



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

Issued by the Chief Inspector

Name of designated centre:	Cherryfield Housing with Care
Name of provider:	Fold Housing Association Ireland Company Limited by Guarantee
Address of centre:	2D Cherryfield Lawn, Hartstown, Clonsilla, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	01 August 2025
Centre ID:	OSV-0000750
Fieldwork ID:	MON-0047768

About the designated centre

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

Cherryfield Housing with Care is a 56 bed centre providing residential care services to males and females over the age of 18 years. The service is designed to care for people with low to medium care needs. The centre is run by Fold Ireland, a not for profit organisation registered with Approved Housing Bodies of Ireland. The centre is a purpose built two-storey building. Each floor has its own dedicated entrance. The ground floor is a dementia specific unit. All bedrooms in the centre are single rooms containing en-suite shower and toilet facilities and a small kitchenette. Each floor has its own dining and sitting room areas and there are also several rest spots located in alcoves of the corridors with comfortable seating, books and magazines. A small computer station was also available for residents use. The centre is located approximately 10km north west of Dublin city centre. It has access to lots of local amenities including Blanchardstown shopping centre, restaurants, libraries, public parks and coffee shops. The centre is well serviced by local transport including a bus and rail service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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
Friday 1 August 2025	09:15hrs to 17:05hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

From what the inspector observed and what the residents told them, residents were very content living in Cherryfield Housing with Care. The residents spoken with were all complimentary of the staff and the care they received. One resident told the inspector "I love it here, the staff are splendid" another resident said, "staff couldn't do more for you", while others described the staff as "great, and kind".

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. During the inspection, the inspector spoke with nine residents to gain insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents, as well as reviewing a range of documentation and speaking with staff and management.

On the morning of the inspection the inspector walked around observing the morning routine for residents. There was a calm and relaxed atmosphere and most residents were having their breakfast in the kitchenettes located at the end of each bedroom corridor. Other residents were seen mobilising around the centre and accessing their bedrooms independently, while some residents were sitting and relaxing in the centre's atrium. The daily papers were available for residents to read and there were various breakout spaces that residents could spend time in outside of their bedrooms.

The centre is divided into two floors, with stairs and lift access. Residents' bedrooms are located on each floor and are divided into corridors which are named after various Dublin streets. Residents accommodated in the centre have low to medium care needs. The ground floor accommodates residents who are living with a diagnosis of dementia with low to medium dependency needs.

The centre was nicely decorated and well-maintained. Residents were accommodated in single occupancy bedrooms with an en-suite and a kitchenette. Their bedrooms were decorated in a homely manner unique to the resident's taste. Residents on the ground floor had a memory box outside their front door with items of personal significance to help them identify their room. Overall, the centre was well laid out with various doors on the ground floor opening out to the enclosed courtyard spaces which were nicely decorated with shrubs and plants. One of these courtyards contained an old telephone box and seating areas. The ground floor was decorated with various replica shop-fronts with many interesting items on display in the windows; there was directional signage in place throughout. There was an outdoor space located at the back of the building that was accessible from the dining area by fob access only. The inspector was informed this area was mostly used for group activities and accompanied walks.

There was a monthly activities schedule on display on the ground floor atrium and daily activities were displayed in individual frames corresponding to the days of the

week. The inspector saw that the programme was varied and, for example, residents were invited to go to Knock and to the National Concert Hall during the month of August. Residents told the inspector they had been visited by an ice-cream truck the previous day and spoke about how much they had enjoyed this. There was a large notice board named the "residents corner" which displayed various relevant information for residents such as information on the FREDA principles, advocacy services contact details and the complaints procedure for the centre. Residents spoken with confirmed residents meetings took place in the centre where they could raise any issues they had.

Residents were seen coming and going throughout the day and others were in their bedrooms, communal areas or engaging in the activities provided such as exercises, karaoke and puzzles. Staff were observed appropriately supervising residents during mealtimes and in the communal areas and interactions observed between staff and residents were familiar, warm and kind.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted 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 was an unannounced inspection with a focus on adult safeguarding and reviewing the measures the provider had in place to safeguard residents from all forms of abuse. This inspection found that there were management systems in place to protect residents and that there was effective oversight of these systems. Some improvement was required to ensure residents' care plans were accurate and up-to-date to consistently guide care.

The registered provider of the centre was Fold Housing Association Ireland, Company Limited by Guarantee. The inspector found that there was a clear governance and management structure in place in the centre. The person in charge was supported in their management of the centre by a director of care services, team leader, clinical governance nurse and senior care workers. Other staff working in the centre included care workers, administrative, laundry, domestic and catering staff. Since the previous inspection, an additional team leader role had been created and the clinical governance nurse role had been recruited to.

On the day of the inspection, there were sufficient numbers of staff available to support residents' assessed needs.

Regular meetings were seen to be taking place in the centre to promote safeguarding and uphold residents' rights. Management meetings took place on a bi-monthly basis where key information relating to the service was discussed including

staffing, audit schedules and training needs. In addition, there were twice yearly family meetings where residents and their families were invited to attend to discuss elements of the service and provide feedback. Minutes of these meetings were available for review and included topics such as care plans, complaints and activities. There was a pro-active approach in place to respond to residents' feedback. A meeting with the chef and kitchen staff had been facilitated following feedback from residents about the food and menus in the centre. Action plans were put in place to address any issues identified.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training and development opportunities. There were records of staff appraisals and ongoing formal supervision arrangements were in place for staff. All staff working in the centre had completed training on identifying, preventing, and reporting abuse.

A record of complaints was kept in the centre and appropriate action was taken to address these.

The registered provider maintained a suite of written policies and procedures in line with the regulations, such as those relating to staff training and development, safeguarding residents from abuse and a complaints policy.

Regulation 15: Staffing

On the day of the inspection, the number and skill-mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that staff were up to date with training on the safeguarding of residents from abuse. Other training was available to staff to ensure their knowledge and skills were maintained or enhanced, as needed. There were arrangements in place to ensure that staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

Quality and safety

The purpose of this inspection, focused on adult safeguarding, was to review the quality of the service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. This inspection found that overall, the provider was proactive in their approach to safeguarding residents and appropriate measures were taken to protect residents from harm. Residents' rights and autonomy were promoted and there was a person-centred approach to residents' care. Some improvement was required concerning individual assessment and care planning to ensure information relevant to safeguard residents, where concerns had been previously raised, were accurately documented in residents' care plans.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were generally person-centred and reflected the care needs of the residents. Some minor gaps identified are discussed further under Regulation 5. Activities care plans were seen to be detailed and person-centred.

The provider had ensured all staff had training in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a very small amount of residents who displayed responsive behaviours and these appeared to be managed in a way that kept residents, visitors and staff safe, while also having a minimal impact on the person exhibiting these behaviours. Referrals to external services were in place to provide a person-centred approach to care.

The registered provider had systems in place to safeguard residents from abuse. The provider had a safeguarding policy to guide staff in recognising and responding to allegations of abuse. All possible safeguarding concerns had been identified and reported.

Residents' rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. Activities were observed to be provided throughout the day and improvements to the schedule had been made since the

previous inspection. Residents told the inspector that they were satisfied with the activities on offer. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service.

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed a small number required updating to ensure they reflected the specific needs of the resident. For example:

- There was no safeguarding care plan in place for a resident who had reported a safeguarding concern.
- A resident who was having their cigarettes held by staff did not have this change updated in their care plan, to reflect this restrictive practice.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support a small number of residents with responsive behaviours. There was a restrictive practice register in place in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Staff had received safeguarding training and were knowledgeable about what constitutes abuse and how to report suspected abuse in the centre. Residents reported that they felt safe in the centre.

The registered provider was a pension-agent for three residents and there were systems in place to manage residents' money. Records shown to the inspector confirmed residents' money was managed through a separate client account. Small amounts of money was also held locally for residents' daily use and the inspector was assured there were systems in place to protect residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the activities available to them. Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and taking part in residents' surveys. Residents told the inspector that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.

The centre had religious services available. Residents were supported to communicate freely and had access to radio, television, newspapers, telephones and internet services throughout the centre. Residents had access to independent advocacy services, and records reviewed found that residents had been referred for advocacy support.

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	Compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherryfield Housing with Care OSV-0000750

Inspection ID: MON-0047768

Date of inspection: 29/08/2025

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: We have updated the relevant residents' care plans to ensure they fully reflect their assessed needs. A safeguarding care plan has been put in place where required, and the care plan for the resident whose cigarettes were held by staff has been amended to reflect this restrictive practice. The Person in Charge has reviewed all residents' care plans to confirm they are accurate and up to date, and ongoing monitoring is in place to ensure continued compliance with Regulation 5.	

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	28/08/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/08/2025