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:	Cherry Orchard Hospital
Name of provider:	Health Service Executive
Address of centre:	Cherry Orchard Hospital, Ballyfermot, Dublin 10
Type of inspection:	Unannounced
Date of inspection:	26 January 2022
Centre ID:	OSV-0000508
Fieldwork ID:	MON-0035437

About the designated centre

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

This centre comprises of 161 continuing elderly care beds including up to 21 respite care residents. The centre is registered to provide 24-hour care to male and female residents aged over 65 years. Full nursing care is available based on individualised care planning. Education is provided for nursing staff so that residents with all levels of medical needs can be cared for in the units. Healthcare assistants work with the registered nursing staff to provide a high standard of care to all clients. The nursing staff work under the guidance of the ward manager supported by clinical nurse specialists and nursing administration. Included in the staff is a Clinical Nurse Specialist (CNS) in behavioural therapy and dementia. Other services are available from allied health professionals; which include physiotherapy, occupational therapy, and social work and there is a chaplaincy programme. Accommodation is different across the units. It is composed of single, twin, triple or four-bedded bedrooms. In two units, the bedrooms are ensuite, in the other units there is access to shared toilets and bathrooms, many of which are adapted for use by people with physical disabilities. Hazel unit has 17 beds, Beech unit has 16 beds, Poplar unit has 16 beds, Sycamore and Willow have 47 beds each, and the Aspen unit has 18 beds. Both the Willow and Sycamore units have a large sitting room, dining room, physiotherapy room, occupational therapy room, snoozelan room, activity room, and a quiet room/communal room. There is also access to a large secure garden and smaller gardens. Hazel unit consists of one single room/visitors room (for palliative care or isolation), two two-bedded rooms, three three-bedded rooms, one four-bedded room. None are ensuite. Aspen unit has one single room, two four-bedded rooms, three three-bedded rooms, none of which are ensuite. Beech unit consist of one single room used for specific purposes such as end of life or isolation due to infection, four four-bedded rooms, none ensuite. Poplar unit has four four-bedded bedrooms and none are ensuite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	116

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 January 2022	08:00hrs to 19:10hrs	Niamh Moore	Lead
Tuesday 15 February 2022	08:40hrs to 12:35hrs	Niamh Moore	Lead
Wednesday 26 January 2022	08:00hrs to 19:10hrs	Siobhan Nunn	Support
Wednesday 26 January 2022	08:00hrs to 19:10hrs	Susan Cliffe	Support
Wednesday 26 January 2022	08:00hrs to 19:10hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

This designated centre has six separate units within a campus style setting. Each unit functions as a self-contained unit with dining and sitting room facilities in all. There were four smaller units which were older than the two bigger units on the campus. The older units were referred to as Beech, Hazel, Poplar and Aspen. The two bigger units were Willow and Sycamore. On both days of inspection, residents were accommodated within four units. Two units, Hazel and Poplar units were closed for refurbishment work, however inspectors were told this refurbishment had not yet started. These units had been closed in December 2021 with residents having moved into the other four existing units on the campus.

Residents spoken with reported that staff across all units were kind and responsive to their needs. Residents also said they were happy with the food provided. Inspectors saw that there were menus displayed with choices evidenced for the main meal and tea-time.

Inspectors saw activity planners across the designated centre. Group activities were seen taking place on both days of inspection, such as board games, music and balloon tennis. Residents told inspectors that activities occurred Monday to Friday and that they would like to see activities occur at the weekend, with one resident saying "sometimes the weekends can be a bit boring".

Inspectors saw signage relating to visiting arrangements within the designated centre. This stated that pre-booking should be completed on a Saturday for the week ahead. A visitor spoken with was unhappy with this arrangement of having to pre-book visits to their loved ones and felt that it would be beneficial to have more flexibility.

The Aspen Unit

Inspectors observed that residents in the newly renovated Aspen unit had a good quality of life in a bright and welcoming environment. This unit had been extensively renovated and reconfigured and was an example of how an old building could comply with Regulation 17.

The Aspen unit had been newly refurbished and had re-opened in December 2021. There was one single ensuite bedroom, one twin ensuite bedroom and four three-bedded rooms with access to shared bathrooms for these residents. Inspectors found that the environment was pleasant and bright. The premises had been reconfigured to meet the requirement of the regulations of personal floor space allocated to each resident in the multi-occupancy bedrooms. However, inspectors found that the reconfiguration of the single room required further action to ensure that the resident of this room had sufficient access to all of their belongings and equipment. Inspectors found that, despite this unit being newly open, there was

inappropriate storage practices seen on both days of the inspection.

The Beech Unit

However the same could not be said of the Beech Unit which was registered for 16 residents and comprised of multi-occupancy bedrooms with access to shared bathrooms. The quality of life for residents living in this unit was negatively impacted by the poor management and oversight of the premises. Inspectors observed that the multi-sensory room for residents' use was in use by staff on the day of the inspection for their breaks.

Inspectors found that the registered provider had reduced occupancy of the multi-occupancy rooms in the Beech unit from four residents to three, and moved the rails of privacy curtains to ensure residents had 7.4m2 space around their bed. However inspectors observed that this space did not contain access to their wardrobe, lockable storage and chair. Most bed spaces did not have a chair for the resident but there were chairs available for use by staff who assisted residents with their meals. In addition, inspectors found that some wardrobes within this unit were locked with the key held by staff, and therefore some residents' access to their own belongings was restricted.

The orientation of some bed spaces in the Beech Unit required review to address the fact that some bed spaces faced the window and required curtains to remain closed to address the fact that the sun was shining directly in the eyes of the residents in their beds. In addition the orientation of other bed spaces meant that residents could not view their television.

Inspectors also found that the registered provider had not taken any further action since the last inspection to address the impact of glass partition within three of the multi-occupancy rooms. This meant that the nine residents in these rooms could not control their environments. For example, if a resident wanted their light, television or radio on, the light and noise would permeate through to all residents of the room and adjoining rooms.

The Sycamore and Willow Units

The Sycamore and Willow units were registered for 47 residents each. In these units the rights to privacy of some residents were negatively impacted by the layout of some multi-occupancy rooms.

Residents were accommodated mostly in single rooms within these units, with four twin and two triple bedrooms with ensuites in each. Inspectors saw that privacy curtains had been moved to ensure 7.4m2 space for each resident of the twin and triple bedrooms. However, inspectors saw that some residents in these units, did not have access to a chair, locker or their wardrobe within their personal space. Inspectors were told that the registered provider was awaiting the delivery of custom wardrobes. In addition, staff told inspectors that due to the current layout of the privacy curtains, assisting residents' with their care and mobility needs with a hoist was very difficult.

In addition to the above observations of the physical premises inspectors also noted the following throughout the course of the inspection:

- The physical environment of the Beech unit was seen to be unclean and there was poor oversight of the hygiene of this unit. Inspectors observed numerous areas and residents' equipment which was unclean, including crash mats beside residents' beds which satff were observed walking on. Paintwork was chipped and windows in residents' bedrooms were dirty. A drying rack for urinals within a sluice room was covered in rust with paint chipped, the extractor fan in this room also also visibly dirty. Inspectors raised the poor hygiene of this unit with members of senior management on the day of the inspection who agreed with inspectors' findings.
- There was maintenance works ongoing across some of the units; however, inspectors found there were gaps in oversight of these works. The Beech unit had areas where work was completed; however, this left exposed concrete and one wall had a hole in it. There was excessive dust and inadequate dust control seen during the work taking place within the Willow unit. Inspectors found that there was no extra cleaning taking place during the building works.

The next two sections of the report present the findings of this inspection in relation to the governance and management in place and how these arrangements impacted on the quality and safety of the service being delivered to residents.

Capacity and capability

The Health Service Executive (HSE) as the registered provider for Cherry Orchard Hospital had failed to ensure effective oversight of residents' rights, the premises, infection control and fire precautions.

The Chief Inspector had attached restrictive conditions to the registration of Cherry Orchard Hospital requiring the provider to take action to be compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 Statutory Instrument (S.I.) 293 which took effect on 1 January 2022. Inspectors found that while the registered provider had re-allocated the privacy screens in multi-occupancy bedrooms to afford residents' the minimum space of 7.4m2, not all residents in the Beech, Willow and Sycamore units had sufficient access to a chair and their personal storage within this allocated space. Therefore the registered provider had not come into compliance with restrictive condition five on their registration within the timeframe indicated.

In addition, changes to the layout and occupancy of the Aspen and Beech units had taken place and the registered provider had not notified the Chief Inspector of these changes or submitted the necessary documents for an application to vary condition 1 and 3 of the centre's current registration.

Regular management meetings were seen to be occurring. The agenda for these meetings was related to service delivery such as staffing, infection control, quality and risk, health and safety, audits and complaints. There were other forums set up, such as management meetings for specific units, Quality and Patient Safety and a Clinical Incident Review group. However, despite these regular management meetings occurring, inspectors found there was a lack of progress with known non-compliances with the Health Act 2007.

There was inadequate management arrangements in place to ensure the delivery of safe and effective infection control within the service. Staffing was not effectively planned, organised or managed to meet the service's infection prevention and control needs. There were insufficient cleaning resources provided to ensure that the COVID-19 positive environments and resident equipment was cleaned and disinfected to a safe standard. For example, there was only one housekeeper rostered for the entire Aspen unit on the day of inspection.

Inspectors reviewed some audits and found they did not identify some findings that were identified on this inspection. For example, the extractor fan within a sluice room on the Beech unit was very unclean. This fan was not detailed on the current infection control audit tool for sluice rooms which had been completed on 14 and 20 January 2022, and therefore no action was seen to identify or respond to this area of poor oversight and hygiene. A finding of this audit was also that the sluice rooms within the newly opened Aspen unit did not have racks for storage of bed pans. While an action plan was in place to respond to this, there was no time frame or person allocated to do this, and this finding remained on the second day of inspection. An audit on activities in November 2021 found that weekend activities were not available on all units. While an action was in place to respond to this by scheduling extra staff at the weekend to assist activities, feedback from residents and gaps in activity documentation showed this action had either not been completed or sustained. This was a repeat finding from inspections in August 2021 and November 2020.

The annual review of the service delivered to residents for 2021 was completed. Quality improvement plans included plans to upgrade the Beech, Poplar and Hazel units. This review referenced a satisfaction survey which was due to be completed by March 2022.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had failed to complete an application to vary condition 1 and 3 of the designated centre’s following the reconfiguration of the Aspen unit and the reduction in beds of the Beech unit.

Judgment: Not compliant

Regulation 23: Governance and management

There were inadequate governance and management systems in place. For example:

- Governance and management systems failed to definitively address repeated regulatory non-compliances including
  - Regulation 9: Residents' Rights,
  - Regulation 17: Premises,
  - Regulation 23: Governance and Management,
  - Regulation 27: Infection Control and
  - Regulation 28: Fire Precautions.
- Despite building works being carried out on the day of the inspection, there was no infection prevention and control risk assessments for construction work and dust control.
- Audits did not drive quality improvements. There was a range of infection control audits in place to identify good practices and deficits; however, when deficits were highlighted and escalated they often were not rectified. For example, poor storage practices and rusty equipment were seen throughout the designated centre.

Judgment: Not compliant

Quality and safety

The registered provider was delivering good clinical care to residents. However, residents' rights to privacy, dignity and to make choices about their daily lives were not respected as a result of poor environments seen within the Beech, Willow and Sycamore units. This inspection identified that action was required to respond to issues with the premises, infection control and fire precautions arrangements. In addition, a review of visiting arrangements and residents' opportunities for social engagement at the weekend was required.

Inspectors reviewed a number of residents' records, including assessments and care plans, and found that overall they were person centred. Assessments were completed which involved identifying a resident's risk of falls, malnutrition and of poor skin integrity. Inspectors observed gaps in residents' care plans to sufficiently guide their care needs. For example, inspectors followed up on a resident's care plan from the previous inspection which previously recorded the requirement for an interpreter. Inspectors were told this was no longer required and the care plan had this requirement removed. However, evidence on the day of this inspection was that this resident's communication needs had not been sufficiently assessed or met.

Residents had good access to medical, health and social care professionals within

the designated centre. Access to specialised services such as a geriatrician was available on-site and referrals to services such as psychiatry of later life was available when required. Residents had good access to services such as physiotherapy, occupational therapy, dietitian and speech and language therapy.

Inspectors observed good access to activities occurring on the day of the inspection. Some units' activity schedule only detailed activities Monday to Friday, and there were also gaps in activity records seen at weekends.

While staff told the inspectors that they would be flexible in facilitating visiting for residents, this was not evidenced within the visiting schedule for the designated centre. Inspectors saw records of limited access to visiting occurring at the weekends.

There was a laundry system in place which collected and returned residents' laundry. There was also a system for labelling residents' clothing to ensure that residents' clothing was returned to the correct owner.

Arrangements were in place to ensure that where money was managed by the registered provider on behalf of a resident, there was appropriate safeguarding and monitoring systems in place to safeguard residents' against potential financial abuse.

Infection control within the designated centre was not appropriate. This is addressed in detail under Regulation 27.

A review of the storage and segregation practices to minimise the risk of cross contamination was required. Inspectors found that the storage practices within the laundry were not appropriate and requested this area was cleaned and organised on the first day of inspection. Storage was also an issue across all units, with numerous items of inappropriate storage seen. This included open unused incontinence wear stored out of packets, resident hygiene products stored on trolleys without names for individual use and inappropriate storage within multi-occupancy rooms including the newly renovated Aspen unit where a hoist, an armchair and an assisted feeding chair were stored in the corner.

The poor state of repair of the Beech, Willow and Sycamore premises did not provide a homely environment for residents. There were numerous items of equipment seen that were dirty and rusty, including the bins in all units. The windows within the Beech unit were also unclean. In addition, the storage of five rubbish bins located outside the front door of the Beech and Aspen units did not provide a welcoming entrance to these units. There were also gaps in cleaning schedules for some resident equipment and malodours present in a bathroom within the Beech unit and within the toilet in the laundry.

Inspectors found that there was ineffective oversight for maintenance works. Recent renovations had occurred in a sluice room within the Beech unit, with items seen to be unfinished including a wire which was left hanging down.

There was ongoing maintenance works taking place on the day of this inspection to address fire safety concerns within the designated centre. However, inspectors

found that in order to comply with Regulation 28: Fire precautions, further assurances relating to the oversight of fire safety was required.

Regulation 11: Visits

Inspectors found that there were unnecessary restrictions on residents access to their visitors. Inspectors spoke with one visitor who was unhappy that visiting had to be pre-booked on a Saturday for the following week. Inspectors also saw signage in one of the units which reflected this booking system. Inspectors viewed records which showed that there was minimal visiting occurring at the weekends. For example, in one unit one visitor attended during a weekend and in another unit two visitors attended.

Judgment: Substantially compliant

Regulation 17: Premises

Inspectors found that action was required to ensure that the premises conformed with the matters set out in Schedule 6 as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

In addition to the details set out previously, inspectors also found the following failings:

- There was wear and tear seen within the décor of the centre and some equipment required replacement. For example, flooring within the day room in the Beech unit was damaged and paint was seen to be chipped on walls and doors.
- There was inappropriate storage seen throughout the inspection which impacted on infection control and residents' rights. For example, a shared toilet in the Beech unit had inappropriate storage of cleaning supplies and there was inappropriate storage of residents' equipment such as hoists and chairs within some multi-occupancy rooms and bathrooms. The Aspen unit did not have shelving in some sluice and storage rooms so storage of items in these areas was on window sills and sinks.
- Inspectors found that the private space for residents in some multi-occupancy bedrooms and bathrooms required action. For example:
    - Residents of the Beech unit could not undertake activities in private within the multi-occupancy bedrooms but also within two shared toilets which had no locks available.
    - Residents of the Beech unit were unable to make choices relating to their environment due to the open layout of the multi-occupancy rooms, which meant residents could not control light or noise in their

bed spaces.
    - Although some residents in the multi-occupancy rooms in Willow and Sycamore had their bed and bedside locker within their privacy curtain, their wardrobe and chair was outside this area.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting healthcare-associated infections. For example:

- Action was required in the maintenance and oversight of equipment and the centre's hygiene. For example, staining and rust was observed on commodes, bedpan racks and trolleys.
- The correct chlorine bleach product was in place for disinfection but staff were not cleaning first. They were using an incorrect dilution rate, and they were not using any contact time and wiping the chlorine bleach from the area after use (as per manufacturer's guidance).
- There were clinical hand wash sinks available in many of the multi-occupancy rooms, but they were situated next to another clinical hand wash sink which was for the resident to use. This had the potential for confusion for both staff and residents. The only identifying difference was a mirror. Inspectors observed residents and staff using the 'incorrect sink' during the course of the inspection. Two residents spoken with were unsure of what sink they were to use. The 'resident sink' did not have a plug for residents to use for a wash or shave.
- Inspectors saw storage of clothing and old curtains on the floor which was taking up space and generating dust within the laundry. Many of the walls in the laundry were damaged, down to the exposed concrete layer, a partition wall was removed which exposed very dusty pipe-work, and cleaning equipment for other areas of the campus was being stored on the floor within this building.

Standard precautions and transmission-based precautions were not effectively and consistently implemented. This was evidenced by:

- Needle stick and blood spillage procedures were not known fully by three staff members.
- There was excessive amount of healthcare risk waste bags stored in a corridor, with no collection due until the next day.

- Many hoist slings were found hanging from pieces of equipment with no resident identifiers seen on these slings, indicating they were not resident specific.
- Communal items such as hairbrushes, shampoo and soaps were seen in the hairdressing room and also in several showers and bathrooms, which created a risk of cross-infection from one resident to another.
- Inappropriate storage which created a risk of cross-contamination. For example:
    - Storage of sterile and non-sterile equipment; the storage of resident equipment such as wheelchairs, hoists, bags containing residents' clothing was stored in the same room as sterile dressings and supplies.
    - Shared bathrooms had open unused incontinence wear and personal hygiene items stored within them.
    - Storing dirty linen trolleys next to clean commodes.
    - garden mulch was stored in a bag in an equipment store room.
    - Many items of equipment and boxes were seen stored on floors. This prevented effective cleaning of the areas.

Judgment: Not compliant

Regulation 28: Fire precautions

The arrangements in the centre did not support effective arrangements for evacuation of residents. For example:

- The floor plans were not located beside the fire panel on the Beech unit. In addition, the floor plans on the wall to guide staff were upside down, creating the risk of staff being unaware of the unit layout, such as where the residents' bedrooms were located. The room numbers on this floor plan differed from the room numbers on bedroom doors.
- The floor plans beside the fire panel on the Aspen unit were incorrect.
- Inspectors were informed that there were coloured 'tags' on beds to guide staff on residents' mobility needs in the case of an emergency such as a fire. Inspectors saw one example where the tags were incorrect and one bed which did not have a tag in place.
- Improved oversight of fire evacuation drills was required to ensure that the persons working at the designated centre and, in so far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of fire. For example:
    - The planned fire drill for the Beech unit for January had not occurred. This decision for the fire drill not to take place had not been recorded and thus, it had not been re-scheduled. There was also no record of the Sycamore fire drill for January seen.
    - Two records of fire drills for the Sycamore unit did not give sufficient information regarding who was evacuated.
    - There had not been a fire evacuation drill for a compartment with the

residents highest needs and night-time staffing levels within the Aspen unit.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While all care plans reviewed were in date within the last four months, they had not been updated following a change in residents' needs. For example:

- A resident's risk assessment and care plan had not been updated following a recent fall.
- A wound care plan was seen to still be open and had not been updated to reflect the fact that the wound had healed.
- A resident's communication care plan had insufficient information to guide staff or a plan in place to support the resident's communication needs. This plan referenced using a translation app on the unit's tablet or some staff who speak the resident's language. Inspectors were told the staff on the unit due to assist with the resident's communication needs were not available on the day of the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence-based healthcare provided within this designated centre. A number of health and social care professionals were available onsite, including access to a general practitioner (GP) from Monday to Sunday. Residents' records showed timely access to these services for residents.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed a sample of safeguarding documentation and found that investigations were completed in a timely manner and sufficient measures to protect residents were in place. These measures included risk assessments and safeguarding plans for residents.

Safeguarding training was completed annually and staff demonstrated good knowledge of reporting structures and appropriate measures to take if any risks

were identified.

Judgment: Compliant

Regulation 9: Residents' rights

Residents within the Beech unit could not exercise choice as they could not control their environment from light or noise due to the glass partition within three of the multi-occupancy bedrooms.

Some residents right to privacy was compromised by the location of hand wash sinks and wardrobes which required other residents or staff members to enter their personal space.

Inspectors were not assured that all residents had opportunities to participate in activities in accordance with their interests and capacities. Inspectors observed that the activity schedule in the Beech unit, displayed activities occurring Monday to Friday. Feedback from residents was that they would prefer activities on the weekend also. Inspectors found gaps within activity records at the weekend within the Sycamore unit.

Residents in some multi-occupancy rooms within the Sycamore and Willow unit did not have sufficient access to a television.

Judgment: Not compliant

Regulation 12: Personal possessions

Some residents in the Beech unit did not have access to their clothing as some wardrobes were locked with the key held by staff.

Judgment: Substantially 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 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for Cherry Orchard Hospital OSV-0000508

Inspection ID: MON-0035437

Date of inspection: 26/01/2022

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 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**
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: Applications by the registered provider for the variation or removal of conditions of registration for Aspen and Beech units was submitted in March 2022	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has taken the following necessary actions in support of compliance of Regulation 23 Governance and Management structures with consideration of the relevant standards. Governance and Management Review of Non-Compliance Areas • Arising from the unannounced 26th January 2022 HIQA inspection, the management reviewed the governance and management arrangement for the service to ensure clear lines of authority and accountability. • Local management in March 2022 in consultation with the services documenting and disseminated a mapped out local organogram to promote clearly defined and formalised governance arrangement that identifies clear lines of accountability at individual, team and service levels.	

• A documented organogram structure was utilised by local management as a communication tool to review how governance decisions are being implemented and evaluated at the Person in Charge (PIC), the PPIM, onsite health and social care professionals, care staff, managerial staff and anyone else working in the service.
• The ongoing oversight operational committees supporting the service reviewed the regulatory non-compliance areas noted from the recent and previous 2021 HIQA inspections – weekly DON's committee, monthly Local Management Team; monthly local QPS; monthly IPC committee; weekly Nursing Administration; monthly Clinical Nurse Managers Meeting; monthly Clinical Incident Review Group and weekly Multi-Disciplinary resident review meetings.
• Four additional HIQA compliance review meetings occurred in February and March 2022 between the RRP and local management & maintenance services, cleaning services and HSE Estates. This was supported by onsite walk-around by these stakeholders to validate the progression of works targeted to address this compliance.

Actions to comply with Condition 4 of Registration (Regulation 28-Fire Precautions)
• Schedule of Fire Related Works related to Condition 4 (Regulation 28-Fire Precautions) completed in March to generate a fire safety certification for each unit – Aspen, Beech, Syncamore and Willow.
• A review of the location and positioning of floor plans for each unit on the campus was completed to ensure that they are located beside fire panels to prevent delay to emergency evacuations.
• Monthly ongoing simulated fire drills for each of the units and a schedule for fire drills for night duty were completed for each of the units on the campus between Februrary to April 2022.

Action to comply with Condition 5 of Registration (SI. 293 Regulation)
A significant amount of resources were sourced to deliver a clear plan to achieve compliance with SI 293 Regulation (reconfiguration of floor space to ensure each resident of each bedroom has no less than 7.4 m2 floor space for their bed, chair and personal storage). A particular focus was given to the current layout of multi-occupancy rooms and double rooms which included a targeted service development engagement between RRP, local management, and HSE Estate. This resulted in the decommissioning of 15 beds in units throughout the campus – 4 Sycamore, 4 Willow, 3 Aspen and 4 in Beech.
The service now reflects the following revised reconfiguration of bed facilities.
• Unit reduction from 8 to 6 units across the campus.
• Bed capacity ranges from 12 to 22 residents down from 16 to 24 residents across the units.
• Accommodation provided is composed of 1 bedded en-suite bedrooms, 2 bedded en-suite bedrooms, 3 bedded en-suite bedrooms and 3-bedded rooms.
• Beech and Aspen units' visitor rooms used for residents on these units only. A similar restrictive practice exists for the palliative care/isolation rooms only when required.
• Sycamore and Willow units comprise of primarily single en-suite rooms with one 3-bedded en-suite on each unit.
• All ensuite facilities on Sycamore and Willow units are wheelchair accessible and contain a wash hand basin; w/c and floor level shower.

Targeted Audits to Drive Quality Improvements

• Local Environment and Infection Control Audits completed between January to March 2022 undertaken to review and implement a quality improvement plan to address compliance issues relating to premise by HIQA inspectors.
• Similar audits are scheduled to continue throughout the year to guide practice and improvements. This included the RRP and DSKWW-CH Health and Safety Advisor completing a number of walk arounds of the premise to ensure the developed actions promote service compliance with specific required regulations.
• A full Environmental Health Audit completed in the main production kitchen occurred on the 16th February 2022 with a satisfactory documented outcome report.
• Governance mechanisms to monitor IPC compliance are reviewed at QPS (Quality Patient Safety) meetings.

Infection Prevention & Control (IPC) Risk Assessments
• Several IPC risk assessments completed to enhance service responses to regulatory compliance to ensure the maximum impact. This risk-based approach to regulatory compliance ensured that the RRP in collaboration with local management promoted enhanced decision-making relating to local requirements
• Completion of a specific IPC risk assessments for construction work and dust control relating to an assessment for Aspergiollosis.
• IPC nurse utilized these risk assessment for directly engaging with the nurse management for each unit, local maintenance and household management, Estates and construction workers on-site to reduce any adverse impact on service users.

Residents' Consultation on their Environment
• The outcomes of the annual completion of the resident survey (last survey initiated in March, 2022) and monthly Resident Forum Committee meetings continue to be used by the nursing administration to inform service developments. A key focus is to ensure the experience of individual residents are reflected in the ongoing improvement of the services.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
• All visiting restrictions removed on the 8th of February 2022 as per National Guidance with limitations only applied for IPC purposes in areas deemed an outbreak status by the onsite consultant microbiologist.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The following actions completed to comply with Regulation 17 premises with a particular focus on the relevant sections set out in Schedule 6 as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Actions to comply with Condition 4 of Registration (Regulation 17 Premise)
• Targeted schedule of works relating to SI 293; Regulation 27 (Infection Control) and Regulation 28 (Fire Precautions) as outlined above under governance were completed.
• Scheduled of Work ongoing to address the wear and tear identified throughout the Beech unit. Paintwork for Beech unit targeted for completion 31st August 2022
• Specific works targeted to improve the damaged flooring within the day room in the Beech unit with a deadline for completion of the 30th September 2022
• Floor repairs scheduled for Sycamore and Willow units in particular an en-suite bathroom in Sycamore unit. Targeted for completion for 31st September, 2022
• Engagement between local management, RRP and HSE Estate regarding reconfiguring units promoting compliance with SI. 293.
• Lockers replaced in the residents' private space within the multi-occupancy bedrooms in the Beech unit to enable resident control over their possessions.
• Enhancements to the layout of multi-occupancy rooms across all premise areas (in particular Beech, Willow and Sycamore units) aligned to SI 293 compliance - bed, bedside locker, wardrobe and personal chair within residents' designated curtain area.
• Removal of existing glass partition in each bedroom within the Beech unit, enabling residents to control light or noise in their personal spaces.
• New bedpan racks replaced in the sluice rooms within Beech unit and awaiting delivery of similar order for the Aspen unit. Risk assessment completed for Aspen unit to support services whilst awaiting delivery.

Design and Layout
The following actions delivered in support of enhancing design and layout of the residential service aligned to the statement of purpose.

• Walk around environmental audit completed by the RRP, Health and Safety Advisor on the 4th March, 2022 to further validate the action plans developed from local environmental and IPC audits. Targeted to ensure that the action plan aligned to the required regulations.
• Local Environment/Infection Control audits completed and an improvement plan generated to address identified premise deficit such as inappropriate storage practices identified on the last HIQA inspection.
• Risk assessments completed to enhance service responses to regulatory compliance ensuring that the RRP in collaboration with local management made informed decisions based on risk requirements. For instance, completion of infection prevention risk assessments for construction work and dust control including a specific risk assessment for Aspergiollosis.
• Alternative viable storage options sourced where required addressing inappropriate equipment storage and shelving for personal possessions in bed space.
• Shelving installed in certain units (e.g. Aspen unit sluice and storage rooms) to store items found inappropriately placed on the windowsills and sinks.
• Shelving installed in personal spaces in Beech unit to support display of personal items.
• Removal of all inappropriate storage identified throughout the premises based on HIQA

inspection under the infection control and residents' rights regulations.
• Door locks replaced in the shared bathrooms supporting the multi-occupancy bedrooms in the Beech unit.
• Wardrobe and chair within each bed space in each unit throughout the campus.
• Room layout reconfiguration occurred in the double and three bedded rooms in Beech, Willow and Sycamore units. This resulted in the double bedrooms becoming single rooms in the Willow and Synacomore units.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Ongoing active engagement between the RRP and the local management staff to promote compliance with the procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA. This generated the following actions:

Local Assurance Mechanisms Actions
• An IPC audit completed on the sluice rooms across all units identified the need to replace bedpan rack within the Beech unit, which is now completed.
• A review of usage of existing chlorine bleach product (Actichlor) has resulted in the replacement with Actichlor plus throughout the hospital campus. Posters disseminated to each unit to promote correct usage as per manufacturer instructions supported by one to one training with relevant staff.
• Extractor fans now included in the sluice room IPC audit going forward and a deep clean contract cleaning scheduled twice annually. Action communicated by IPC nurse to unit managers, nursing admin and maintenance staff to ensure compliance.
• Two new extraction fans placed in the sluice rooms in Beech unit.
• An Aspergillus risk assessment relating to excessive dust relating to construction works completed by the IPC nurse and all unit managers informed of actions to comply with it. IPC nurse also discussed this risk assessment with the contractors on-site.
• Environmental and IPC audit finding reported to each unit staff manager on the day of audit and communication plan on actions included in an email to nursing admin to progress.
• IPC Nurse feedback on audit findings at local CNM, IPC & QPS meetings including the role of action owner on progress on the applicable audit requirements.
• The replacement of rusty commodes/bins identified on the sluice room audits actioned by ward managers and risk assessment in place whilst awaiting delivery of same.
• New signage on clinical hand wash sinks has been put in place across all units to ensure they are visually different to the resident sink.

On-Site Laundry Management Actions
• Review of dirty to clean work flow practices.

• Inappropriate storage of clothing and old curtains on the laundry floor removed.
• A partition wall that exposed pipe work replaced.
• A feasibility study on future proofing options for maintaining existing laundry service on site with an anticipated 31st July 2022 completion date for same.
• DSKWW-CH Health and Safety Advisor completed a walk-around on this service in March 2022, which identified a number for actions and recommendations for improvement. These recommendations are being taken into consideration in the laundry feasibility study.
• Trolley sourced to store the bags of clean clothes while awaiting distribution to the units.

Transmission based on Precautionary Actions
• IPC nurse provided education on needle stick injuries and blood spillages as part of standard precautions training. Posters promoting the management of needle stick injury have been resent to all units to further enhance information awareness on this issue.
• The healthcare risk waste documented in the HIQA inspection report was identified by the local cleaning service not to be stored on a corridor but in a locked waste room identified on the unit awaiting collection.
• Issues relating to inappropriate storage, hoist slings and communal products identified in the environmental audit have been considered within the operational plan generated to address compliance. A follow up mini environmental audit to assess compliance on same targeted for May 2022.
• Communal items such as hairbrushes, shampoo and soaps in the hairdressing room, showers and bathrooms have been given individual resident labels and placed in individually labelled wash basket for residents to avoid the risk of cross-infection from one resident to another.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Floor plans are now located beside the fire panel in the Beech unit. Floor plans are now in the correct position throughout the premise.
• Floor plans beside the fire panel in the Aspen unit are now correct.
• Fire related colour tags are now correctly located in all the residents beds through the premise.
• Audit of fire drills documentation completed to ensure sufficient information provided regarding who was evacuated and staff updated on the relevance of compliance with same.
• Fire evacuation drill for the residents' with highest needs in the Aspen unit completed.
• Schedule of works completed relating to conditions of registration 4 relating to regulation 28 (Fire Precautions) and obtained a fire safety certification for the Aspen, Beech, Willow and Sycamore units.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• Residents' care plans are maintained and updated as required in compliance with HIQA timelines.

• The care plan for the resident who speaks a different language has been updated to address supports for his cultural and linguistic requirements. This has resulted in the purchase of a personalized computer tablet with the relevant translation app uploaded on same. Engagement with staff (2 medical officers and 2 nurses) who speak the resident's native language that identified that this resident has basic English comprehension when delivered in a clear and concise format.

• Resident is supported by the service to attend the mosque in the local community every Friday in support of their religious requirement

• An Arabic speaking health care assistant sourced with the service planning to roster them on this unit.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• Residents' rights to privacy in Beech unit improved as glass partitions now removed.

• The practice of residents or staff entering in the personal space of another resident area to use a hand wash sink has ceased in compliance with regulation to promote the individual's right to privacy. Achieved by the decommissioning of bed space from four to three and two to one in bedrooms where this practice occurred.

• All residents are provided with the opportunity by the designated activity staff to participate in a programme of activities based on an assessment of their personal interests and capacities.

• Dedicated activity staff provide schedule for leisure interests across all units Monday to Friday with weekend activity faciliated by a healthcare assistant designated to provide this support for the residents

• All residents in multi-occupancy rooms within Beech, Sycamore and Willow units have now sufficient access to a television.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

• All residents in the Beech unit have access to their clothing in wardrobes that are no longer locked within their personal space.

• New bedside lockers have been sourced for each resident with a locked press for their personal items in Beech unit.

• Temporary intact wardrobes have been provided while awaiting on the delivery of new wardrobes.

• New shelving options installed to address the residents need to display personal possessions within their personal space in the Beech unit.

• New wardrobes sourced in the treble rooms in the Sycamore and Willow units to faciliate clothing storage within their personal space.

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
Registration Regulation 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	31/03/2022
Regulation 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	08/02/2022
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her	Substantially Compliant	Yellow	31/03/2022

	personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2022
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.	Not Compliant	Orange	31/03/2022
Regulation 27	The registered provider shall ensure that	Not Compliant	Orange	31/07/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	31/03/2022
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	Not Compliant	Orange	31/03/2022

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be 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.	Not Compliant	Orange	31/03/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	31/03/2022

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/03/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/03/2022