

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cherryfield Lodge
<b>Centre ID:</b>	OSV-0000024
<b>Centre address:</b>	Milltown Park, Sandford Road, Dublin 6.
<b>Telephone number:</b>	01 498 5800
<b>Email address:</b>	cherryfield@jesuit.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Society of Jesus
<b>Provider Nominee:</b>	John Guiney
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	18
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

DRAFT

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

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

**The inspection took place over the following dates and times**

From:	To:
24 October 2016 10:00	24 October 2016 15:30
25 October 2016 09:00	25 October 2016 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliant
Outcome 02: Safeguarding and Safety	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliant
Outcome 04: Complaints procedures	Compliant
Outcome 05: Suitable Staffing	Compliant
Outcome 06: Safe and Suitable Premises	Compliant
Outcome 07: Health and Safety and Risk Management	Compliant
Outcome 11: Information for residents	Compliant

**Summary of findings from this inspection**

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six outcomes and also followed up the actions from the last monitoring inspection which took place on 9 September 2014. Improvements had taken place since the last inspection and the non-compliances were now fully addressed.

A small number of residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit. One resident was in hospital at the time of the inspection. Nine action plans from the last inspection relating to health and safety, premises, documentation, health and social care and contracts of care were addressed. Two outcomes relating to the contracts of care and the arrangements in place for learning from incidents had been addressed and are also discussed in the body of this report.

Prior to this inspection the provider had been requested to complete a self-assessment document and review relevant policies. The judgments in the self

assessment stated five outcomes were in compliance, and one outcome staffing was in substantial compliance. The inspector found the provider was in compliance with all outcomes reviewed. The inspector found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours were well managed by staff with good communication techniques, and meaningful activities available.

The staffing in place including numbers and skill mix were found to meet the needs of residents. Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Good communication was observed and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives fully respected by staff.

DRAFT

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

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

The care and welfare of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments was being well met. There was a detailed admissions policy which was reflected in practice. The nursing, medical and social care needs of these residents were met to a high standard. Residents' confirmed their wellbeing to the inspector during the inspection. Dementia specific activities including a sensory programme of communication were in place, and staff had been trained to implement this.

Since the last inspection the provider and person in charge had made improvements. Policies had been reviewed, and staff were familiar with the revised key operational policies.

Residents had access to medical and allied health care professionals. A general practitioner visited regularly. Where required, some residents had access to a consultant psychiatrist and other acute hospital consultant referrals. Referrals for residents for assessment to any of the allied health care team members was timely. A small number of residents living at the centre had an acquired brain injury, with complex health and social care needs. All their assessed needs were found to be well managed to achieve the best outcomes on a daily and long-term basis.

The inspector saw evidence of referrals made, assessments completed and recommendations made in residents' files. The provider facilitated all residents to have routine assessments of eyesight and dental hygiene/needs. There was clear evidence that all residents had their medical needs including their medications reviewed by the pharmacist, general practitioner and person in charge. The pharmacist delivered medications when required and conducted audits of medication management practices.

Residents had comprehensive assessments completed pre admission and on admission. A staff member was also involved in monitoring and facilitated an outreach community programme. Future residents had the opportunity to visit and/or stay at the centre on a short-term basis to evaluate the service available.

Risk assessments and care plans were reviewed on a four monthly basis and those reviewed reflected the residents' changing needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a four monthly basis. A sample of care plans reviews read by the inspector were up-to-date.

Staff provided end-of-life care for residents with the support of the general practitioner and the palliative care team if required. Each resident had their end-of-life preferences recorded and a detailed end-of-life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end-of-life. They were detailed and included input from the resident and their next of kin.

Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

The nutritional needs of residents were well met and they were supported to enjoy the social aspects of dining. The dining area had been made larger with an extension built since the last inspection. The dining area had been extended since the last inspection. The menu provided a varied choice of meals to residents. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw this was provided in a quite, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had their meals with other residents. This was seen to work well for all the residents.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents' weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to a dietician. The inspector saw that residents' individual likes, dislikes and special diets were all recorded and were known to both care and catering staff.

Where appropriate wound assessments and care plans were in place and records were reflective of care provided. The records were reflective of care provided. Pressure ulcer prevention and management practice was found to be adequate and all staff were knowledgeable and well informed about skin care.

This outcome was judged to be compliant in the self-assessment, the inspector also judged it as compliant.

**Judgment:**  
Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

This outcome was judged to be compliant in the provider's self assessment, and the inspector judged it as compliant.

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The approach used by all staff demonstrated a good standard of consent led service provision. Many elements of good practice to safeguard residents privacy and dignity and rights were observed during this inspection.

There was an up-to-date safeguarding policy in place. The inspector spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing.

Records that were reviewed confirmed that staff had received training on recognising and responding to elder abuse. All staff were required to attend this mandatory training. Since the last inspection there had been no reports or any allegation of abuse notified to the Chief Inspector. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. They also spoke highly of the care provided by the staff and their caring attitude.

Evidence based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. The inspector was informed by the staff that they had training in how to support and communicate with residents with dementia. Training records read confirmed that staff had attended training on responsive behaviours and dementia awareness.

At the time of the inspection, a small number of residents presented with some identified responsive behaviours in the centre. Residents who required support had an assessment completed and care plans were developed that set out how residents should be supported if they had responsive behaviours. The inspector saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. For example, using a low arousal or a sensory approach with music. Staff spoken with were very clear about how to manage and re-direct each resident. Staff also considered how residents were responding to their environment and were supporting people to feel calm. One area discussed was to consider the use of more positive language in the care plans to reflect the practice observed.

There were a small number of residents who were assessed as requiring the use of bed rails in the centre. There was a clear policy on restrictive practices. The policy, practice and assessment forms reviewed reflected practice that was in line with national policy, as outlined in *Towards a Restraint Free Environment in Nursing Homes* (2011).

A small number of residents had supports in place with their finances and personal property. The inspector reviewed the records and policy with the manager responsible for accounts. The governance and oversight on this was found to be satisfactory. Access to residents' own funds was supported and facilitated and records and receipts were fully maintained.

**Judgment:**  
Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**  
Person-centred care and support

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

**Findings:**  
Residents in the centre were consulted with about how the centre is run. Residents' rights were promoted and dignity was respected. The ethos of the centre to provide care for retired members of the Jesuit community as a rights based consent-led service was promoted. The location of the centre ensured that members of the community had access to friends and colleagues on the wider campus and were included in any activities.

The inspector observed staff and resident interactions throughout the day. Staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. The inspector observed staff knocking on doors before entering residents' bedrooms. The inspectors observed that the staff helped put the residents at ease. When one resident refused to take medication, this was respected in line with policy and best practice. Staff returned at a later point to see if the resident had changed their mind. The inspector observed this practice.

Residents were observed to be moving throughout the centre, both independently, using mobility aids and with staff assistance. Staff informed the inspectors that there was an open visiting policy, with a visitors book at reception. Visitors also came to attend the daily morning mass on the ground floor. Residents could receive visitors either in the communal space or in private in their bedrooms or a private room located on the ground floor.



During the inspection, residents were observed attending a yoga group, reading newspapers and attending religious services. Residents also told the inspector they could engage in personal activities in private. Each resident had a private, en-suite bedroom, with sufficient space for their books and personal items.

There was level access to a safe enclosed landscaped courtyard garden for residents. A sensory garden was also in place where some residents liked to take walks, in warmer weather. An equipped gym room was in place and a physiotherapist visited weekly.

Residents had access to the provider and could raise any issues through him or the healthcare co-ordinator who was well known to them, and was based in the centre. Contact details for advocacy services were listed under the complaints procedure displayed at the centre. Resident' meetings took place and any issues raised by residents during these meetings were submitted to the management of the centre, so they could be addressed.

Residents' religious needs were observed to be fully met in the centre. Staff informed the inspector that all residents were Roman Catholic. Mass was held on a daily basis the centre which residents could attend if they wished. Residents had access to a wireless land-line telephone and broadband. Staff informed the inspectors that a number of residents had their own lap tops in their bedrooms. Newspapers were delivered to residents on a daily basis and there was access to television, radio in the centre.

Residents' civil rights were respected in the centre. Residents were supported to visit the local polling station. Less mobile residents were also facilitated to vote in the centre.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**  
Person-centred care and support

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

**Findings:**  
A complaints procedure and a complaint's policy was in place that guided practice. The person in charge was the person nominated to deal with all complaints and ensure that they are fully investigated. There was an appeals process outlined within the policy.

The complaints procedure was displayed prominently and was in line with the information within the complaint's policy. The policy listed the various contacts relating to making a complaint or appealing a complaint and clearly differentiated between which contact was involved in the initial complaint and which contact should be contacted to

appeal the outcome of a complaint. the inspector confirmed that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by the provider. An appeals person was identified should the complainant remain dissatisfied.

There had been no complaints recorded since the time of the last inspection.

**Judgment:**  
Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

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

**Findings:**

This outcome was judged to be substantially compliant in the provider's self assessment, and the inspector judged it as compliant. Since the last inspection all nursing staff had completed a medication management update, and the policy had been reviewed.

The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspector found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed and the provision of care never seemed to be task driven. Care was undertaken in a slow person-centred manner. Staff were observed to reassure and communicate clearly with residents, offering choice before continuing to assist them.

The inspector reviewed the planned and actual rota in the centre. The person in charge was on leave at the time of the inspection, and the staffing roster had not been updated to reflect this. This was amended at the time of the inspection. Otherwise the actual rota was found to be representative otherwise of the staff that were on duty during the inspection. The inspector found that there was an appropriate level of staff supervision. There was always at least one nurse on duty day and night. An on-call management rota was in place and unanticipated leave was usually covered by existing staff or a small number of agency staff. The up-to-date registration and personal identification numbers for all registered nurses were found to be in place.

Training records were reviewed and found to be up-to-date for training in fire safety, safeguarding and moving and handling.

A sample of staff files were reviewed and it was found that all contained the requirements listed in schedule 2. The inspector was informed by management and by

all staff spoken to that Garda Vetting was in place for all staff. The inspector confirmed that this was in place for the most recently recruited staff members. The provider confirmed that he had the full staffing complement in place.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

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

**Findings:**

This outcome was judged to be compliant in the provider's self assessment, and the inspector judged it as compliant. The provider had fully addressed a previous non-compliance relating to provision of additional communal space to facilitate dining requirements. An extension had been completed to ensure all residents could be seated comfortably.

The design and layout of the centre was in line with the Statement of Purpose and met residents individual and collective needs.

The centre was kept clean and maintained to a good standard of repair.

The centre was purpose built and laid out over two floors which were accessed by a lift and staircase. The ground floor housed the kitchen, dining room, offices, staff facilities, and a number of residents bedrooms. The dining room had been enlarged since the last inspection and had been improved to accommodate all residents at the same time.

The residents bedrooms were located on the ground and first floor. All bedrooms were single occupancy. Each bedroom was provided with a large wardrobe and a locker for personal items. All bedrooms were en-suite, with a shower, hand wash basin and toilet. There was also sufficient number of large assisted communal bathrooms and showers to meet the needs of all residents.

An accessible and secure large, landscaped, walled garden was directly accessible to residents, some of whom were observed taking walks during the inspection. Since the last inspection a system had been installed which alarmed if a resident assessed at high risk of wandering exited the doors alone. This only affected a small number of residents. The inspector found the premises was designed and laid out in the communal areas, to ensure discrete supervision could be maintained from a distance by staff, with due regard for the residents' right to privacy. Adequate private and communal accommodation was 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.

There was provision of assistive equipment such as hoists and lifts. Suitable storage was provided for assistive equipment.

**Judgment:**

Compliant

***Outcome 07: Health and Safety and Risk Management***

**Theme:**

Safe care and support

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

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

**Findings:**

Since the last inspection the provider and person in charge had made improvements with regard to documentation of incident management. Governance and oversight was found to be adequate in this area and staff training had taken place. Falls were managed well and full follow-up including neurological observations was the practice.

The safety of the external grounds had been assessed and any risk mitigated fully since the last inspection. There was a system in place to support residents with exit-seeking behaviours. Such behaviours were managed well with alternative measures and re-direction techniques employed by staff. Where appropriate residents care plans reflected the management of such behaviours.

Fire drills were now documented fully in line with the regulations.

**Judgment:**

Compliant

***Outcome 11: Information for residents***

**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 confirmed that the contracts of care had been reviewed to include details of any additional services that incurred an additional fee. This was now judged as in full compliance.

**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:***

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority