



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Cherry Grove Nursing Home
Name of provider:	Cherry Grove Nursing Home Ltd
Address of centre:	Priesthaggard, Campile, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	30 August 2023
Centre ID:	OSV-0005595
Fieldwork ID:	MON-0040819

About the designated centre

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

Cherry Grove Nursing Home is a purpose-built two-storey centre and all resident areas are located on the ground floor. In total, there are 41 single, eight twin and one three-bedded bedroom. All bedrooms have en-suite facilities that include a wash hand basin, toilet and shower. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. Bedroom windows allow residents good views of the garden. There are additional wheelchair accessible toilets located around the building. The centre has two main day rooms, a visitor's room, a dining room, an oratory, treatment room, smoking room, kitchen, hairdressing room, storage rooms and utility rooms. The upstairs area, which was accessible by stairs and lift, provided office space, staff facilities and the laundry in addition to storage. In their statement of purpose, the centre's philosophy is documented as, with respect to the dignity of all, striving to create an environment that is safe and happy, inclusive and holistic. It states that they are committed to being professional, creative and innovative in their care thus generating warmth, compassion, hospitality, justice, respect and excellence. The centre provides a service that can cater for residents who require general care, respite care, dementia specific care, convalescence and physical disability.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

56

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 30 August 2023	09:00hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents, staff and visitors, Cherrygrove Nursing Home was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. The inspector spoke with 2 visitors and 8 residents living in the centre. All were very complimentary in their feedback and expressed satisfaction with the standard of care provided.

On arrival the inspector was met by a member of the centres housekeeping staff and signed the centres visitors' book. Following an introductory meeting with the person in charge and assistant director of nursing, the inspector walked around the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms.

There were 56 residents living in the centre on the day of inspection and accommodation was reserved for three residents who was due to be admitted to the centre in the week following this inspection. The centre is a purpose built two storey building with all residents' accommodation and communal space on the ground floor. The residents' bedroom accommodation comprised of 41 single rooms, eight twin rooms and one triple bedroom. All bedrooms had en-suite toilet, shower, and wash hand basin facilities. The privacy and dignity of the residents in the multi-occupancy rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Bedrooms were personalised and decorated in accordance with the resident's wishes. Residents were supported to bring their preferred or sentimental items from home.

Lockable locker storage space was available for all residents and personal storage space comprised of wardrobes and drawers. Pressure relieving specialist mattresses, low to floor beds and other supportive equipment was seen in residents' bedrooms. The design and layout of the premises met the individual and communal needs of the residents'. There was a choice of communal areas, including a visitor's room, two day rooms, a dining room, a hairdressing room, an oratory and a smoking room. Residents were seen to use all of the communal rooms throughout the day and the layout of the building allowed for residents to walk safely through these areas. The first floor of the building contained a laundry room, staff canteen, staff changing areas, and administration offices. Corridor and bedroom areas were found to be clean and new non-slip flooring had been installed in some of the bedrooms since the previous inspection. There were assistive handrails in all corridor areas. The inspector observed appropriate seating in both communal areas and bedrooms. There was an on-going schedule of works taking place to upgrade the premises. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices.

Residents had access to the garden areas from the main entrance door, corridors and day rooms. The gardens had level paving, comfortable seating, tables, mature shrubs and flower beds. The garden wrapped around the centre, residents had access to level walk ways. There was a scenic look out point with a bench for residents to enjoy the view. The inspector was informed that residents were encouraged to use the garden spaces.

The inspector spoke with residents and visitors in detail, over the course of the inspection day and the feedback was very positive. Residents very complimentary of the person in charge, staff and services they received. Residents who spoke with inspector said that staff were good to them and treated them very well. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed. The inspector spent time in communal areas observing resident and staff interaction and found that staff were kind and caring towards residents at all times.

Visitors whom the inspector spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre though out the day of the inspection. Visits took place in communal areas and residents bedrooms where appropriate. There was no booking system for visits and the residents who spoke with the inspector confirmed that their relatives and friends could visits anytime.

The inspector observed a calm and content atmosphere in the centre throughout the day. It was evident that residents' choices was respected. For example; some residents got up from bed early while others chose to remain in bed until mid-morning. Thought out the day of the inspection, the inspector observed residents attending activities and spending their day moving freely through the centre from their bedrooms to the communal spaces and the large corridor space near the nurses station. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day of inspection in which the inspector observed laughter and banter between staff and residents.

All residents whom the inspector spoke with were very complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed outside the dining room. There was a choice of two options available for the main meal. The inspector observed that there was two sittings for the main lunch time meal. The first sitting in the dining room was for the residents who required assistance and the second sitting was for residents who were independent. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times.

Residents spoken with said they were very happy with the activities programme in

the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on notice boards throughout the centre. The weekly activities agenda was also available in booklet format for residents. During the month of August, residents had enjoyed trips to a local hotel, wildlife park, garden centre, national park and light house. Some residents told the inspector that could leave the centre to go into the local town with their families if they wished. The inspector observed residents reading newspapers, watching television, listening to the radio, singing and engaging in conversation. Residents, were observed to enjoy friendships with peers throughout the day. On the day of inspection, a large number of residents were observed attending live streamed mass, and an arts and crafts session in the afternoon. Residents informed the inspector that they had their summer garden party the day prior to the inspection. Residents told the inspector that it was a lovely event, that they enjoyed the BBQ food and the live music entertainment. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved.

The centre provided a laundry service for residents. All residents and visitors whom the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in October 2022, and improvements were found in Regulation 17: premises and Regulation 27: infection prevention and control. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 5: individual assessment and care planning, Regulation 8: protection, Regulation 17: premises, and Regulation 27: infection prevention and control. The inspector also followed up on notifications and one piece of unsolicited information submitted to the Chief Inspector of Social Services since the previous inspection.

Cherry Grove Nursing Home Limited is the registered provider of Cherry Grove Nursing Home. There are five company directors, two of whom are engaged in the day-to-day oversight of the service from both an operational and clinical aspect and work full time in the centre. The registered provider representative was also the person in charge and worked full time in the centre. The person in charge was supported by a team consisting of a director of nursing, an assistant director of

nursing, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as manual handling, fire training, safe guarding, understanding responsive behaviours, cardio-pulmonary resuscitation (CPR), and infection prevention and control. Most staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. The inspector was informed that members of the management team were scheduled to undertake instructor trainer training in fire safety and safeguarding in the weeks following the inspection. However; further education was required in safe guarding training for staff, this is discussed further in this report under Regulation 8: protection.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls prevention, restrictive practice, infection prevention and control, and medication management. Audits were objective and identified improvements. There was evidence of trending of audit results for example; quarterly audit of resident incidents of falls identified contributing factors such as the location of falls and times when resident falls occurred the most. There was evidence of an annual review of fall incidents in 2022 which was made available to residents. The centre had an extensive suite of meetings such as governance management meetings, and staff meetings. Meetings took place quarterly in the centre and more often if required. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Quarterly governance meeting took place with agenda items such as fire safety, infection prevention and control, contingency planning, family communication and KPI's (key performance indicators). There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2022 with an associated quality improvement plan for 2023. The review was undertaken against the National Standards.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated

centre for each member of staff. As identified under Regulation 8: Protection, one of the Garda vetting disclosures was not in place prior to the staff member commencing employment.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The management team had a good understanding of their responsibility in this regard. The inspector reviewed the records of complaints raised by residents and relatives in 2023. Details of the investigation completed, communication with the complainant and their level of satisfaction with the outcome were included. The complaints procedure was made available in the main entrance hall and prominent areas in the centre. Residents spoken with were aware of how and whom to make a complaint to.

The inspector followed up one piece of unsolicited information that had been submitted to the Chief Inspector since the previous inspection. The unsolicited information received related to resident's rights, protection, staffing, and governance and management. All these regulations were reviewed, resident's rights, staffing, and governance and management were found to be compliant and further improvements were required in protection.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were two registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, dementia training and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of residence which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, restrictive practice, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. The findings of this inspection evidenced that the management and staff had made improvements to the quality of life for the residents living in Cherrygrove Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 5: individual assessment and care planning, Regulation 8: protection, Regulation 17: premises and Regulation 27: infection prevention and control.

Residents were supported to access appropriate health care services in accordance with their assessed needs and preferences. General Practitioners (GP's) attended the centre and residents had regular medical reviews. On the morning of inspection, the inspector observed a GP attending the centre to see residents. Residents had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiropodist. Residents had recently been provided with access to a mobile x-ray service in the home. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection. There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas.

Visitors could visit at any time and there was no booking system for visiting.

A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed under Regulation 5: individual assessment and care planning.

Residents with communication difficulties were supported with assistive devices or where possible, staff could communicate for them. Care plans viewed for a resident who had difficulties communicating reflected the care that was being delivered. There was evidence that education in deafness awareness had been provided to staff.

There were effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. All doors to bedrooms and compartment doors had automated closing devices. All fire doors were checked on the day of inspection and were in working order. All emergency lighting was checked on the day of inspection and one emergency light was found not working. This emergency light was addressed on the day of inspection. Fire training had been completed by all staff. There was evidence that fire drills took place quarterly and when a new employee commenced employment in the centre. There was evidence of fire drills taking place in each compartment with simulated night time drill taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. All fire safety equipment service records were up to date. All escape routes were assessable, free from obstructions and the assembly point was accessible. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were up to date. Fire evacuation maps were displayed in all compartments and behind all resident bedroom doors throughout the centre. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was on the agenda at meetings in the centre. On the day of the inspection there were four residents who smoked and detailed smoking risk assessments were available for these residents. A call bell, fire blanket, fire apron, fire extinguisher and fire retardant ash tray were in place in the centre's smoking room.

Apart from improvements required to fix a call bell in a communal toilet in the centre, the premises was meeting the requirement of the regulations and appropriate to the needs of residents. The centre was bright and tidy. The centre was cleaned to a high standard, alcohol hand gel was available in all bedroom corridors and bedrooms. There were an ongoing plan of preventative maintenance works included painting, and redecorating areas. Improvements were found in the centres store rooms and storage areas were observed to be clean, tidy and organised. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Grab rails were available in all corridor areas, toilets and en-suite bathrooms. Overall the premises supported the

privacy and comfort of residents.

Improvements were found in infection prevention and control (IPC) since the previous inspection. A review of the centres shower chairs, areas under sinks, pillows and bed rail protectors had been undertaken. All these items and sink areas were found to be clean and in good working order. The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place on the day of inspection. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to minimise the risk of harm to residents and staff. There was a high uptake of COVID-19 vaccination among residents and staff and procedures were in place to facilitate testing and isolation of residents should the need arise. There was evidence that infection prevention control was an agenda item on the minutes of the centres staff meetings. Infection prevention and control audits included the environment and COVID 19 were evident and actions required were discussed at the centres staff meetings. There was an up to date infection prevention and control policy which included COVID 19 and multi-drug resistant organism (MDRO) infections.

A review was required of the centre's arrangements in place to protect residents' from abuse. There was a centre-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre. However, improvements were required in the procedures to ensure staff were Garda vetted prior to employment and staff knowledge of the types and signs of abuse and with the procedures for reporting concerns. This is discussed further in the report under Regulation 8: protection.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected and promoted. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The residents had access to SAGE advocacy services. The advocacy service details were displayed in the visitors room and the main entrance area. The activities agenda were displayed on notice boards across the centre. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radio's. Mass took place each week in the centre and was live streamed daily. For residents who could not attend group activities, one to one activities were provided. An interactive activities table was available for residents. Residents enjoyed daily group activities such as exercise classes, bingo, art classes, flower arranging and particularly enjoyed live music sessions.

Regulation 10: Communication difficulties

Residents who had communication difficulties could communicate freely using specialist communication technology aids. A resident assessment and care plan was reviewed in relation to communication difficulties. There was a thorough assessment of their communication needs and a detailed care plan specifying the individual requirements to enable them to communicate freely.

Judgment: Compliant

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

Regulation 17: Premises

A part of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A call bell was found broken in the toilet adjacent to the day room.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector observed practices that were not in line with the National standards and guidance for the prevention and control of associated infections. Oversight in this area required improvement as evidenced by the following:

- The store room beside bedroom 22 required review as clean laundry was stored on the floor which posed a high risk of contamination and risk of transmission of infection.
- The storage of residents' wash basins required review as there was a potential risk of cross contamination.
- Areas of the centre were showing signs of wear and tear, for example; walls in some of the bedrooms and en-suite toilets were damaged and required

painting. The condition of the premises is intrinsically linked to infection prevention and control as damaged and scuffed surfaces cannot be cleaned and pose a risk to the spread of infection.

- There was no dedicated hand wash sink in the house keepers room.
- The shower drains and air vents in the centres en-suite bathrooms required review as a number were found to be dirty on the day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs. However; it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

The registered provider had not taken all reasonable measures to protect the residents from abuse.

- A review of a sample of staff files identified that one staff member had commenced employment one month prior to a Garda vetting disclosure being obtained. This was not in adherence with the centre's own recruitment, selection and vetting of staff policy, and could pose a safeguarding risk to residents.
- One staff member whom the inspector spoke with on the day of inspection was not knowledgeable of the types of abuse or of the local procedure for reporting concerns of abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs and preferences of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherry Grove Nursing Home OSV-0005595

Inspection ID: MON-0040819

Date of inspection: 30/08/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Broken call bell in question has been replaced	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Shelving has been installed to ensure laundry is raised. Wash basins have been removed. Painting and re-decorating is ongoing. Schedule has been commenced to adhere to cleaning of shower drains and air vents. Hand wash sink to be installed in cleaners store	
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: Procedure has been commenced to ensure that resident/ representative is involved in review of assessment/ care planning and review	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Person in charge to review staff file prior to commencement of employment to ensure all documentation required is available and to hand to reduce risk of repeat. Human Resources have been advised of same and the need to adhere to regulation and policy	

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 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.	Substantially Compliant	Yellow	09/10/2023
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	31/01/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	31/01/2024

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/10/2023