recently and found evidence of good practice, including regular review by the GP. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. However the care plan had not been reviewed when the resident's condition deteriorated. The nurses told inspectors this was a work in progress. The majority of residents resided in multi occupancy rooms in parts of the centre. However a single room was facilitated for end-of-life care. This was the practice on the day of the inspection.

The managers stated that they based staffing levels on the assessed needs of the residents and always allocated a staff member to sit with a resident who was very sick or dying.

Inspectors reviewed many "thank you cards" returned by the relatives of residents who had died in the centre. This information showed that all were very satisfied with the care which had been provided at the time of death. Relatives were made feel welcome and were facilitated to stay overnight and be with the resident when they were dying. Overnight facilities were provided for visiting family members who wished to stay with their loved one, and refreshments were also provided.

Staff were trained to administer pain relief to residents as their condition deteriorated, and they had support from the local palliative care team when required. Two of the nurse managers had completed a MSc in palliative care and a staff nurse had completed a post graduate diploma in end of life care. They provided support and training to staff. Residents also accessed psychiatry of later life as required. Staff members were knowledgeable about how to initiate contact with the service. This was documented in resident's files.

Records showed that a number of staff had received training in end-of-life care in 2014 and the person in charge was in the process of organising further training to take place in the months following inspection. Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family.

Mass services took place daily in different units in the centre and this was available to all residents. Access to other religious representatives from other faiths was available if requested. Staff were not aware of how to initiate this service. Residents also stated that staff members were caring and respectful and they were comfortable confiding in them.

Residents and visitors were informed sensitively when there was a death in the centre. The staff members informed the residents and it was announced at mass. A mass would be held specifically for a resident whose condition was deteriorating and again a month after the death. While the staff said they would provide information to families following the death of a loved one including details of how to register a death. This was not documented.

There was no formal system to review the care delivered to residents following death, however the management team were planning to formalise a post death review of the end of life practices going forward.

The procedure for the management of resident's personal possessions required improvement as per outcome 17. Personal possessions lists were not signed by the resident or relative and there was not always two signatures maintained in the management of finances.

There were appropriate bags available to handover personal possessions.

**Judgment:**  
Non Compliant - Minor

***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:**  
Residents received a varied and nutritious diet that was tailored to meet individual

preferences and requirements. However, some improvement was required in the maintenance of the care plans. The dining experience including assistance at meal times required significant improvement.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy. The person in charge had not identified any areas for improvement in the self assessment document that was submitted to the Authority.

Inspectors observed the service of breakfast and the main meal to residents. Residents did not have a choice of being served breakfast in the dining rooms as all breakfast were served in bed. This appeared institutional in nature in that not all residents were provided with a tray at this meal time, a beaker of tea and bowl of cereal were provided to many of the residents. Inspectors noted and staff confirmed that not all residents could choose the time they had breakfast as staff woke residents up for breakfast in one unit. Inspectors observed staff standing at the resident's beds assisting them with a meal at breakfast. This may not be an enjoyable experience for residents.

Many residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice. Inspectors saw that some residents enjoyed sausages and this was provided.

Inspectors also observed the main meal and found that it was hot and attractively presented. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. However staff were not aware of the choices available and therefore could not discuss these with the residents. The nursing staff monitored the meal times. Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal. However the choice at the tea was limited in one area as it appeared that the staff did not order the choices available for residents. Regular fluids were provided during the day. Portion sizes were appropriate and second helpings were offered.

In some of the units, residents who required assistance at meals received this in a sensitive manner. However this required improvement in other units. Inspectors observed that appropriate assistance was not provided to all residents and brought this to the attention of the nurses. One resident was in a semi reclined position in bed which placed the resident at risk and the size and texture of the food was not suitable for the resident. This was addressed. Many of the chairs used for residents in one of the dining areas were not appropriate and some residents were seen to be having difficulty reaching these tables at times.

Residents who required specialised diets and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. The inspector saw that advice from the speech and language therapist (SALT) was implemented for individual residents. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets. However fortification of foods required improvement. There was a lack of clarity in some areas as to who was responsible for fortifying meals and the inspector noted that staff were not aware of who required to

have their food fortified.

There was good ongoing monitoring of residents nutritional and hydration needs and residents at risk were reviewed by the dietician and speech and language therapist as required. Residents were also reviewed at the multi disciplinary meeting. Residents had good access to the medical team daily and the dentist.

Overall there were care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. However, they needed to be improved. For example, while residents were receiving subcutaneous fluids as prescribed, this was not always included in the care plan. The nutrition care plan for a resident at risk of choking did not guide the care.

There were evidence of audits of care plans and systems were in place to learn from these audits. Other audits such as the meal time experience and the processes in place were not completed.

There was a clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. Inspectors spoke to a number of the chefs who were knowledgeable about modified consistency diets. Overall responsibility with regards to resident's dietary needs rested with the nurse manager. There was a three weekly menu plan in place, which was varied, this would be enhanced if the menu had been audited by the dietician in order to ensure that it was nutritionally balanced.

Inspectors spoke to many residents regarding food and nutrition. Overall the response was uniformly positive with residents and relatives expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. However there was feedback that the tea time was too early as it began in some of the units at 16.14, while there were snacks provided after that time, residents said it was a long time before breakfast. The time of the residents tea appeared to be set to suit the staff and not the individual needs of residents. The catering staff and management were aware of this feedback from their own surveys. There were kitchenettes throughout the centre where safe facilities were available for staff to provide residents and relatives with snacks at any time.

Residents were actively encouraged to provide feedback on the catering services; this was ascertained through the resident's advocacy meeting. The staff on the units also did not have access to these meeting minutes. The catering staff had completed a satisfaction survey in 2014 to ascertain feedback following the meals to improve the quality of the service. Overall this was positive. Changes were made to the menu based on feedback.

Staff had received training in the area of nutrition and were knowledgeable in these areas. Further training was planned.

Inspectors visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

**Judgment:**

Non Compliant - Moderate

***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:**

While there was evidence that residents had been consulted with regards to the meals and meal times, there was insufficient evidence that improvements had been made to the tea times based on this feedback. See outcome 15.

No other aspect of this outcome was reviewed at this inspection.

**Judgment:**

Non Compliant - Moderate

***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 system to manage residents finances required improvement, see outcome 14.

**Judgment:**

Non Compliant - Minor

**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):**

No actions were required from the previous inspection.

**Findings:**

inspectors found that while it appeared that there were adequate numbers of staff on duty, based on the assessed needs of the residents. Inspectors were not satisfied with the supervision arrangements in some areas at meal times. Staff were not adequately supervised appropriate to their roles which resulted in poor outcomes for a number of residents as outlined in outcome 15.

Staff were not aware of who required to have their food fortified, see outcome 15.

No other aspect of this outcome was viewed on inspection.

**Judgment:**

Non Compliant - Moderate

**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:**

Linda Moore  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

Action Plan

Provider's response to inspection report<sup>1</sup>

Centre name:	Cherry Orchard Hospital
Centre ID:	OSV-0000508
Date of inspection:	15/07/2014
Date of response:	12/08/2014

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.

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

Residents needs were not set out in the care plans.

**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:**

The person in charge will ensure continuous auditing of care plans with formal feedback sessions and if needed individual training sessions where required will be carried out to guide staff practise.

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

Residents Care Plans will be reviewed and consistently updated as required to ensure that this guides staff practice. Formal reviews of care and updates to care plans will take place at intervals not exceeding 3 months.

The Clinical Nurse Specialist in Behavioural Therapy is currently carrying out a full review of all care plans in specific to those patients with challenging behaviours.

**Proposed Timescale:** 12/08/2014

**Theme:**

Person-centred care and support

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

There was a lack of seating assessment and appropriate seating provided to meet residents needs in the dining areas.

**Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The Provider has contacted the Occupational Therapy Manager to arrange for seating assessments to be carried out in relation to the dining areas.

**Proposed Timescale:** 12/08/2014

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

The policy on end of life did not guide practice.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

End of Life policy is currently being revised with a view to informing staff of any changes with training being provided if necessary.

**Proposed Timescale:** 01/11/2014

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Appropriate assistance was not provided to residents.

**Action Required:**

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

An observation of the dining experience audit which will include supervision will take place at regular intervals.

The person in charge will ensure that practice in this area of care is of the highest standard having regard to residents assessed needs and safety.

The Hospital is in the process of recruiting permanent staff which will ensure continuity of care and will enhance the mealtime experience for residents.

**Proposed Timescale:** 12/08/2014

**Theme:**

Person-centred care and support

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

All residents were not offered choice in regards to the location of the service of breakfast.

Residents who were woken for breakfast were not provided with meals at a time of their choosing.

Evening tea was served at 16.15 and this was not based on the preferences of the residents.

There was limited choice for tea in one area because the staff did not order the options available.

**Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

A meal time experience audit will be completed with formal feedback to the person in charge and Catering Manager.

Teas were originally served at 4pm but have been moved out to 4.30 pm. Due to the size and structure of the campus some units will receive the trolley at 16.15 but the staff have been instructed not to start serving until 16.30.

**Proposed Timescale:** 01/10/2014

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

There was no evidence of changes to the tea time based on residents feedback.

**Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Teas were originally served at 4pm but have been moved out to 4.30 pm. Due to the size and structure of the campus some units will receive the trolley at 16.15 but the staff have been instructed not to start serving until 16.30.

**Proposed Timescale:** 12/08/2014

**Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

The records of residents property required improvement.

**Action Required:**

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

The procedure for the management of personal possessions will be reviewed to ensure records are maintained and up to date. All financial transactions will be supported by two signatures.

Immediate action is that staff have been instructed to ensure there are 2 signatures on the property records on the units.

**Proposed Timescale:** 01/10/2014

### **Outcome 18: Suitable Staffing**

**Theme:**  
Workforce

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

Staff and residents were not appropriately supervised at meal times.

Staff were not fully aware of residents needs, for example, who required to have their food fortified.

**Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

A comprehensive review of resident's nutritional intake including those on modified diets will take place in consultation with the nursing; medical; SLT; dietician and catering staff. Recommendations re fortifications will be relayed to all staff and documented in the care plans accordingly.

The person in charge will undertake a comprehensive review of staff supervision on the wards in order to ensure that practice in this area of care is of the highest standard having regard to residents assessed needs and safety.

**Proposed Timescale:** 01/10/2014