



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Cherry Orchard Hospital
Name of provider:	Health Service Executive
Address of centre:	Dublin 10
Type of inspection:	Unannounced
Date of inspection:	01 June 2022
Centre ID:	OSV-0003730
Fieldwork ID:	MON-0036301

About the designated centre

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

The centre is based in Dublin and operated by the Health Service Executive. It consists of one building, within a hospital campus. Care and support is provided for up to seven adult residents, both male and female with a physical, sensory or neurological disability. At the time of inspection there were no vacancies in the centre. The building comprised of seven large bedrooms with ensuite facilities. There is also a large sized day room, family room and industrial styled kitchen. Support is provided for residents over a 24 hour period by registered nurses and healthcare assistants. The person in charge is supported by a clinical nurse manager (CNM) 2 and a CNM 1.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Wednesday 1 June 2022	11:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. This promoted the protection of residents who may be at risk of healthcare-associated infections. However, there was some maintenance and repair required throughout the centre. This impacted on the effective cleaning of some surfaces within the centre from an infection control perspective.

The centre had originally comprised of two separate units, the Elm and the Lisbri units and was registered for a total of 26 adult beds. However, in 2020 the provider reconfigured the service and applications to vary the conditions of registration were granted. This resulted in the foot print of the centre being reduced from two to one unit (the Elm Unit) and the number of residents accommodated being reduced to seven. A separate registration application from a new provider to become the registered provider for the other unit (Lisbri) was also granted. One resident from the Lisbri unit, had transitioned to this centre in 2020 whilst two residents from this centre had transitioned to the Lisbri unit. These transitions had been assessed to be appropriate so as to better meet the individual resident's needs.

The centre comprises of a seven bed roomed unit which was situated within a hospital based campus. Residents living in the centre ranged in age from 50 to 79 years and the majority of residents had been living in the centre for a prolonged period. A largely medical model of care was being operated and registered staff nurses were on duty at all times to meet the residents' care and support needs. A medical director and medical officers were accessible on campus. Over the course of the inspection, the inspector met briefly with four of the seven residents. A number of these residents were unable to tell the inspector their views of the centre but appeared comfortable in the company of staff. Two of the residents spoken with told the inspector that they were happy living on the centre and that staff were kind to them. Warm interactions between the residents and staff caring for them was observed.

As identified in previous inspection reports, the centre had an institutional feel. However, some efforts had been made to give the centre a more comfortable and homely feel. Each of the residents had complex medical needs which necessitated the use of a various pieces of medical equipment. An environmental review had been completed by the provider and identified a number of areas for improvement and maintenance upgrades. This included the establishment of a sensory room which it was reported was planned.

Each of the residents had their own spacious bedroom with en-suite facility. These had been personalised with personal photos and some other items of their choosing. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. The walls and woodwork throughout the centre had recently been repainted in bright and warm colours. The centre had adequate space for residents with good sized communal areas. There was a dining come day room area and a separate large family room. An industrial style kitchen was in place but all cooked meals were prepared in a separate kitchen within the campus and transported to the centre. Some snacks were available for residents between meal times, Residents could not access the kitchen. However, none of the residents had the capacity to access food without the support of staff and consequently staff supported residents to access snacks when requested. There was a private patio and garden area to the rear of the centre. There were some flower pots and a bird feeder on display.

Although the centre appeared clean, flooring in a number of bathrooms and other rooms appeared worn. The tile grouting in one of the ensuites and in a shower room was stained and missing in areas, i.e. around shower base and sink. The surface on a number of metal bins was broken. A number of other surfaces appeared worn, i.e. the hand rail in one of the ensuite bathrooms and a radiator in another, had a rust like appearance. This meant that these areas were more difficult to effectively clean from an infection control perspective.

The inspector did not have an opportunity to meet with the relatives of any of the residents, but it was reported that they were happy with the care and support being provided in the centre. The provider had completed a survey with relatives as part of its annual review of the quality and safety of care and this indicated that families were happy with the level of care their loved ones were receiving.

Conversations between the inspector with the residents and staff took place with the inspector wearing a medical grade face mask and social distancing, in line with national guidance. The inspector met and spoke with the person in charge, clinical nurse manager, healthcare assistants and a catering staff member. In addition, the inspector spent time reviewing documentation and observing the physical environment of the centre.

There was evidence that the residents and their representatives were consulted and communicated with about infection control decisions in the centre and national guidance regarding Infection control and COVID-19 were a standing agenda item at staff team and management meetings.

There was one staff vacancy at the time of inspection. However, this vacancy was being covered by a regular staff member. The majority of the staff team had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. Each of the residents had two assigned keys workers, one being a registered nurse and the other a healthcare assistant. The inspector noted that residents' needs and preferences were well known to staff, the clinical nurse

manager and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements.

The person in charge was suitably qualified and experienced. He had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a masters in palliative care and a diploma in healthcare management. He had considerable management experience. He was in a full time position but also held nursing administrative role covering the entire campus. He was found to have a good knowledge of the requirements of the regulations. The person in charge reported that he felt supported in his role and had regular formal and informal contact with his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a clinical nurse manager grade 2 (CNM 2) and CNM 1. The person in charge reported to the director of nursing who in turn reported to the head of disabilities. The person in charge and director of nursing held formal meetings on a regular basis.

There was evidence that infection prevention and control had been prioritised by the registered provider. The interior walls and woodwork within the centre had recently been repainted throughout. The person in charge was the identified COVID-19 lead across the campus. There was a consultant microbiologist led outbreak control team who met on a monthly basis and a separate infection prevention and control committee. Outbreak management guidelines in place outlined membership of the outbreak management team which included the consultant microbiologist, infection control nurse, director of nursing and hospital manager. There was a full time clinical nurse specialist in infection control on campus who could be accessed by the centre. There was evidence that audits had been undertaken at regular intervals which considered infection prevention and control, and to assess compliance with relevant legislation, regulations, policies and standards. The audits completed were found to be comprehensive in nature and there was evidence that actions were taken to address some of the issues identified. However, there remained maintenance and repair of the premises required.

The registered provider had a range of policies, procedures, protocols and guidelines

in place which related to infection prevention and control. Additionally, there was a suite of information and guidance available in the centre on infection prevention and control, and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection and Surveillance Centre (HSPC).

The inspector met with members of the staff team during the course of the inspection. They told the inspector that they felt supported and understood their roles in infection prevention and control. There were systems in place for workforce planning to employ suitable numbers of staff members with the right skills and expertise to meet the centre's infection prevention and control needs. There was one staff vacancy at the time of inspection but this vacancy was being covered by regular relief staff. The staff members met with had a good knowledge of standard and transmission precautions along with the procedures outlined in local guidance documents.

The staff team were found to have completed training in the area of infection prevention and control. Staff members met with, told the inspector that the training they had completed had informed their practice and contributed to a greater understanding of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams on campus should it be required and contact information relating to these supports were documented in the centre.

Quality and safety

The residents appeared to receive person-centred care and support whereby the residents were informed, involved and supported, where possible in the prevention and control of healthcare-associated infections.

Residents living in the centre had complex medical needs and consequently were more susceptible to infections. Overall, the residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health and personal care needs. In the preceding period a number of the staff team had contracted COVID-19. However, none of the seven residents had to the date of this inspection, contracted COVID-19.

Residents and their families were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. Posters promoting hand washing were on display.

There were procedures in place for the prevention and control of infection. The

provider had an outbreak control team and Microbiologist on-site to offer support and review the arrangements in place. There were full time cleaning staff in place who were solely responsible for cleaning. A cleaning schedule was in place which was overseen by the person in charge and clinical nurse managers. The inspector found that there were adequate resources in place to clean the centre. Records were maintained of cleaning completed. Colour coded cleaning equipment was available. Sufficient facilities for hand hygiene were observed. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals. All visitors were required to sign in and provide information to facilitate contact tracing. Disposable medical grade face masks were being used by staff whilst in close contact with residents, in line with national guidance.

There were arrangements in place for the laundry of residents' clothing and centre linen. There were suitable domestic, clinical, recycling and compostable waste collection arrangements in place. Waste was segregated and stored in an appropriate area and was collected on a regular basis by a waste management service provider.

Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented systems and processes for the oversight and review of infection prevention and control practices in this centre. There was a suitable governance framework in place. The structures in place allowed for good oversight of infection prevention and control practice which included ongoing monitoring and the development of quality improvement initiatives. However, flooring in a number of bathrooms and other rooms appeared worn. The tile grouting in one of the ensuites and in a shower room was stained and missing in areas, i.e. around shower base and sink. The surface on a number of metal bins was broken. A number of other surfaces were worn, i.e. the hand rail in one of the ensuite bathrooms and a radiator in another, had a rust like appearance. This meant that these areas were more difficult to effectively clean from an infection control perspective.

Judgment: Not 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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Cherry Orchard Hospital OSV-0003730

Inspection ID: MON-0036301

Date of inspection: 01/06/2022

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The management in Elm Unit will continue to implement and reassess the systems and processes for the oversight and review of infection prevention control practices of our centre.</p> <p>The management is proactive in meeting compliance with regulation 27. There is an annual Environmental Audit and Mini Infection Prevention Control (IPC) audit led by IPC Team in Cherry Orchard Hospital. The most recent one was completed in May 2022. Items identified in this HIQA inspection, 06/2022, were also identified in our internal audit.</p> <p>Following actions were taken since:</p> <p>Area of Improvement Actions Date of completion</p> <p>Flooring: Deep cleaning of the unit, awaiting quotation for stripping of the floor 30/08/2022</p> <p>Tiles: replacement, and grouting Walk about with Maintenance manager on 23/06/2022. Identified all areas that need to be fixed and replaced. 30/09/2022</p> <p>Waste Bins Bin order was placed via Cherry Orchard Hospital Household Supervisor. 30/08/2022</p> <p>Radiators Five new radiators have been ordered. Maintenance will install them once received 30/09/2022</p> <p>Handrails Walk about with Maintenance manager on 23/06/2022. Identified all rails that need replacement 30/09/2022</p> <p>Two monthly management walkabouts are completed by the provider nominee and by CNM2/CNM1. Walk-about includes some elements of IPC.</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 residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/09/2022