Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	21 January 2025
Centre ID:	OSV-0000024
Fieldwork ID:	MON-0042722

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:	16

How we inspect

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
Tuesday 21 January 2025	09:50hrs to 16:30hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

This inspection took place in Cherryfield Lodge nursing home, Milltown Park, Dublin 6. The inspector spent time observing and speaking with residents', staff and visitors to gain insight into the lived experience of residents living here. The overall feedback was that residents enjoyed living here and felt that their rights were respected.

On arrival to the centre the inspector was met by the receptionist. After a brief introductory meeting, the person in charge accompanied the inspector on a tour of the premises. Many residents' were up and dressed participating in the routines of daily living. The inspector observed staff attending to residents needs and requests.The inspector observed numerous interactions where staff were gentle, patient and kind to residents. Throughout the day the atmosphere in the centre was calm and relaxed.

The centre is a purpose built centre and is spread over two floors. Residents accommodation is located on both floors, with the communal spaces located on the ground floor. A lift facilitated free movement for residents, without restrictions, between these two floors. Communal spaces include a large open plan dining and sitting area, a chapel, library and therapy room. On the first floor there is a spacious open area with comfortable seating and a TV. This area opened on to a safe balcony that residents could freely use. There is also a large enclosed garden with a walled garden located within it, accessible to residents through exit points on the ground floor.

Residents' bedrooms were seen to be warm and bright and laid out to meet the needs of the residents living in them. Residents had personalised their bedroom spaces with their belongings from home including photos, pictures, small furniture items and soft furnishings. All rooms had en-suite facilities.

The centre was observed to be clean and well maintained. There were renovation works taking place in the laundry and sluice room to address the findings of a previous inspection, where it was noted that they shared an entrance. This had an impact on infection prevention control in the centre. The inspector observed that each room now had a separate entrance and were independent of each other. The works were due to be completed in the coming weeks and the registered provider informed the inspector they would submit an application to vary condition 1, to reflect the completed works. Appropriate measures were in place to ensure there was no adverse affect for residents while these works were taking place.

Religion was an important part of the day for many residents'. Mass was said daily in the centre at 10.30am and the inspector observed a large number of the residents attending this service. Other residents' were seen to sit in communal areas reading the newspaper or books or chatting with staff or other residents'. After mass residents' gathered in the dining area to enjoy morning refreshments. Exercise class

was seen to take place on the morning of inspection, facilitated by an external qualified exercise therapist.

No activities were seen to take place in the afternoon. However, many of the residents told the inspector that this was their choice not to have activities every afternoon as quiet reflection and prayer was an integral part of their lives and the staff and management in the centre respected this. Residents' told the inspector that there were afternoons where there was live musicians or interactive group activities and they enjoyed these when they were on but glad that they weren't a daily occurrence.

A rugby pitch, located next to Cherryfield Lodge, was visible from multiple areas of the designated centre, which was utilised by the rugby teams of a nearby club and secondary school. Residents' told the inspector how they enjoy being able to watch the matches that take place here and how they have the choice to go out and watch them or watch them from the the centre.

It was evident that there was a good support network by the local community. Staff told the inspector how local secondary schools come at various times of the year to sing or play music to the residents'. Every Friday morning transition year students from the nearby secondary school come and spend time having a cup of tea and chat, with residents, under the supervision of staff from both the school and the centre. Staff reported that residents enjoyed these visits and always looked forward to them.

The residents who the inspector spoke with were complimentary about the staff and had only positive feedback about their experiences of living in the centre. One resident said you wouldn't get better care anywhere else. Another resident spoke about how the staff always responded to their needs and nothing was too much for them. Residents' were also very complimentary about the food in the centre. One resident said "the food is top class and always served at the right time, hot and with added style".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that Cherryfield Lodge was a well managed centre, where there was a focus on ongoing quality improvement to enhance the lived experience of residents. The inspector found that residents were receiving a good service from a responsive team of staff delivering safe, and appropriate person-centred care and support to residents.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is owned and operated by Society of Jesus (Jesuit Order), who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge is supported by a named provider representative and a clinical nurse manager. Other staff members, to name a few, included, nurses, health care assistants, domestic and catering staff.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings attended by senior management in areas such as; occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. The inspector found that there was an appropriate skill mix and good supervision of staff in the centre.

Following the previous inspection in February 2024, staff were now supported to attend mandatory training on fire safety, provided by an external fire safety company. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care. However, it was noted from the training matrix that staff in the centre had not attended training on safeguarding vulnerable adults from abuse, since 2021.The training matrix indicated that this training was required every three years. This was also, not in line with control measures in the risk register, regarding the risk of elder abuse, which stated training should be completed annually.

The complaints policy and procedure had recently been updated, following the findings of the previous inspection, to reflect regulatory changes and there was now an appropriate system in use to log complaints made. However, while the policy had been updated it still did not reflect the appropriate regulations around the review process. This is discussed further under Regulation 34;Complaints procedure.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff relating to the assessed needs of the residents and the size and layout of the designated centre. There was at least one registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training and had adequate supervision.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not always operate within its own procedures to ensure the service provided is safe, appropriate, consistent and effectively monitored. For example;

- The registered provider had failed to provide training on Safeguarding of vulnerable adults in line with its control measures to prevent elder abuse,outlined in their risk register. The risk register stated that this training should be provided on an annual basis, while the training matrix referenced every three years. However, the evidence provided to the inspector on the day of inspection showed that majority of staff had not attended this training since 2021. This would have an impact on the current risk rating of elder abuse in the centre, which was currently rated as low.

Furthermore, the oversight systems of the registered provider had failed to identify that the complaints policy in place was not in line with regulatory requirements as further discussed under Regulation 34; Complaints procedure.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of services had been reviewed and amended since the findings of inspection in February 2024 and now reflected a contract of care between the resident and the registered provider. Contracts were in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure did not include the the regulatory time frames in which a review of a complaint should be concluded. Furthermore, it did not acknowledge the provision of a written response informing the complainant of the outcome of that review. This was a repeat finding from the previous inspection.

Judgment: Not compliant

Quality and safety

The inspector found that the residents' were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents,while ensuring resident's rights were upheld. The inspector observed that the staff treated residents' with respect and kindness throughout the inspection.

Residents' had good access to their General Practitioner's (GP) services and other health and social care specialists including physiotherapist, chiropodist and relevant dietetic services. Records showed that the national screening program was made available to those residents who qualified and wished to participate. Residents' were supported and encouraged to attend scheduled out patient appointments.

Staff had recently received relevant in person training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), with another session scheduled for those who couldn't attend the previous two sessions.There was a low level of restraint in the centre and the management were driven towards achieving a restraint free environment. Records showed that residents' displaying responsive behaviours were managed in the least restrictive manner.

The residents' guide for the designated centre was available and accessible within the centre for all residents**.** This guide contained all of the required information in line with regulatory requirements, including information around advocacy services and the care services and facilities available to residents.

There was an open visiting policy and visitors were observed attending the centre throughout the inspection. Residents could receive their visitors in the privacy of their bedrooms or in a private visiting room as required.

There was a risk management policy in place, which is regularly reviewed. This policy met the requirement of the regulations, for example, it included the measures and actions in place to control the risk of abuse and the unexplained absence of any

resident. However the management of risk regarding elder abuse required further oversight as described under Regulation 23; Governance and Management in the capacity and capability section of the report.

Regulation 11: Visits

There was an open visiting policy operating in the centre. The registered provider had arrangements in place for a resident to receive visitors in so far as is reasonably practicable.

Judgment: Compliant

Regulation 20: Information for residents

The resident information guide included a summary of services and facilities available, the terms and conditions relating to residence and contact details of independent advocacy services available to residents.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined by the Regulation. There was a safety statement and an emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a geriatrician, physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Cherryfield Lodge Nursing Home OSV-0000024

Inspection ID: MON-0042722

Date of inspection: 21/01/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Review Risk Register and Training Policy regarding annual certification of each member of staff. • The training matrix will be simplified.	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: 34 (2) (e) • The policy has been amended to include timeframes. 34 (2) (f) • The policy has been amended to highlight confirmation of written response.	

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 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	28/02/2025
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Not Compliant	Orange	20/02/2025
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of	Not Compliant	Orange	20/02/2025

	a written response informing the complainant of the outcome of the review.			