



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Cherryfield Lodge Nursing Home
Name of provider:	Society of Jesus (Jesuit Order)
Address of centre:	Milltown Park, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	15 March 2023
Centre ID:	OSV-0000024
Fieldwork ID:	MON-0039631

About the designated centre

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

Cherryfield Lodge is situated in Ranelagh, Dublin 6 and is well serviced by nearby restaurants, libraries, community halls, and is close to the National Concert Hall and theatres. The ethos of Cherryfield Lodge is based on that of the Jesuit Order. Cherryfield Lodge can accommodate 20 male residents, who can enjoy a good quality of life and are supported and valued within the care environment to promote their health and well-being. Male residents with the following care needs can be accommodated: general care, respite care, dementia care and those convalescing, providing 24 hour nursing care as provided and as directed by our policies and procedures. Jesuits, members of other religious orders and the general public may be admitted to Cherryfield Lodge and all levels of dependency are admitted.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 March 2023	09:15hrs to 17:00hrs	Arlene Ryan	Lead

What residents told us and what inspectors observed

This was a pleasant and calm centre where the residents appeared to be enjoying a good quality of life and were supported to have meaningful roles and relationships within their community and with friends and family. Cherryfield Lodge Nursing Home follows the ethos of the Jesuit order and the residents are predominantly retired priests of the same order.

Following an introductory meeting, the inspectors did a walk-around the nursing home with the person in charge. While walking around the inspector noted that many of the residents were not in their rooms. Some were in the living room areas and others were out and about on the grounds of the nursing home. The premises was large and rooms were of a good size. There were 20 rooms with en-suite facilities and all rooms were single occupancy which provided the residents with privacy. Bedrooms and living space was laid out over two floors which were served by a lift and all areas were easily accessible to residents. The residents rooms were cleaned daily and the residents told the inspector that they were always clean and were happy with the arrangements in place.

The residents rooms had adequate storage for the residents belongings. Each room had a television for the residents to watch in private. The residents had control over their own living spaces and organised their rooms as they wished. Each room had an automatic opener button inside and outside each door, allowing the residents to enter and exit their rooms without hindrance. This was helpful for those in wheelchairs or using mobility frames. There was a variety of different spaces for residents to use throughout the day with comfortable day and dining spaces for to relax in on the ground floor and a second living area on the first floor. This had a large television and was a popular spot for watching football matches. The design and layout of the home promoted free movement.

A number of residents said that they liked their food and always had plenty to eat. There was a menu on the wall of the dining room indicating which meals and choices were available for each day of the week. There were also other food options available to the residents if they did not want what was on the menu. The majority of residents ate in the dining rooms, however if they preferred to have their meals in their rooms this was facilitated by the staff on duty. The inspector observed a positive dining experience during lunch time and the residents were satisfied with and complimentary of the meal prepared for them. The chef was aware of the residents individual needs and preferences and prepared meals accordingly.

The centre was peaceful and the residents were very complimentary of the care they received. Staff knew the residents well and knew their likes and dislikes, including food preferences. The residents were very complimentary of the staff and a number of residents praised the person in charge and their leadership. They said that they felt part of the centre and that their views were always taken into

consideration.

During the inspection some Dog Therapy volunteers came on site and sat with the residents in the living area. There was a lively discussion with the residents and they had the opportunity to meet and pet the dog which accompanied the volunteers. The inspector did not see many other visitors on the day of inspection, however there were no current restrictions on visitors to the nursing home.

The inspector spoke with a few residents who informed them that the activities were based around their way of life. They were happy with the activities and particularly enjoyed walking and live music sessions. Mass was celebrated daily in the chapel and this was one of the most important daily activities for the priests accommodated in the centre. Some of the residents were supported to celebrate mass and a schedule was available on the notice board. The residents also enjoyed their privacy and this was respected by staff.

Laundry facilities were available on site and residents said that they were happy with the services provided. Arrangements were in place that in the event of an outbreak within the centre, laundry services for residents clothing would be outsource to prevent the risk of cross contamination within the centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This centre has a good history of regulatory compliance, and the findings of this inspection showed that the standard of care provided, and the oversight of the service had been sustained. The overall feedback from residents living in Cherryfield Lodge Nursing Home was positive. The centre had a homely feel and the residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings. However, this inspection identified that further action and improvements were still required in relation to governance and management, the directory of residents and infection control.

The designated centre's operations are overseen by the Society of Jesus (Jesuit Order) management board. The committee chair person's office was based in the centre and therefore was available directly to support the person in charge. The person in charge (PIC) was supported in her role by administration staff and a clinical nurse manager (CNM). The governance structure in the centre was clear, with each member of the management team having clear roles and responsibilities. However, the provider had failed to inform the chief inspector of the unexpected absence of the person in charge for a number of months. The person in charge had

returned to duty in the meantime and was working in the centre on the day of inspection.

There were an adequate number of staff available to ensure that care was provided in accordance with the centre's statement of purpose and to meet the assessed needs of the residents living in the centre. The inspector observed that the staff were visible throughout the day and were familiar with the residents and likewise the residents addressed staff by their names and were relaxed and comfortable with the staff.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included an auditing programme which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were in place to address any issues identified. The centre had completed a comprehensive review of the quality and safety in the centre and had a quality improvement plan in place. The environmental audits had identified the need for additional clinical hand washing sinks in the centre and remedial works had commenced for the installation of these sinks.

When asked about complaints, four residents told the inspector that they had no reason to complain. They said that if there was something that they needed they would speak to the person in charge and knew it would be addressed immediately. One resident told the inspector that they had spoken with the person in charge about some food preferences. They were complimentary of how their views were taken into consideration and felt free to discuss such things openly.

Regulation 15: Staffing

There was an adequate number of staff on duty on the day of inspection to provide care for the residents living in the designated centre. Call bells were seen to be answered quickly, and staff were available to assist residents with their needs.

There was evidence that a minimum of one registered nurse was on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained most of the information as required by Schedule 3 of the regulations with the exception of the the name and addresses of any authority, organisation or other body, which arranged the residents' admission

to the designated centre. In addition, details of some causes of death were not recorded.

Judgment: Substantially compliant

Regulation 21: Records

A selection of staff files reviewed by inspectors showed compliance with Schedule 2 of the regulations (such as An Garda Síochána vetting and references).

All nurses employed by the centre at the time of inspection held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Resident files' were maintained for the required amount of time in line with the regulations and they were stored securely in a locked room. A record was maintained by the administration staff and destruction dates of records identified.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents living at the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities. However, the provider had failed to inform the Authority of the temporary absence of the person in charge within the required time frame as detailed under regulation 32. The oversight systems did not recognise this requirement.

Judgment: Substantially compliant

Regulation 32: Notification of absence

The registered provider had failed to inform the chief inspector of the temporary absence of the person in charge for a period of 28 days or more.

Judgment: Not compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home and that their healthcare needs were well met. Residents informed the inspector that they were happy, were well looked after by the staff and felt safe. Some further improvements were required in relation to infection control practices as detailed under the individual regulation, however the inspector was satisfied that the residents were supported to enjoy a good quality of life in the centre.

The premises was laid out to meet the needs of the residents and were bright and generally well-maintained. There was plenty of storage available in the centre and most storage rooms were well organised however some items were being stored on the floors preventing effective cleaning of the rooms.

The inspector found that residents were free to exercise choice in how to spend their day. Residents were engaged in activities on a daily basis, and residents confirmed to the inspector that they were satisfied with the activities programme.

A selection of care plans were reviewed by inspectors. Pre-admission assessments were completed by the person in charge or deputy, and care plans were initiated within 48 hours of admission. They were found to be very detailed, comprehensive and person-centred. Staff were observed following up with a new prescription for one of the residents. The reasons for the change in medication had not been received from the hospital, however staff were persistent in finding the reason for this change prior to administering the medication when it was due. A copy of the hospital consultation letter was obtained to ensure the correct dosage of medication was administered.

Residents laundry was washed on site and residents told the inspector that they were satisfied with the service provided. However, on review of the laundry facility the inspector noted that there was no hand wash sink available for staff in the laundry. In addition the close proximity to the sluice room posed a risk of cross contamination especially in the event of an infections disease outbreak. The entrance to the sluice was off the entrance hall to the laundry room with only the sluice room door separating it. During previous Covid 19 outbreaks laundry facilities had been outsourced to ensure that cross contamination did not occur. The person in charge agreed to consult an external infection control professional to review the position and arrangements of the laundry and sluice room. The clinical hand wash sinks in both sluice rooms were not in line with the HBN 00-10 sanitary assemblies standards. Areas had been identified for the installation of clinical hand washing

sinks throughout the designated centre. Remedial works had commenced for installing them.

Residents were registered to vote in local and national elections. Arrangements were in place for a ballot box to come to site to facilitate residents to vote. This was overseen by the administration staff in the nursing home

Regulation 10: Communication difficulties

Details of residents with communication difficulties were clearly recorded in the residents assessments and care plans. Any deterioration with communication and strategies to assist the residents were detailed in the residents records, providing clear instructions for staff caring for the residents. Staff were seen communicating with in a person centred manner with residents who were unable to communicate verbally.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage in their bedrooms to store their clothes and personal possessions. Lockable cabinets were available for the residents to use. Residents decided how to organise their own belongings within their personal spaces.

Laundry facilities were available on-site and the residents were satisfied with this service. Residents' clothes were labelled to prevent loss and they could also have family members take clothing for laundering if they chose to do so.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified with the premises that required action:

- Storage areas required reorganisation to ensure items were not stored on the floor such as cardboard boxes, to enable effective cleaning. For example, in the treatment room.
- Excess stock was found stored in the balcony of the oratory restricting residents access to this area.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements. A copy of the residents' guide was available to the residents. Other information for residents was available on notice boards throughout the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital a discharge letter and relevant documentation was received and filed in the residents individual record. Recommendations and treatment plans were incorporated into the resident's care plan and a reconciliation of medication was completed by the general practitioner (GP).

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, the following issues were identified:

- The centre required additional clinical hand washing sinks in the clinical areas. The existing hand wash sinks in the clinical rooms and sluice rooms were not in line with national standards to support good hand hygiene
- The segregation of the sluice room from the laundry room on the ground floor required review to ensure clear separation of both rooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were completed within 48 hours of admission and reviewed within four months as prescribed in the regulations. Care plans were seen to be detailed, person centred and the monitoring and updating of the residents' status was evident.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place and all staff had received training to ensure residents were protected from abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse.

The centre was not a pension- agent for any of the residents living there.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 32: Notification of absence	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cherryfield Lodge Nursing Home OSV-0000024

Inspection ID: MON-0039631

Date of inspection: 15/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents has been updated to include the referral authority or body which arranged a resident's admission.</p> <p>The cause of death (when established), date and time is also included.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Cherryfield Lodge has always been compliant with Notifications to the Inspectorate. This was a simple honest omission and will not occur again.</p>	
Regulation 32: Notification of absence	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of absence:</p> <p>Cherryfield Lodge has always been compliant with Notifications to the Inspectorate. This was a simple honest omission and will not occur again.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The storage area will be cleared of excess stock. Remaining stock will be stored off the floor.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The recommended additional clinical wash hand basins have been delivered and are scheduled to be installed within the next 3 months. The laundry room and the Sluice room are to be reviewed by a specialist to develop a plan to reconfigure the space bringing it into compliance.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/05/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/11/2023

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 32(3)	Where the person in charge is absent as the result of an emergency, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice of the absence including the information referred to in paragraph (2) in writing to the Chief Inspector specifying the matters mentioned in paragraph (2).	Not Compliant	Orange	23/05/2023