



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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|----------------------------|---|
| Name of designated centre: | Cherryfield Housing with Care |
| Name of provider: | Fold Housing Association Ireland Company Limited by Guarantee |
| Address of centre: | Cherryfield Lawn, Hartstown, Dublin 15 |
| Type of inspection: | Unannounced |
| Date of inspection: | 30 January 2023 |
| Centre ID: | OSV-0000750 |
| Fieldwork ID: | MON-0038878 |

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.

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| Number of residents on the date of inspection: | 53 |
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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 |
|------------------------|----------------------|----------------|------|
| Monday 30 January 2023 | 08:30hrs to 15:30hrs | Jennifer Smyth | Lead |

What residents told us and what inspectors observed

From what residents said and from what the inspector observed, Cherryfield Housing was a good centre where a relaxed and friendly atmosphere was seen. A number of residents were highly complimentary of the care and service provided, and told the inspector that staff were lovely and kind to them. The inspector observed many activities taking place on the day of inspection and could see both residents' and staff enjoying each others company.

An opening meeting was held with the person in charge. After this meeting, the inspector was guided on a tour of the premises. The designated centre provided accommodation to residents in single occupancy rooms located over two floors. All bedrooms within the centre had en-suite facilities. The centre was welcoming, homely and provided adequate physical space for residents to have their individual assessed needs and preferences met. The corridors were spacious with residents seen to spend time walking freely throughout these areas.

There were several communal rooms around the centre for residents' use, such as the atrium which provided a communal seating area. Resident accommodation was located over two floors which was serviced by a lift. Bedrooms were all single with a kitchenette and an en-suite shower facility.

There were numerous enclosed gardens which residents had access to and these areas were well presented with bright flowers and suitable seating arrangements. The inspector was told that during good weather residents participated in planting flowers.

Some residents were observed relaxing in their bedrooms while others spent time in communal day rooms. Bedrooms seen were spacious, clean and had sufficient storage space available for residents' personal belongings.

Notice boards contained up-to-date information on activities and key events within the centre. These were seen to be appropriate to residents' communication needs. There was appropriate information to assist residents orientate themselves around the centre with information on how to make a complaint advertised in prominent locations.

Residents were found to be enjoying activities in the atrium which was sufficiently staffed at the time of inspection. One resident said that they enjoyed the opportunities to take part in various activities, such as bingo and music. During the inspection, the inspector spent time observing resident and staff interactions. The overall feedback from all residents spoken with was that the management and staff of the designated centre were approachable, helpful and caring. They were positive about the care that they received, with one resident saying "staff get you anything that you want".

Menus were displayed in the dining rooms . The meal times were seen to be a social occasion with residents sitting at tables of three to four settings. Several residents confirmed to the inspector that they were happy with the meals provided. They spoke very highly about the food and described that they had a choice of daily meals on offer.

Staff who spoke with the inspector were knowledgeable about residents and their needs, responding to safeguarding issues. It was evident that staff knew residents well and observations were that they were responsive to residents' needs. Staff told the inspector that the management team were supportive. Overall, the inspector observed a relaxed and happy environment. The overall feedback from residents spoken with was that they felt safe and content within the centre.

The next two sections of the report present the findings of the inspection and give examples of how the provider has been supporting residents to live a good life in the centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

Overall, the findings of this inspection show that this was a well-governed centre which ensured that residents received high quality, safe care. The management structure was clear and the lines of authority and accountability were clearly outlined.

Fold Housing Association Ireland company limited by guarantee is the registered provider of Cherryfield Housing with Care of which there are eight board members. There was a well defined management structure in place in the designated centre with the person in charge supported by a number of senior care workers, care workers and household staff. Management support was provided by the director of care services. The person in charge also has access to clinical support within the organisation although the designated centre did not provide nursing care. Cherryfield Housing with Care designated centre provides care and welfare support to 56 residents with low to medium care needs, while one floor of the designated centre is dedicated to those residents with a diagnosis of dementia. Care interventions were based mainly on a social model of care where residents were encouraged to be as independent as possible but to receive timely support when required. The provider had adequately resourced the service and had committed to upgrading areas of the designated centre. The centre's management team met regularly to discuss all areas of governance. This ensured that the service provided was safe, consistent and effectively monitored and appropriate actions taken where necessary. The provider had a comprehensive COVID-19 contingency plan in place and provided documents which evidenced simulated actions around a COVID-19 outbreak. An annual review report for 2022 was available to the inspectors which included consultation with residents and families.

The centre's policies and procedures were up-to-date and were made available to the inspector for review. The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies and procedures in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

The management team had oversight of the care being delivered to residents. There was an audit schedule and system in place for auditing practices such as falls, wound care, medication management and the environment. There was clear evidence of learning and improvements being made in response to audit reports

Staff had access to an extensive list of mandatory and supplementary training, which included infection control, safeguarding vulnerable adults, manual handling, fire training, and dementia care and wound care. Staff spoken with had detailed knowledge of fire evacuation procedures and records showed fire drills had taken place. However action was required by the provider in relation to carrying out more varied drill scenarios. No fire drills had occurred during the year with a reduced number of staff simulation night time staffing levels. Staff demonstrated a good knowledge of the complaints and safeguarding procedures.

The inspector also reviewed three contracts for the provision of services and found them to be in line with the regulations, with each outlining the terms and conditions of the residents' residency and details of the fees to be charged for additional services,

Regulation 15: Staffing

On the day of the inspection there was a sufficient number of staff available, with the appropriate skills, to meet the assessed individual needs of residents, given the size and layout of the centre. Planned and actual staff rotas were available and reviewed.

Judgment: Compliant

Regulation 16: Training and staff development

Records reviewed showed that mandatory training was up to date for all staff working in the centre. Training was regularly reviewed and planned according to the needs of the service.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

An annual review of the quality of the service in 2022 had been completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed the terms in writing on which a resident shall reside in the designated centre, this included their room number, the occupancy of the rooms and fees.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to the inspector and to staff for review. They had all been updated to reflect the practices and procedures in the centre,

Judgment: Compliant

Quality and safety

Residents received good, quality safe care. Residents quality of life was enhanced by person-centred care provided by the staff team. Records seen on inspection confirmed that residents rights were being upheld and that residents were well supported. There was evidence of consultation and inclusion of the residents in the running of the centre.

Residents had good access to medical care services. The inspector was assured that where specialist health care services were required, relevant referrals were made within a timely manner for residents. Residents also had access to local community services such as opticians, dentistry and podiatry.

Residents' rights were respected and upheld in the centre. Staff were observed to communicate with residents in a kind and respectful manner. Facilities promoted privacy and service provision was directed by the needs of the resident. Televisions, newspapers, telephones and computer facilities were available for residents' use.

Residents had unrestricted access to outdoor space and were maintained to a high standard. The centre was found to be warm, well ventilated and bright. There was appropriate furniture and well maintained equipment in place to support residents.

Following on from the last inspection, improvements were made from in relation to Regulation 7:Managing Challenging behaviour. For example, the smoking room was left open at all times.The provider had issued each resident with a fob key to their bedroom, so that they could enter their rooms as they wished.

There was a variety of social activities available to residents to occupy their day. The inspector spent time within communal areas observing these activities and found that staff brought out the best in residents encouraging them to participate. A number of residents told the inspector that there were activities available most days. Conversations with staff and residents throughout the activities involved plenty of friendly chat. It was evident that there was a lovely sense of community in the centre and that these positive interactions contributed to the calm atmosphere in the centre.

Overall the premises was found to be clean and efforts to create a homely environment were evident. The inspector observed that the centre had processes in place to ensure protocols relating to infection prevention and control were being observed and practised by the staff team. This including a COVID-19 policy, environmental audits, access to hand hygiene sinks and hand gel within the centre. However, some improvements were required in storage and the management of clinical waste. This is further discussed under Regulation 27:Infection Control.

The provider had arrangements in place to support residents to receive their visitors. Inspectors observed visitors to the centre being guided through the necessary steps to ensure they complied with guidance issued on COVID-19. Visitors were received

privately in residents' bedrooms or in a dedicated room.

The provider had arranged fire drills at suitable intervals, however no night time fire drill scenarios had been carried out. This is further discussed under Regulation 28: Fire Precautions.

Resident medicinal products were not stored securely at the centre, for example medication keys were seen to left on top of a medication trolley. This is discussed under Regulation 29: Medicines and pharmaceutical services.

There was a risk management policy which had been reviewed in September 2022. 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.

Regulation 17: Premises

The registered provider having regard to the need of the residents has provided premises which conform to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in the centre and control measures in place to minimise the associated risk.

Judgment: Compliant

Regulation 27: Infection control

A number of infection prevention and control measures had been implemented, but further actions were necessary to ensure residents were protected from risk of infection and in line with national standards. For example:

- A clinical sharp's bin was filled over the safety line and the safety mechanism was not closed which could lead to a needle stick injury.
- Inappropriate storage on the floor in store room and cleaners rooms which meant areas could not be effectively cleaned. Boxes of personal protective equipment (PPE) and other items were stored directly on the floor in one

storeroom and as such hindered effective floor cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following improvements were required to ensure the safety of residents, staff and visitors:

- While, emergency evacuation drills were practiced regularly, the records of the completed drills did not reference sufficient information regarding the procedure. It was not clear if a full compartment was evacuated and fire drills simulating night time scenarios had not taken place.
- While, a floor plan was displayed by the fire alarm panel on the ground floor to inform evacuation procedures in the centre, the fire compartment boundaries were not clearly displayed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Systems were in place for the safe administration and management of medication.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who may have responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were cared for in a manner that was least restrictive, for example:

- All residents had access to their bedrooms, each resident was furnished with a fob to enter their room.
- The smoking room was left unlocked, so residents had access to the room as they wished.

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 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |

Compliance Plan for Cherryfield Housing with Care OSV-0000750

Inspection ID: MON-0038878

Date of inspection: 30/01/2023

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 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The issue with the Sharps bin that was identified on the day of inspection has been highlighted and addressed with the public health Nurse, notices have been displayed in the public health nurses' room on the correct procedure on the closure of clinical sharp bins.</p> <p>Storage of PPE and other items have been addressed with the external cleaning provider.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Nighttime fire drill scenarios will be completed by all night staff by the 30.04.23</p> <p>Fire department boundary plans have been ordered.</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 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 31/01/2023 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be | Substantially Compliant | Yellow | 30/04/2023 |

| | | | | |
|------------------|--|-------------------------|--------|------------|
| | followed in the case of fire. | | | |
| Regulation 28(3) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre. | Substantially Compliant | Yellow | 30/04/2023 |