

Health Information and Quality
Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Cherryfield Nursing Home
Centre ID:	0213
Centre address:	Ballygarret
	Gorey
	Co Wexford
Telephone number:	053-9427286
Fax number:	053-9482953
Email address:	larrydoylecherryfield@yahoo.com
Type of centre:	Private <input checked="" type="checkbox"/> <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Larry Doyle
Person in charge:	Catherine Murphy
Date of inspection:	14 January 2011
Time inspection took place:	Start: 10:25hrs Completion: 16:25hrs
Lead inspector:	Gerry McDermott
Support inspector:	Ide Batan
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Cherryfield Nursing Home is a single-storey building constructed and first opened in 1989. Accommodation for residents consists of nine single bedrooms, four twin bedrooms, a community dining room and two community day rooms. There is an assisted bathroom which has a toilet, a shower room and a separate toilet. There is a cultivated garden to the side and front of the building. There is parking for approximately eight cars in the grounds.

The centre's statement of purpose says that it caters for 15 residents both male and female, over 65, including those with a high dependency, but does not cater for residents with severe forms of dementia. The centre will also accommodate residents under 65 years of age if requested by a general practitioner (GP) or hospital. Nursing care covers a wide range of conditions such as Parkinson's, diabetes, stroke and mild forms of Alzheimers. Admission is normally by referral from a doctor, hospital or the Health Service Executive (HSE). Emergency admissions are not encouraged.

Location

The centre is located on the periphery of a small rural village in Co Wexford. On one side of the centre there is a primary school while on the other side is the provider's home.

Date centre was first established:	1989
Number of residents on the date of inspection	15
Number of vacancies on the date of inspection	2

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	1	12	2

Management structure

The Person in Charge is Catherine Murphy and she reports to the Registered Provider, Larry Doyle. Care staff, nursing staff, catering staff and cleaning staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	1	1	1	0	0

Background

The purpose of this inspection was to follow up on actions taken by the provider following a follow-up inspection that took place on 3 November 2010.

Summary of findings from this inspection

This inspection followed an inspection carried out on 3 November 2010 which required 17 actions.

The centre had made a number of improvements. Five actions had been met. Policies on prescribing, administration, safeguarding and disposal of medicines had been read and signed by appropriate staff. Residents were being weighed regularly. Health was being promoted.

However, six actions had been partially met and six actions had not been met. Staffing including staff skill mix was inadequate. Fire safety training records were inadequate.

This inspection also reviewed certain healthcare issues. As a result, a further two actions were required.

The Action Plan at the end of this report identifies in detail areas where improvements are required to comply with current standards, guidelines and legislation.

Issues covered on inspection:

This inspection reviewed the 17 actions required as a result of the last inspection, and also reviewed certain healthcare issues.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide sufficient nursing staff at all times.

This action was not met. The person in charge did not get extra time to do administrative duties from 8 December 2010 as in the last action plan response received by the Authority from the provider. Inspectors were informed by the provider that this would commence on the week commencing 17 January 2011.

2. Action required from previous inspection:

Establish and maintain a system for the quality and safety of residents' care.

This action was not met. The person in charge did not understand what quality assurance was. The provider's response to the action plan indicated immediate implementation.

3. Action required from previous inspection:

The person in charge is to sign and review the risk management system in place

This action was met. However, there were no review dates on policies. The person in charge did not know what the inspector meant by a review.

4. Action required from previous inspection:

Provide residents with facilities and a programme for occupation and recreation.

This action was partially met. Inspectors viewed a letter from a physiotherapy company undertaking to provide services one morning per week from 24 November 2010. The letter indicated postponement of further sessions in 2010 due to adverse weather conditions for travelling to the centre. Inspectors viewed an activities timetable placed on the notice board in the hall. This indicated that limited organised activities were organised on five days per week. Newspapers were provided on a daily basis. One resident was reading in her room. Another resident was sitting in his room. Other

residents were sitting in the day rooms. One resident told an inspector that there was nothing to do. The provider informed inspectors that residents who wished were occasionally brought to see theatrical productions in local theatres.

5. Action required from previous inspection:

Ensure the written operational policies for prescribing, administration, safekeeping and disposal of medicines are read and signed by all appropriate persons to signify their knowledge, understanding and acceptance of the policies.

This action was met. An inspector saw evidence that nurses had read and signed policies.

6. Action required from previous inspection:

Ensure that records of the administration of medicines, specifically controlled medicines are in compliance with the written policy and procedures.

This action was met.

7. Action required from previous inspection:

Monitor the weights of residents as planned.

This action was met. A sample of three care plans viewed by an inspector indicated that residents had been weighed.

8. Action required from previous inspection:

Provide a supply of fresh drinking water at all times.

This action was met. Drinking water was available in both communal rooms. However it was not readily accessible to residents. An inspector saw that a resident was drinking water at 10:30hrs. An inspector saw that tea and fruit were provided to residents at 11:00hrs.

9. Action required from previous inspection:

Provide adequate private and communal accommodation.

This action was not yet met. The timescale on the Action Plan is 2014.

10. Action required from previous inspection:

Provide suitable staff facilities for changing and storage.

This action was not met. Staff stored their personal belongings in the laundry. The provider had not provided accommodation as promised in his response to the action plan from the registration inspection.

11. Action required from previous inspection:

Provide and use adequate storage facilities.

This action was partially met. General cleaning material was now stored in the sluice room, kitchen equipment was stored in the laundry. A hoist was stored in a vacant bedroom.

12. Action required from previous inspection:

Ensure all persons working in the centre are aware of procedures to be followed in the event of fire.

This action was partially met. Inspectors viewed a statement signed by the proprietor to say that this training had taken place. However the provider could not provide a document from an external contractor verifying that training had taken place in 2010. A member of staff indicated that fire safety training had taken place in mid 2010.

13. Action required from previous inspection:

Ensure all staff are appropriately trained to operate the health and safety policy.

This action was not met. No health and safety training had been completed.

14. Action required from previous inspection:

Provide written and operational policies and procedures in compliance with Schedule 5 of the regulations.

This action was partially met. Of the 18 policies required, the provision of information to residents was not in place. The creation of, access to, retention of, and destruction of records, while referred to, was not available.

15. Action required from previous inspection:

Produce a Residents' Guide in compliance with legal requirements.

This action was not met. The provider told inspectors that the statement of purpose was the Residents Guide. This document was not in a format that was readily available to residents and relatives. It did not contain the information required by the regulations.

16. Action required from previous inspection:

Provide adequate arrangements so that staff work on different shifts to ensure appropriate skill mixes.

This action was partially met. Records seen by inspectors indicated that night staff had not worked day shifts. A member of staff told an inspector that they would be required to do two changes of shift per year. This would not be sufficient.

17 Action required from previous inspection:

Do not employ staff unless they have obtained the information and documents specified in Schedule 2 of the regulations.

This action was partially met. Four staff files were sampled by the inspector. All had the required documents except for evidence of Garda Síochána vetting which was applied for on 2 March 2010. (The Inspector viewed signed statements to that effect by the provider and the employees.)

Healthcare Issues

Four general practitioners (GPs) visit the centre. They specifically see all of their residents, three times per year.

An inspector asked the person in charge how health was promoted. She replied that residents were assisted to walk. Residents were assisted to participate in gentle exercises as well as other activities. The GP ordered blood tests. The inspector observed a resident being assisted to walk by a care staff member. There was documentary evidence that a physiotherapy service had commenced visiting the centre. Seven residents had air mattresses. The person in charge told an inspector that a resident's requirement for a pressure-relieving mattress would be assessed using a score (Waterlow Score). The person in charge told the inspector that if care needs change, the centre consults with the GP and a geriatrician.

There was evidence in medical files of influenza vaccines being administered to residents. Of four medical files sampled by an inspector, there was evidence that two residents had been seen by a GP in December 2010 and two had been seen in January 2011. The person in charge stated to an inspector that a dietician or an occupational therapist from Wexford General Hospital sees residents in the centre on request. A chiropodist attends on request.

The Authority was not notified of any incidents as required by the regulations. The person in charge was not aware of her responsibility to do this. The person in charge, in reply to an inspector's question, was not aware what a clinical audit was. She has never conducted random checks of the service.

One resident was admitted in December 2010 with a weight loss. Due to a leg constriction, the resident was not weighed until January 2011. The Malnutrition Universal Screening Tool (MUST) had not been completed. Consequently a full evaluation had not taken place. However, the resident was being administered with nutritional supplements.

Inspectors viewed a sample of care plans. Two residents were being provided with cot sides on beds. One care plan contained evidence of consent being given by relatives. The other care plan did not contain evidence of consent being given by the resident or their relatives. There was no evidence of other restraints being used in the centre. Three other care plans were viewed by inspectors. One care plan was comprehensively reviewed in November 2010. Since then, weights were recorded monthly. Daily entries were recorded in the care plan twice in 24 hours. However, there was no account of social aspects of care. Entries focused on physical aspects of care. There was no evidence of resident or relative consultation as required by law. Two other care plans were viewed by inspectors. There was evidence that these care plans were being reviewed every three months. However, the MUST tool was not being used regularly to assess nutritional intake. There was no evidence of resident or relative consultation.

Facilities to store controlled drugs were as required by law. No resident on the day of the inspection was being prescribed controlled drugs. The inspectors viewed prescription charts. Photographs of residents were on all charts viewed. Two

prescriptions had not been reviewed by a GP since August 2010. Another prescription chart had not been reviewed by a GP since August 2010.

Report compiled by
 Gerry McDermott
 Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

Date 17 January 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
10 February 2010 and 11 February 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
3 November 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to additional inspection report

Centre:	Cherryfield Nursing Home
Centre ID:	0213
Date of inspection:	14 January 2011
Date of response:	3 February 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was insufficient staff on-duty between 08:00hrs and 20:00hrs every day.

Action required:

Provide sufficient nursing staff at all times.

Reference:

Health Act 2007
Regulation 18: Recruitment
Standard 23: Staffing Levels and Qualifications

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

Timescale:

Provider's response

Changes to the staff roster will allow the person in charge extra

1 February 2011

office duty time three days per week, providing three days roster per week, office duty.	
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2. The provider is failing to comply with a regulatory requirement in the following respect:	
The system of reviewing quality and safety of care was not implemented satisfactorily.	
Action required:	
Implement and maintain a system for the quality and safety of residents' care.	
Reference:	
Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response	
Training has been secured for February 2011. A new system will be implemented on 1 March 2011.	1 March 2011

3. The provider is failing to comply with a regulatory requirement in the following respect:	
Residents were not provided with meaningful activities and recreation.	
Action required:	
Provide residents with facilities and a programme for occupation and recreation.	
Reference:	
Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response	
Full and meaningful programme in operation.	1 March 2011

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Adequate private and communal accommodation was not provided for residents.</p>	
<p>Action required:</p> <p>Provide adequate private and communal accommodation.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>It is proposed to develop the centre in accordance with the requirements of the national standards. This will provide the necessary private and communal accommodation.</p>	<p>27 May 2014</p>

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were no suitable staff facilities for changing or storage of clothing.</p>	
<p>Action required:</p> <p>Provide suitable staff facilities for changing and storage.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response</p> <p>Accommodation has been ordered. It will be delivered on 1 March 2011 and commissioned on 1 April 2011.</p>	<p>1 April 2011</p>

6. The provider is failing to comply with a regulatory requirement in the following respect:

A hoist was stored in a vacant bedroom.

Action required:

Provide and use adequate storage facilities.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response

Alternative storage area in operation.

1 March 2011

7. The provider is failing to comply with a regulatory requirement in the following respect:

There was no evidence provided, that staff were adequately trained in fire safety.

Action required:

Ensure all persons working in the centre are aware of procedures to be followed in the event of fire.

Reference:

Health Act 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

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

Timescale:

Provider's response

Records are completed and a copy is available. The next training date will be June 2011.

1 March 2011

8. The provider is failing to comply with a regulatory requirement in the following respect:

There was no evidence provided that staff were appropriately trained in the health and safety policy.

Action required:

Ensure all staff are appropriately trained to operate the health and safety policy.

Reference:

Health Act 2007
Regulation 17: Training and Staff Development
Standard 26: Health and Safety

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

Timescale:

Provider's response

Training has been arranged for February 2011 and will be completed mid-March 2011.

17 March 2011

9. The provider is failing to comply with a regulatory requirement in the following respect:

Not all policies and procedures were written and operational in compliance with the legal requirements.

Action required:

Provide written and operational policies and procedures in compliance with schedule five of the regulations.

Reference:

Health Act 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

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

Timescale:

Provider's response

All completed.

1 March 2011

10. The provider is failing to comply with a regulatory requirement in the following respect:

A Residents' Guide was not provided in compliance with legal requirements.

Action required:

Produce a Residents' Guide in compliance with legal requirements.

Reference:

Health Act 2007
Regulation 21: Provision of Information to Residents
Standard 1: Information

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

Timescale:

Provider's response

The existing guide has been amended in compliance with the regulations.

1 March 2011

11. The provider is failing to comply with a regulatory requirement in the following respect:

Adequate arrangements were not place so that staff work on different shifts to ensure appropriate skill mixes.

Action required:

Provide adequate arrangements so that staff work on different shifts to ensure appropriate skill mixes.

Reference:

Health Act 2007
Regulation 16: Staffing
Standard 24: Training and Supervision

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

Timescale:

Provider's response

Staff have been advised of the report. The system will be amended in accordance with the regulations.

1 March 2011

12. The provider is failing to comply with a regulatory requirement in the following respect:

Staff were employed without obtaining the information and documents specified in Schedule 2 of the regulations.

Action required:

Do not employ staff unless they have obtained the information and documents specified in Schedule 2 of the regulations.

Reference:

Health Act 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

Provider's response

Staff files were reviewed in December 2010 and will be updated immediately.

1 April 2011

13. The person in charge is failing to comply with a regulatory requirement in the following respect:

The person in charge did not provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.

Action required:

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.

Reference:

Health Act 2007
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

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

Timescale:

Provider's response

This will commence at the end of the first quarter of 2011.

31 March 2011

14. The person in charge is failing to comply with a regulatory requirement in the following respect:

The person in charge did not ensure that residents' care plans were developed and agreed with each resident.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Reference:

Health Act 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response

Currently in progress.

1 March 2011

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Lawrence Doyle

Date: 3 February 2011