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Cherryfields Housing with Care Scheme, 2D Cherryfields Lawn, Hartstown, Clonsilla, Dublin 15.

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Cherryfields Housing with Care Scheme
Centre ID:	OSV-0000750
Centre address:	2D Cherryfields Lawn, Hartstown, Clonsilla, Dublin 15.
Telephone number:	01 857 2362
Email address:	fiona.mcanespie@foldgroup.co.uk
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fold Housing Association Ireland Limited
Provider Nominee:	Martina Conroy
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 January 2015 09:30 To: 15 January 2015 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was the fourth inspection of Cherryfields Housing with Care by the Health Information and Quality Authority's (the Authority) Regulation Directorate. The purpose of this inspection was to follow up on matters arising from a registration inspection carried out on 13 and 14 May 2014 and to monitor progress on the actions required arising from that inspection and also a follow up inspection which was carried out on 14 October 2014. This report also takes account of information and documentation provided to the Authority at a meeting with the provider nominee on 12 December 2014.

As part of the inspection the inspector met with residents and staff and reviewed documentation such as care plans, medical records and directory of residents.

The inspector found that good progress was made by the provider in implementing the required improvements identified by the previous inspections although some further action is required in key areas of staffing, care planning and also in finalising the statement of purpose.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The statement of purpose was not amended to reflect all of the requirements of Schedule 1 of the regulations.

The document does not accurately describe the service in line with all of the requirements of Schedule 1 in the following areas;

- the specific care needs the service intends to meet such as nursing care or level of health and social care needs or dependency
- criteria for admission not clear enough to ensure the service would comply with the care and welfare regulations.

Judgment:

Non Compliant - Moderate

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

This action was partially addressed.

A system to review of the quality and safety of care and quality of life of residents was established and a report was made available for review during the inspection. The review included information on the services available to residents and their relatives, communication systems activities programmes, menus and details on the training provided to staff. It also included the results of a residents' survey on the quality of the service being provided which indicated very high levels of satisfaction and general positive comments on laundry services, activities and the attention staff give to residents.

Although the review did not include an audit on the quality and standard of clinical care being delivered the inspector was assured this would be included in future regular and annual reviews.

A clinical nurse was on duty throughout this inspection. The nurse was appointed on a consultancy basis for a six month period to provide clinical guidance and supervision to staff and to assess monitor and evaluate the care needs of all residents.

Since commencing in the role, the clinical nurse advisor had reviewed and had introduced evidence based care planning and assessment processes and tools in the centre. A full review of the dependency and care needs of each resident had also commenced and was nearing completion. The nurse was also involved in providing training and direction to care staff on clinical matters and was communicating with external allied health professionals to establish a base line profile of residents' general health and well being in order to determine their current health status and monitor the effectiveness of care interventions going forward.

However, although communications processes were established between the public health nurse and the centre's staff including wound care plans and diaries. Some improvements to these processes were found to be required to ensure a robust transfer of information that was timely linked and available on an ongoing basis, these were discussed with the person in charge.

The documentation did not in all instances identify the entry maker or the person responding and did not clearly identify the persons involved and their responsibilities for all areas of residents care.

Evidence of improvements to clinical care were found and are detailed under Outcomes 11 and 18 further in this report.

Significant improvements to the standard of clinical care processes, documentation and monitoring of residents healthcare was found on this inspection and were noted to be directly linked to the introduction of the clinical nurse role. This level of clinical nursing governance will need to be maintained going forward to ensure a high standard of suitable and safe clinical care for residents with complex needs. This is further

referenced under Outcome 18

Judgment:

Substantially Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

All of the actions required following the last inspection were found to have been addressed including;

- all of the policies listed in schedule 2 were found to be in place and some other policies which were identified as requiring review, were found to be updated, specifically the complaints policy and the medication management policy
- the electronic directory of residents had been updated to include all of the information required in Schedule 3 of the Regulations, specifically; dates of transfer, discharge and date of death
- on review of a sample of personnel files it was found that all of the information required was now available including Garda Síochána vetting.

All of this documentation was reviewed at a meeting held with the provider in December 2014.

Judgment:

Compliant

***Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Actions addressed in relation to medication prescribing practices under the Care & Welfare Regulations 2009 (as amended) included;

- an original General Practitioner (GP) signature was available for all medications including discontinued medications
- the maximum dose for all pro re nata (PRN or as required) medications were identified
- where medications were being crushed they were individually specified and a prescriber's signature was now available.

Evidence that where medications were prescribed as 'for crushing' advice was available from the pharmacists that these medications were suitable for crushing

Safe and suitable administration and prescription practices were observed on this inspection. All other lines of inquiry under this outcome were fully reviewed on the registration inspection and found to be compliant.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Actions required further to the registration and follow up inspections were found to be addressed.

As stated under Outcome 2 a senior clinical nurse was in place and had commenced a full review of the healthcare needs and dependency levels of all residents in the centre, although not fully completed the inspector was satisfied that this process was thorough and ongoing. However, the nurse position was not full time or permanent within the centre but worked a total of four days between this centre and a similar centre within the organisation and was time limited for a six month period only.

On review of clinical documentation and in conversation with the nurse, person in charge and provider nominee, the inspector found that the resident profile contained a

number of residents identified as needing regular and frequent monitoring of their care needs as they were assessed as being borderline between medium and high dependency.

There was evidence of access to GP services, specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, physiotherapy and speech and language were available through the primary care and acute hospital services.

Where nursing related interventions were being provided by the community public health nurse (PHN), records of these interventions were available and viewed. Communications processes were established between the PHN and the centre's staff including wound care plans and diaries. Some improvements to these processes were found to be required as detailed under Outcome 2 of this report to ensure a robust transfer of information that was timely linked and available on an ongoing basis, these were discussed with the person in charge.

Although it was also noted that the recently appointed clinical nurse advisor was accompanying the PHN on a regular basis to view the progress or otherwise of wounds or leg ulcers in order to make informed decisions on monitoring and care plan effectiveness.

An improved care planning and assessment process was found to have been introduced with evidence based assessment tools in use such as; Mini mental assessment; Falls risk assessment tool; pressure ulcer assessment and a dependency assessment tool.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools as referenced above to check for risk of deterioration were also completed. Although comprehensive assessments such as A Key to Me were in place for identified needs they had not been completed for all residents to date.

A strong system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was commenced. These plans were being checked regularly to make sure they were detailed enough to maintain or improve a resident's health. The daily nursing progress notes referred to the health care plan so that a clear picture of residents' overall health could be formed. The plans were found to be person centred and included the preferences interests and personality of the resident concerned. They showed that both residents and where applicable relatives were involved and consulted on an ongoing basis.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

All actions required from the registration and follow up inspection were addressed.

A wash hand basin was provided in all cleaning store rooms and the hairdressing room.

Storage had been improved for cleaning stock and mechanical extraction ventilation was installed in the residents smoking area and was found to be working appropriately.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The actions arising from previous inspections were found to have been partially addressed.

Mandatory training and further training specific to the current residents profile was

found to have been delivered throughout 2014 such as; occupational first aid; care planning and assessment; medication and diabetes management training; Infection prevention and control, management of behaviour that challenges; stoma care; moving and handling and introduction to palliative care.

The centre had changed their pharmacy provider and the new pharmacist had provided a new and more detailed level of training on medication administration and safety to the care staff team. The clinical nurse was also providing advice and back up. The training content was reviewed and found to be relevant, a competency assessment form was also viewed which each senior care must satisfactorily complete prior to being deemed competent to administer medication.

A training plan for 2015 was viewed and identifies ongoing training in the aforementioned areas and also includes training in areas such as; dementia awareness; person centred care; hazard analysis critical control points (HACCP) and food safety and the inter cultural workplace.

On the day of inspection it was found that the action required in relation to the provision of a qualified and experienced senior nurse to provide clinical guidance and assure the appropriate and timely review assessment and management of complex clinical needs of residents was partially addressed. A clinical nurse was in place providing appropriate clinical guidance to staff. However, this nurse was not full time within this centre, she works four days per week between two centres and was appointed on a consultancy basis for a specific six month period only, a decision has yet to be made on the continuation of the post when this consultancy period expires.

It was noted that one resident was assessed at maximum dependency requiring full time nursing care and there were a number identified as needing regular and frequent monitoring of their care needs as they were assessed as being borderline between medium and high dependency. Although these residents were identified as having increasing level of needs and require close monitoring full time nursing inputs were not yet available within the service, should they be required where the resident could not be transferred to a different service in a timely manner.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cherryfields Housing with Care Scheme
Centre ID:	OSV-0000750
Date of inspection:	15/01/2015
Date of response:	20/02/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose was not amended to reflect all of the requirements of Schedule 1 of the regulations.

The document does not accurately describe the service in line with all of the requirements of Schedule 1 in the following areas;

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

- the specific care needs the service intends to meet such as nursing care or level of health and social care needs or dependency
- criteria for admission not clear enough to ensure the service would comply with the care and welfare regulations.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

The statement of purpose has been amended to include.

- The specific care needs Cherryfields intends to meet.
- criteria for admission.
- Level of nursing support offered
- Nursing hours in whole time hours
- Availability of nursing services
- Arrangements for the provision of care should a residents needs increase to high/maximum.

Copy of statement of purpose attached with this report.
Further revised statement of purpose received 9 March 2015

Proposed Timescale: 09/03/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Documentation processes within and between all clinicians involved in residents care were unclear and did not clearly identify the persons involved and their responsibilities for all areas of residents care.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

The annual review for year end 2015 will include clinical audits on the quality and standard of clinical care.

We are going out to recruitment to appoint a clinical nurse for a permanent position. Please see the attached documentation pertaining to this. The clinical nurse will be available 4 mornings per week between each scheme. We anticipate to have hired the nurse by the 1st of April.

In an effort to improve communication processes between the PHN team and the management team in the scheme – we are speaking with the PHN team regarding the possibility of recording their information on our centralised “Epic Care” system in efforts to ensure a more robust transfer of information and to ensure information is available on an ongoing basis. PHN team are currently completing a diary entry into their diary and the senior staff transcribe the entry into the epic.

Proposed Timescale: 01/03/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Comprehensive assessments were not yet in place for all residents.

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

Please state the actions you have taken or are planning to take:

Care plans are a work-in-progress with an estimated completion date of 31st March 2015 as agreed with the authority.

Proposed Timescale: 31/03/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provision of an experienced senior nurse to provide clinical guidance direction and leadership to staff and assure the appropriate timely review, assessment and management of residents complex needs was time limited and not assured on an ongoing basis.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

We are currently in the process of recruiting a clinical nurse for a permanent position. The current contracted clinical nurse will stay in her current position until we complete the recruitment process and fill the position.

Proposed Timescale: 30/04/2015

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A full time nurse was not available although one resident was identified as requiring full time nursing care and a number of residents were identified with increasing levels of need.

Action Required:

Under Regulation 15(2) you are required to: Ensure that the staff of a designated centre includes, at all times, at least one registered nurse where any resident has been assessed in accordance with Regulation 5 as requiring full time nursing care.

Please state the actions you have taken or are planning to take:

FOLD is engaged in the individual care planning with each resident and the person in charge ensures that arrangements are made to address their assessed needs and include their aspirations and wishes insofar as these can be ascertained. We will endeavour to ensure residents do not reach a maximum dependency level in our care through ongoing assessment, review and transfer to an appropriate placement. We will engage with the resident and their family to ensure this process takes place in a timely fashion. If in the instance whereby a resident's dependency levels increase to the maximum level outside of the above process, we will meet with the HSE and discussed this with them on a case by case basis. They have agreed to work and provide support to FOLD to ensure transfer to an appropriate facility takes place as quickly as possible. This should only occur in exceptional circumstances. In the interim our clinical nurse is available 4 mornings per week between the two centres and the public health nurse will be available 7 days per week until the resident is transferred.

FOLD Ireland housing with care does not provide nursing home level of care. If the resident's GP/Geriatrician determines that the level of care we are providing as outlined does not meet the resident's needs and a transfer to a nursing home or other suitable care facility is not available we will on his/her instructions refer the resident to the local hospital's emergency department.

Proposed Timescale: 30/04/2015