



# 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
Address of centre:	Milltown Park, Dublin 6
Type of inspection:	Short Notice Announced
Date of inspection:	08 December 2020
Centre ID:	OSV-0000024
Fieldwork ID:	MON-0031381

## 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. The principles observed in the care of the Residents and in dealing with staff are based on Jesuit core values. The mission and underlying values of Cherryfield Lodge are those of faith and justice, human dignity, compassion, quality and advocacy. The mission of Cherryfield Lodge is to provide a residential setting where residents are cared for while enabling them to lead a life which is as close as possible to that of other members of the Society of Jesus (Jesuit Order), and other religious orders in accordance with their present condition. Cherryfield Lodge is a twenty bed residential unit where residents (male only) 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:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 8 December 2020	10:00hrs to 17:00hrs	Sarah Carter	Lead

## What residents told us and what inspectors observed

Residents appeared to find their environment comfortable, and that it offers the right balance of time alone and time together.

There were different activities on offer in the nursing home, and residents were afforded choices and autonomy in making their decisions to attend. There was daily mass and regular visits from members of their religious community who did not live in the centre, which was a source of enjoyment and fulfilment.

Residents were satisfied with their bedrooms and en-suite facilities, saying they had enough space for themselves and their belongings. Residents were positive about the care they received and said that they felt safe.

Residents were observed on the day of inspection spending time in their own rooms and in the communal area.

Other observations made by the inspector included; that the the large communal area was conducive to taking meals together while maintaining a social distance and the pleasant garden area, with views to the garden from many of the communal spaces and some bedrooms. This was of great joy to residents.

Residents spoken to reported they felt happy and comfortable in the centre, and said they felt well cared for.

## Capacity and capability

The centre was well governed, and operated a service that both met residents' needs, and had capacity and contingency plans in place to manage their future needs if another outbreak of COVID-19 took place.

The centre had experienced an outbreak of COVID-19 from April to June. During this time, 9 residents contracted COVID-19, seven of whom lost their lives. Two residents made a full recovery. Staff members also contracted the virus, and shortfalls in staffing during the outbreak were managed by the senior management team working on the floor.

On the day of inspection, staffing in the centre was sufficient to meet the needs of the numbers of residents and the layout of the building. The centre had 50% occupancy on the day of inspection, and all residents were in bedrooms on the first

floor. Bedrooms on the ground floor were available for new admissions and / or the treatment of any active infections. The staff were divided in two groups, and maintained this cohorting arrangement to minimise the risk of transmission of COVID-19.

The provider had ensured there was additional capacity in their staffing resources, by ensuring part time staff could increase their hours, and the Provider had hired another full time nurse and two health care assistants since the outbreak. One of three managers were also on call, at all times over nights and at weekends.

All staff had received training in infection prevention and control in the last 12 months. In addition staff had completed online training on hand hygiene, breaking the chain of infection and using personal protective equipment (PPE). Online training was followed up with in-person support from staff nurses with additional infection control experience.

The designated centres' operations are overseen by a board, and the registered provider representative was the Chairperson of the board, and was based in the centre.

The governance structure in the centre was clear, with each member of the management structure having clear roles and responsibilities. The person in charge (PIC) was supported in her role by administration staff and a clinical nurse manager (CNM). Staff knew who to report to, and who was responsible for different clinical and management areas.

The governance systems included the completion of audits to measure and guide improvements in the service provision. In addition a detailed contingency plan had been completed to manage the ongoing risk of COVID-19, many aspects of which were completed, with a minor number marked as "in progress". Regular risk assessments were completed and regularly reviewed. Further risk assessments had been completed and controls identified for many risks relating to COVID-19.

A clear complaints policy was in place in the centre, and a person was appointed to deal with complaints. A Board Director was also identified to oversee and approve responses to complaints. Few complaints were received in the centre, and those that were received were responded to appropriately and quickly.

## Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the support requirements of residents.

Adequate contingency arrangements had been put in place to cohort staff. Arrangements were in place to ensure that only dedicated staff were providing care

to residents who were newly admitted to the centre, or who were suspected of having COVID-19 symptoms. There had been no recent suspected case of COVID-19 amongst residents, or recent admissions.

The staffing rosters evidenced that the centre has a stable workforce and this had a positive impact on resident care needs. The centre had to rely on agency staff to cover staff absences during the outbreak, however at the time of inspection the centre was fully staffed and no agency was required. There was a minimum of one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed the mandatory training courses including safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE. There was evidence of ongoing refresher courses with good levels of staff attendance.

In discussion with inspectors staff demonstrated good knowledge of the current Health Protection Surveillance Centre "Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" guidance. In addition inspectors observed that staff implemented good infection control practices in sanitising hands, and social distancing.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, inspectors found that residents received a consistent and high standard of quality care and support to meet their needs. While it was evident that the COVID-19 pandemic had been a traumatic event for residents and staff, the governance and management arrangements ensured that the provider had the resilience and ability to cope, move forward and sustain full levels of compliance with the regulations.

There was a small and well-established management team with a clearly defined governance and management structure that identified lines of authority and accountability. The registered provider maintained good oversight of service provided and ensured that there were adequate resources allocated in terms of

staffing, equipment, facilities and catering arrangements.

The leadership and management ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives. As a result the ethos of person-centred care was evident in staff practices and care planning.

Effective audit and management and review systems were in place to promote the delivery of safe, quality care services with robust layers of oversight. Risk management and quality assurance frameworks were in place. There was a plan in place for responding to COVID -19 and this had been updated in accordance with the revised guidance as it was released.

The quality of care and experience of residents was monitored and developed on an ongoing basis, via one-to-one sessions between residents and the person in charge (PIC). A number of regular audits were carried out including on infection control issues, and medication audits.

In addition to such quality assurance processes, a COVID-19 committee met very frequently in the centre, to review their responses systems in place to manage the risk of COVID-19.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was one open complaint at the time of the inspection. The complaints log was available, and records available contained details on the nature of the complaint, the investigation carried out and follow up communication. There was evidence from other complaints received that the outcome of a complaint were clearly documented and this included the complainant's level of satisfaction with the result.

The complaints policy was up to date. The complaints procedure was clearly displayed. Residents reported feeling comfortable with speaking to any staff member if they had a concern.

Judgment: Compliant

### Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. However, the inspector found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents'

medical and health care needs were met. The activity programme had developed innovative approaches to meeting residents' recreational needs while maintaining social distancing and limiting group activities, for example a Pilates class took place with the instructor being based outdoors, while the residents could see and follow along from inside the window.

Residents had person-centred care plans which detailed a comprehensive assessment of their needs. These plans were regularly reviewed. Residents' were consulted on the care plans, and there was evidence that specialist healthcare was available from a selection of therapists and consultant doctors.

Staff liaised with the community and acute services regarding appropriate admission and discharge arrangements since the onset of COVID-19. Facilities and systems were in place for residents to be admitted to the designated centre, were cared for in single rooms in a specified area within the centre.

The inspector found that residents received a high standard of nursing care and health services to meet their needs. Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were satisfactory.

The inspectors saw that there were many opportunities for residents to participate in activities, appropriate to their interests and capacities. The Garda Band had played in the centre's garden to many residents delight, and a pen-pal project had been recently established with students in the nearby secondary school. Daily mass had been a cornerstone of the routine in this centre, and this had altered to reflect the ongoing restrictions in place due to COVID-19. A memorial service had been held in the month prior to the inspection, and was a source of great comfort to both residents and staff.

The design and layout of the premises was appropriate for the current residents and ensured their comfort, privacy and well-being. The designated centre is laid out over two floors, with residents based on the first floor at the time of inspection. The bedrooms on the ground floor were vacant, however were ready to accept admissions or transfers of residents who may develop an infection.

Resident bedroom accommodation was provided in single bedrooms. Each bedroom had an en suite toilet, wash-hand basin and assisted shower. Residents who spoke with the inspector reported that they were satisfied with their living arrangements, having their own bathroom and the space available to them.

Residents were encouraged by staff to maintain their personal relationships with family and friends. This was being facilitated through window visiting, visiting on compassionate grounds, and the use of video and telephone calls.

Inspectors found that the risk management policy contained the detail required by the regulation to guide practice. As discussed above a separate and detailed contingency plan was in place to respond to the risk of COVID 19 in the centre,

Infection prevention and control practices in the centre were observed to be safe. Staff were up-to-date in their knowledge of infection prevention

and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment.

The premises was clean, tidy and well-equipped with antibacterial gel dispensers. Information posters and markings on the floor assisted and reminded personnel to abide by social distance practices.

Overall, there were robust cleaning processes in place. Cleaning schedules and signing sheets were completed. The inspector observed staff decontaminating equipment between use and adhering to infection control guidelines. The process to complete terminal cleaning was well established. There were safe laundry and waste management arrangements in place. There were cleaning schedules in place for high contact touch points. One risk was identified by the inspector which required further review by the provider. There was a number of sofas in place in communal areas with soft upholstery. They were in position to create a homely ambiance and the majority of residents could not use them due to mobility limitations. A programme of decontaminating rooms was in place, however the furniture in question was in communal areas and spaces and was not included in this routine.

Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes on coming on and off shift.

## Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and an up to date risk register was used to identify and assess risks in the designated centre. This included risk rating, escalation risks and the mitigation of risks. Numerous COVID-19 risk assessments had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene.

Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes. Records included a serious incident review in respect of the COVID-19 outbreak. It informed the centre's preparedness for future outbreaks and the learning derived had been adopted and integrated into local policies in order to guide staff in their day to day work.

A local Outbreak Control Team (OCT) had been set up which included representatives from senior management team and all the relevant departments. The OCT team met regularly and ensured that all the agreed measures were appropriately communicated to staff and implemented in practice.

Judgment: Compliant

### Regulation 27: Infection control

The premises was clean, tidy and well-equipped with hand sanitiser stations, information posters and markings on the floor to assist and remind personnel to abide by social distance practices.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. Inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to inspectors the cleaning arrangements and the infection control procedures in place.

Overall, there were robust cleaning processes in place. Cleaning schedules were completed. There were safe laundry and waste management arrangements in place.

A digital thermometer was being used at the entrance to actively monitor staff and visitors' temperature in a contact less manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes on coming on and off shift.

Some seating was placed in communal areas of the building which was made from soft upholstery, and a review was required to ensure these could be sanitised appropriately.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the residents and their families if appropriate in relation to care plans. Care plans were maintained under regular review and updated as required.

In their daily interactions staff were observed to be person-centred and knew residents' current health needs and their preferences as expressed in their care plans. Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out several times a day in line with the current guidance and residents' vitals

signs and baseline measurements were recorded on a minimum of twice a day.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met.

Judgment: Compliant

## Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had regular review with a general practitioner.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to consultant in gerontology, psychiatry of later life and palliative services as required.

Judgment: Compliant

## Regulation 9: Residents' rights

The Inspector spent time observing residents and staff engagement. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were empowered to live a fulfilling life within the limitations imposed by the current Health Protection Surveillance Centre "Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" guidance.

There were facilities in place for recreational activities and residents were observed throughout the day spending time in the communal area while respecting social distance. Many residents were wheelchair users and there was sufficient space throughout the building for their mobility needs. Residents had access to safe and well-maintained internal gardens.

At the time of inspection, some residents were in their bedrooms while others were in the communal areas participating in activities such as reading the newspaper and watching television.

Residents spoken with commended the staff for supporting them throughout the outbreak, and ensuring that they could maintain regular contact with their families. Residents had access to internet services and video messaging to facilitate them to

stay in contact with their families and keep up to date with the news.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cherryfield Lodge Nursing Home OSV-0000024

Inspection ID: MON-0031381

Date of inspection: 08/12/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The blue sofa in the communal area covered with soft upholstery has been reviewed to enhance the sanitization and infection control procedures by the COVID19 Management committee. A professional cleaning company consulted and suggestions for sanitizing/cleaning were evaluated. The area and item were risk assessed:</p> <ul style="list-style-type: none"> <li>• A “Novaerus” air purifier is located in communal areas to assist in the management of aerosol.</li> <li>• The area is very well ventilated and all hard surfaces are frequently cleaned with appropriate detergent.</li> <li>• In addition frequently touched points are cleaned twice daily.</li> <li>• Hand sanitizers are available throughout the space.</li> <li>• An “Otex” Ozone generating machine is used for cleaning areas which can be enclosed within the building.</li> <li>• If this is required the sofas may be moved to different areas to be “Otex”.</li> <li>• Steam cleaning is also available with a hand held steamer as required.</li> <li>• Spot cleaning is done with appropriate detergent.</li> <li>• At present there is minimal use of the sofa as visitors are not visiting communal areas and most residents are using wheelchairs or single chairs for social distancing.</li> <li>• Social distance measures are applied in the building.</li> <li>• Staff are wearing appropriate PPE.</li> <li>• Occasionally staff may use the sofas when supporting residents’ activities.</li> <li>• It was accepted that the presence of such furnishings contributes to the ambience of comfort for residents.</li> </ul> <p>Outcome:</p> <ol style="list-style-type: none"> <li>1. Continue with the professional valeting of the sofa routinely and formalized on a quarterly basis and as required for infection control, spills and stains.</li> <li>2. Continue with steam cleaning for cleaning as required.</li> </ol>	

3. Continue with spot cleaning with appropriate detergent for small spills and stains.
4. The cleaning schedule will be displayed for tracking purposes.
5. Time – immediate.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	29/04/2021