



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:	02 February 2024
Centre ID:	OSV-0000024
Fieldwork ID:	MON-0042759

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:	12
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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
Friday 2 February 2024	09:30hrs to 17:25hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

From the inspector's observations and from what the residents told them, it was clear that the residents received a good standard of quality and personalised care. The overall feedback from the residents was that the centre was a lovely place to live with helpful and caring staff.

On the day of inspection the inspector was met by the person in charge, who guided them through the sign in procedure. After a brief introductory meeting the person in charge escorted the inspector on a tour of the premises. The centre is based on the outskirts of Dublin city, in Dublin 6, and is closely located to local amenities and serviced by Dublin bus routes. The designated centre is split over two floors. All bedrooms are single rooms with en suite facilities. Bedrooms were observed to be bright, spacious and comfortable spaces. Many residents had personalised their rooms with photographs and personal possessions. There was adequate storage in all of the bedrooms for residents to store their clothes and personal possessions, and all bedrooms had lockable storage space if they wished to use it.

Overall the centre was observed to be clean and well maintained. There is a selection of communal rooms, available for residents' use, including dining room, oratory and library, mainly located on the ground floor. All were tastefully decorated and suited to their purpose. An old walled garden was located outside for residents to use in good weather and was well maintained.

The inspector observed many residents were up and dressed and attending daily mass in the oratory. Residents appeared to be well-cared for and neatly dressed according to their preferences. The centre is made up of predominately male members of a religious congregation and many residents reported how attending religious services on a daily basis was an integral part of their life. Mass and religious activity formed part of the daily activity structure in the centre, to meet the needs of the residents. Information boards around the place displayed information on the weekly activity schedule, as well as advocacy services and other relevant information.

The inspector observed dinnertime in the centre's dining room. On the day of inspection only a small number of residents were observed using the dining room, as a number of residents were out enjoying a celebratory meal with a fellow resident. A number of other residents ate in their bedrooms, as was their choice. The tables were neatly laid with the day's menu displayed on it. Meals were brought directly out of the kitchen to the dining room, plated up with the resident's food choice. The lunch was observed to be well presented, warm and with ample amounts on the plate. Residents were seen to enjoy the meal served to them and residents who spoke with the inspector said that the dinner was lovely. There was an appropriate level of supervision and help for residents, who required it, in the dining room. The inspector observed that frequent drinks and snacks were offered to residents

throughout the day.

Residents' views on the running of the centre were sought through residents' meetings and surveys. The inspector reviewed the minutes of residents' meetings and saw that the provider had taken action to respond to any feedback.

The inspector spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. All residents spoken with said that the staff couldn't do enough for them and were very friendly. One resident said that "staff are remarkable" and that the person in charge was "compassionate". Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. The inspector found that there were good governance and management arrangements in place and that residents received person-centred care and support. However, improvements were required in relation to the complaints policy and contract of care.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Cherryfield lodge Nursing home is a designated centre for older people registered and operated by Society of Jesus (Jesuit Order). There was an established management team with clear roles and responsibilities. The centres registration end date was 23/01/2024 and a successful application to renew registration had been submitted as per regulation, renewing the registration till 23/01/2027.

The nursing management team used an appropriate, comprehensive audit tool to monitor the care and service delivered to residents. For example, audits on falls, medications and restraints were completed, reviewed and used to develop quality improvement plans that enhanced the service delivered to residents.

The daily running of the centre was overseen by the person in charge. The services were delivered by a well-organised team of trained competent staff. There was a suite of Schedule 5 policies in place. The policies were reviewed and updated as required. Staff had access to these policies at all times. Notifications of incidents were recorded and reported as per the regulations. Three-day notifications and quarterly notifications were being appropriately reported and done within the regulation's time frame.

A sample of contracts of care were viewed on the day of the inspection. The inspector observed that the contracts were between the residents and a third party and not the registered provider as required under the regulations. This is further discussed under regulation 24: Contract for the provision of service.

The complaints log and complaints policy were viewed on the day of the inspection. Any complaints made were logged in the complaints log, using handwritten notes on sheets of blank paper. However, the system used for logging complaints needed review as it did not record the type of complaint made e.g formal/informal, whether a written response was required or sent, the overall outcomes and learning and the satisfaction level of the complainant. Furthermore, the complaints policy had not been updated to reflect recent regulatory changes and was not reflective of current required regulatory practises, these findings are detailed under regulation 34: Complaints procedure.

Registration Regulation 4: Application for registration or renewal of registration

A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and the application had been recently granted.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, the registered provider's oversight arrangements had not identified issues relating to other areas of operation:

- fire safety, to ensure that the service provided is safe, appropriate, consistent and effectively monitored needed review, as outlined under regulation 28: Fire precautions

- complaints policy
- contracts of care

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

While contracts of care were in place, it was noted that the contracts did not name the registered provider as being part of the contract, but a third party. Older contracts and newer contracts varied with the mentioned third party person.

Judgment: Not compliant

Regulation 31: Notification of incidents

There were arrangements in place to ensure that all required notifications were provided to the Chief Inspector within the required time frames as stipulated in schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure had not been adequately updated to reflect recent regulatory changes. For example:

- There was no mention of the nomination of a review officer to review, at the request of a complainant, the decision of whether or not their complaint had been upheld. Furthermore, there was no provision for regulatory time frames for conducting this review or the written response of the outcome of this review.
- There was no provision for the access to advocacy services to assist with the making of a complaint or reference to an external complaints process, such

as the ombudsman.

Furthermore, there was no formal system to record all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews. The complaint log consisted of complaints handwritten by staff on blank sheets of paper with notes made on them, that weren't always in chronological order and did not clearly identify whether the complaint was resolved or still open or whether an investigation was required and completed.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

The inspector found that the residents were receiving a good 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. The inspector observed that the staff treated residents with respect and kindness throughout the inspection. However, improvements were required in relation to fire safety.

Overall, the centre was observed to be clean and well maintained. Each bedroom had ample storage space for residents to store their personal belongings. Every resident has access to a lockable space, if required, for safe-keeping.

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. Residents also had access to individual activities. There were minutes of residents meetings reviewed by the inspector, where their voice could be heard and their opinion provided. Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights.

Residents had access to good quality food and a safe supply of fresh drinking water. For residents who required it, staff were available to provide assistance with their

meals. The inspector observed that staff discreetly provided assistance and spoke with resident's regarding their daily lives. Care plans reflected the dietary and specialist needs of residents around food and nutrition. Residents had access to dietitian's and speech and language therapy services.

Resident's end of life wishes were observed to be recorded in their care plans. Care plans had clear evidence of their spiritual needs and who was to be involved in their end of life care planning.

Pharmacy services were provided by an external contractor and a paper system for the ordering, supply and administration of medication was used. Fridge storage for medication had a record of daily temperature recordings.

Notwithstanding the provider's efforts to ensure fire safety in the designated centre, the inspector found that the registered provider had not taken all adequate precautions around ensuring staff are aware of the procedure to be followed in the event of a fire. A review of fire safety records showed no evidence that regular fire drills were taking place in the designated centre. Further discussion on the day of inspection identified that while staff training was carried out, by a external contractor who simulated fire drills on these days, there were no internal fire drills taking place. Gaps were identified in the servicing and checks of fire equipment. This will be discussed under regulation 28; Fire precautions.

Regulation 13: End of life

Care plans for resident's receiving end of life care were appropriate and individualised. They clearly identified the personal beliefs and wishes of the resident. The centre had access to relevant medical services to provide comfort and support to the resident. Where known, the residents wishes for arrangements after their death were documented and respected.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents using the service and conformed to the matters set out in schedule 6.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not ensured by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre were aware of the procedures to be followed in the case of a fire. No records were available on the day of inspection to demonstrate any fire drills had taken place. Therefore, the inspector was not assured around staff being able to appropriately use fire evacuation equipment or that learning outcomes or quality improvement areas were being identified to ensure the quickest evacuation possible, in the event of a fire. Furthermore, there were no up-to-date records available on the day of inspection for the servicing and checks of emergency lighting and smoke alarms.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre. Residents' social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherryfield Lodge Nursing Home OSV-0000024

Inspection ID: MON-0042759

Date of inspection: 02/02/2024

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The complaints policy has been updated to reflect recent regulatory changes and is reflective of current required regulatory practises.</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract of care has been amended with the name of Register provider Society of Jesus (Jesuit Order). Third party named has been removed.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints policy has been updated to reflect recent regulatory changes and is reflective of current required regulatory practises.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Equipment Documentation to support servicing and checks of Fire equipment are held by the Maintenance Manager and will also be attached/documented in the Fire book.</p> <p>Drills Regular Internal Fire Drills are scheduled on completion of Routine annual Fire Training for all staff and will be recorded in the Fire Safety records.</p> <p>Annual Fire Training is scheduled for 4 training sessions throughout February 2024 as part of the scheduled yearly mandatory training for all staff.</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 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	20/03/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Not Compliant	Orange	20/03/2024

	centre.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	29/02/2024
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 followed in the case of fire.	Substantially Compliant	Yellow	20/03/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Not Compliant	Orange	29/02/2024
Regulation 34(2)(e)	The registered provider shall	Not Compliant	Orange	10/03/2024

	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.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Not Compliant	Orange	10/03/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Not Compliant	Orange	10/03/2024
Regulation 34(3)	The registered provider shall take	Not Compliant	Orange	10/03/2024

	such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.			
Regulation 34(5)(a)(iv)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to refer the matter to an external complaints process, such as the Ombudsman.	Not Compliant	Orange	29/02/2024
Regulation 34(5)(b)	The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.	Not Compliant	Orange	10/03/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a	Substantially Compliant	Yellow	10/03/2024

	complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
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