



**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:	09 December 2025
Centre ID:	OSV-0000024
Fieldwork ID:	MON-0042695

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:	13
--	----

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 9 December 2025	08:40hrs to 14:40hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life whilst living in Cherryfield Lodge Nursing Home. Residents were supported by a team of attentive staff who were responsive to their individual needs and feedback from residents was all positive.

On arrival to the centre the inspector met with the person in charge. A walk around the centre was carried out and during this walk around, the inspector had the opportunity to meet with residents and staff as they were getting ready for the day. Following the walk around, the inspector attended an introductory meeting with the registered provider representative and the person in charge.

There is a religious ethos in Cherryfield Lodge Nursing Home. The registered provider of the service is Society of Jesus (Jesuit Order) and many residents are members of the Jesuit community. Residents told the inspector that religion was an important part of their daily lives.

During the walk around, some residents were observed enjoying breakfast and reading the daily papers in the dining area, whilst others were observed sitting looking out on the gardens having finished their breakfast or relaxing in their bedrooms. The inspector spoke with many residents throughout the day, and feedback about the service provided was all positive. One resident told the inspector "It's lovely here - five star!". Many residents spoke of the sense of freedom they had living in Cherryfield Lodge Nursing Home. One resident told the inspector "I like to get up early and eat breakfast at 8am. Then I go for a nap and now I am on my way to prepare the altar for Mass at half 10". Another resident said "If I want to go out to the shops, there is a car that will bring me".

The atmosphere throughout the day of inspection was calm and relaxed. Residents spoke highly of the staff working in the centre, commenting "the staff are great" and "they simply can't do enough for you". Another resident described the staff as "rather wonderful". Residents told the inspector that staff were quick to respond to their needs and were kind in their approach when delivering care. Staff spoken with told the inspector that they enjoyed working in the centre and that they felt supported in their roles by the management team.

When asked if they felt safe living in the centre, residents confirmed they did, with one resident stating "Oh yes, I feel ultra safe here!".

Residents spoke highly of the quality of food served in the centre, including the variety of menu options available and the choice offered to them. One resident told the inspector "The food is very good. We get to choose what we want. The printed menu is on the table for us and they ask us all what we would like". The inspector observed the meal time experience and found it to be an overall very enjoyable one

for residents. On the day of inspection, tables were set with menus displayed, and there were jugs with a choice of water or juice available for residents. For lunch on the day of inspection, residents could have soup, followed by a choice of beef stew or spinach omelette, and dessert. The inspector observed that meals were well-presented and looked appealing to eat. One resident was overheard telling a staff member "thank you, that was a very tasty meal". Staff were seen to offer residents choice and were present and attentive to the needs of residents. There was classical music being played during the meal which provided a relaxed atmosphere. The meal time experience was also seen to be a social occasion for residents, who were observed chatting together about a variety of topics, including current stories featured in the national news as they ate their lunch.

Some residents who met with the inspector spoke of how they were supported by staff to continue to pursue their lifelong hobbies and interests. One resident told the inspector about the projects they were working on, including a project on modern art. The resident told the inspector that "staff are very nice and supportive. They even hang up artwork if I ask them. It makes the place feel homely". There was a schedule of weekly activities available in the centre. Residents told the inspector that they were happy with the type and frequency of activities offered. One resident told the inspector "we do pilates and exercise twice a week and I find that very good. I notice that I am more mobile because of it". The inspector observed the pilates class taking place on the morning of inspection which was led by an external exercise therapist. There were no activities scheduled in the afternoon, however, residents told the inspector that this was their wish, as they liked to have time to do their own things such as reflect, read and pray. There was a library in the centre, which was observed to be used by residents on the day of inspection, and there was a selection of puzzles and board games freely available for residents within communal spaces.

The premises was well-designed and laid out to meet the needs of the residents living in the centre. On the day of inspection, the centre was well-lit, warm and homely. Residents' bedrooms were spacious, nicely furnished and personalised. Overall, all areas of the centre were visibly clean, including common areas, staff areas, resident bedrooms and equipment for use by residents. There is a chapel located within the centre and daily Mass is held in the chapel each morning. After Mass, the residents gathered together in the open dining area for tea and coffee and to socialise together. The inspector joined some of the residents after Mass. Residents told the inspector "I always look forward to having a coffee after Mass, it is nice to sit and enjoy a chat". The dining area had a large glass window which looked out on the gardens. One resident commented "I rather enjoy sitting having my breakfast here, it is particularly lovely on a Spring day. I find it really invites the outside in." Residents had unrestricted access to the outdoors on both levels of the designated centre, with a large well-maintained garden on the ground floor and a secure balcony on the first floor.

There was good support received from the local community. Staff and residents told the inspector how the local secondary schools attend the centre to spend time with

the residents. One resident said "the school children come in and we sit here and have a cup of tea and a chat, its lovely. I always look forward to their visit".

The next two sections of this report set out the findings of this inspection in relation to the governance and management arrangements in place in the designated centre, and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

This was an unannounced inspection carried out by an inspector of social services over the course of one day, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During this inspection, the inspector followed up on the compliance plan from the previous inspection conducted in January 2025, and found that the provider had completed all actions committed to as part of the compliance plan.

Overall, this inspection found that this was a well-managed centre, where residents were receiving good standards of person-centred, safe care. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards.

There were adequate resources available on the day of inspection to ensure that residents' needs were met in a timely manner. There was evidence of consistent governance and oversight in the centre. Staff meetings were held regularly and there was evidence of good communication between management and staff about matters that impacted the day to day running of the service, for example, revisions to policies and procedures and implementation of actions arising from audits. There was an annual review completed for 2024 where the provider had identified areas for service improvement and there was a clear action plan established to ensure improvements were implemented. An audit schedule was also in place to ensure that key areas of care provision were reviewed on a regular basis. Examples of audits completed included audits of residents' care plans, falls, menu audits and infection prevention and control audits. These audits clearly set out the audit findings and where required, quality improvement plans were put in place to ensure high standards of care were provided to residents on an ongoing basis.

The inspector found that there were an appropriate number of nursing and care staff on duty in the centre to ensure that the service provided to residents was safe, and that residents' assessed needs were being met in a timely manner. Residents spoken with said they felt safe and secure living in the centre, and expressed a high level of satisfaction with the service provided to them by staff.

The centre's complaints policy was displayed in a prominent location in the designated centre. Residents who spoke with the inspector were aware of the

process in place for making complaints, and knew who to speak to should they have any concerns about the service they received. Residents also told the inspector that they felt safe and encouraged to raise any concerns they may have, and that they would have no problem doing so. A comment box was also available in the reception area of the centre for residents, visitors or staff who wished to provide feedback about the service.

Residents' files, including care plans, were observed to be securely stored in the designated centre. The inspector reviewed a sample of staff files and there was evidence that staff were Garda vetted prior to commencing their employment in the centre. On the day of inspection, there was an appropriate number of nursing and care staff on duty in the centre to ensure that the service provided to residents was safe, and that residents' assessed needs were met in a timely manner. There were no current staff vacancies and there was good levels of staff retention in the designated centre.

A residents' directory was maintained in the centre and the inspector found that this was up to date and included the required information as set out in the Regulations.

Regulation 19: Directory of residents

The provider had maintained a directory of residents. This directory was made available for review by inspectors. The Directory contained all information as required under paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Residents' records were stored safely and securely in the designated centre. In addition, the inspector reviewed a sample of four staff files. All files met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was sufficient resources available to ensure the effective delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and accountability.

Management systems were in place to ensure that the service provided to residents was safe. There was a clear audit schedule in place and from a review of completed audits, the registered provider was self-identifying areas for service improvement and had a clear action plan in place to address audit findings.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for managing complaints which met the requirements of the regulations. There was a nominated complaints officer and review officer in the centre. The inspector reviewed a sample of recent complaints and found that these were managed in line with the policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Cherryfield Lodge Nursing Home were supported to enjoy a good quality of life. Residents' rights were being promoted by a team of dedicated staff who knew and understood the residents well. Feedback from residents about the service they received was all positive, and residents spoke of how their right to choice was respected whilst living in the centre.

Residents' had their needs comprehensively assessed on admission to the centre, and again at regular intervals, and where there were changes in their condition. Residents' assessed needs were being met through well-established access to healthcare services and good opportunities for meaningful social engagements. The inspector reviewed a sample of nine care plans including personal care, mobility, end of life and nutrition care plans for residents. Care plans were written in a

person-centred manner and contained detailed information about the resident to guide the staff team in providing appropriate and good quality care. There was evidence that residents, and their families where appropriate, were involved in the care planning process. Furthermore, where residents required to be discharged to another facility, for example, for treatment in hospital, there was evidence that all the required documentation was sent with the resident to inform the receiving facility of their needs and condition. There was also evidence of information from the other facility being returned to the nursing home with the resident, to inform the designated centre of the resident's care needs after their hospital treatment.

On the day of inspection, residents were observed participating in meaningful activities which were suited to their interests and capacities. There is a religious ethos in Cherryfield Lodge Nursing Home. Residents told the inspector that their faith was very important to them, adding that morning Mass is an important part of their daily life. After Mass each day, residents gathered together for refreshments and socialised with one another. Some residents told the inspector that they enjoyed getting the altar ready for Mass and maintaining the chapel. Many residents told the inspector that they enjoyed reading as a past-time. Residents had access to a library in the centre, and some were observed using this library on the day of inspection. Residents were also supported to attend regular exercise classes. Some residents also told the inspector that they were supported and encouraged to pursue their own personal lifetime interests whilst living in the centre, including art and research based interests. One resident told the inspector that they could come and go from the centre as they pleased, and that they enjoyed going to the local shops. Throughout the inspection, residents were observed reading daily news papers and they had free access to television and radio as they wished.

Residents who spoke with the inspector said they felt safe and secure living in Cherryfield Lodge Nursing Home. Independent advocacy services were available to residents should they wish to avail of them, and information about advocacy support was available in prominent locations in the centre.

Regulation 13: End of life

The inspector reviewed a sample of three end of life care plans for residents and found that residents' wishes for their end of life arrangements were discussed with them and documented in their file.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There was evidence that all relevant information accompanied residents who were transferred out of the centre to another service. Transfer letters were maintained in residents' files.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care need were assessed on admission to the centre and care plans were developed within 48 hours. The inspector reviewed a sample of nine care plans and all were updated at four monthly intervals or more often in response to change in needs. Residents' needs had been assessed using evidence based clinical tools.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that residents had suitable facilities for occupation and recreation. Residents had access to a range of meaningful activities, suited to their capacities and interests. Residents were supported to exercise choice in their daily lives and had access to radio, television, newspapers and private phone facilities.

Independent advocacy services were available to residents should they choose to use them and there was evidence that residents were supported to participate in the organisation of the centre.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant