Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cherry 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:	05 August 2026
Centre ID:	OSV-0005595
Fieldwork ID:	MON-0050512

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:	58

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 August 2026	08:15hrs to 16:00hrs	Bernadette McDonald	Lead

What residents told us and what inspectors observed

Over the course of the inspection, the inspector spoke with residents and staff to gain insight into the residents' lived experience in the centre. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs.

The inspector greeted and chatted with a number of residents and spoke in more detail to eight residents to identify their experiences of living in Cherry Grove Nursing Home. Overall, residents were very positive about how they spent their days in the centre, and were highly complimentary of the staff, the food and the premises. Residents reported feeling safe in the centre and expressed satisfaction with how the centre was run. There was a significant number of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff.

Cherry Grove Nursing Home is located in Campile, Co.Wexford. The centre is a purpose built two storey building. The centre is registered to provide care for 60 residents, there was 58 residents living in the centre on the day of the inspection, and there was two vacancies.

All residents' accommodation and communal space is on the ground floor. Residents had access to communal spaces which included two day rooms, a large dining room, a visitors room and an oratory. Residents had access to a hair salon and a smoking room. Armchairs and tables were available in all communal areas. Corridor areas were sufficiently wide with assistive handrails on both sides. There were 41 single bedrooms, eight twin rooms and one three-bedded room. All of the bedrooms were en-suite with a shower, toilet and wash hand basin. Bedrooms were personal to the residents and contained family photographs, art pieces and personal belongings. Some residents told the inspector that their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleanliness. However, the inspector observed that the level of cleanliness within the some communal spaces and bedrooms was not adequate and this is discussed further in the report. The centre had a production kitchen on the ground floor. The first floor of the building contained a laundry room, staff canteen, staff changing areas, and administration offices. The location, design and layout of the centre were generally suitable for its stated purpose and met residents' individual and collective needs.

However, further improvements were required in respect of premises and infection prevention and control, which were interdependent. For example, several bedrooms, communal areas and equipment were visibly unclean on the day of the inspection.

While there were notable improvements in the décor and flooring in many areas of the centre, there were still areas showing signs of wear and tear, for example, damaged architraves and skirting boards and to en-suite doors. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance works planned.

The dining experience was observed to be a pleasant and an enjoyable experience for residents. Residents were provided with a choice for each of their meals and could attend the dining room or remain in the privacy of their bedroom as they chose. Staff were available to provide support and assistance to residents with their meals.

The inspector observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. A number of residents attended the local day centre on the day of inspection.

Residents spoken with said that they were very happy with the activities programme in the centre. The weekly activities schedule was displayed on the notice board outside the day room. Board games and puzzles were observed taking place in the day room on the day of the inspection. There were photographs displayed on the notice board. These were of activities and days out that residents enjoyed throughout the year, such as a visit to the wildlife park in Enniscorthy and Kennedy park. Residents described the activities as "enjoyable" and spoke highly of the activity co-ordinators in the centre, saying they were "very kind".

The inspector observed that residents were consulted about what was happening in the centre. Regular satisfaction surveys were completed by residents which detailed their feedback on the service provided in relation to a number of areas, including food, activities, visits, bedroom accommodation, and staff. Residents' meetings were held regularly, and the views and opinions of residents were documented. Action plans following meetings were developed.

Visitors were observed coming in and out of the centre throughout the day. The inspector spoke with four visitors who mostly said that they were happy and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues they felt confident to bring them to the attention of staff. One visitor voiced concerns over the cleaning standard of their mother's bedroom.

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

This was an unannounced inspection which took place over one day by one inspector. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended) and to follow up on the compliance plan from the previous inspection, in December 2025.

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents. However, the inspector found that some improvements were necessary to achieve compliance with a number of regulations, specifically Regulation 17: Premises, Regulation 23: Governance and management, Regulation 27: Infection control, and Regulation 16: Staff training and development.

Cherry Grove Nursing Home is operated by Cherry Grove Nursing Home Limited who is the registered provider. The governance structure consists of four company directors and a director of nursing. The person in charge is a company director and is engaged in the day-to-day oversight of the service from both an operational and clinical aspect, and works full-time in the centre. There was also a full-time director of nursing (DON), assistant director of nursing (ADON) and a clinical nurse manager (CNM) to ensure strong governance of the centre over seven days a week. The person in charge, director of nursing, assistant director of nursing and the clinical nurse manager were present during the inspection and demonstrated a good understanding of their roles and responsibilities. They were very responsive to any updates required on the day of inspection and showed a commitment to addressing areas for improvement. There were sufficient staff on duty, across all areas of the centre, to meet the assessed needs of the residents.

The inspector reviewed minutes of meetings such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly audits including audits on maintenance, care plans and falls. However, the high levels of compliance achieved in recent environmental and equipment hygiene audits were not reflected on the day of the inspection. This is a repeat finding from the last inspection.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for quality improvements for 2026.

The overall provision of staff training was good and included a blend of online and face-to-face training modules. A staff induction programme was in place with regular reviews to monitor staff performance and identify additional training needs. Further strengthening of staff oversight is required, and this is discussed under Regulation 16: Staff training and development.

Regulation 15: Staffing

The registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 58 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

On the day of the inspection, examples of staff practices were seen where the supervisory processes in place did not ensure that staff were adequately supervised, especially in relation to infection control, premises, and the oversight and recognition of risk in this designated centre.

Judgment: Substantially compliant

Regulation 21: Records

Staff files contained the records outlined in Schedule 2 of the regulations, for example, evidence of references and photographic identification. These were stored securely in the centre and made available for inspectors to review.

Other records specified in Schedules 3 and 4 of the regulations, for example, the incidents of restraint use and a copy of the duty roster, were maintained.

Judgment: Compliant

Regulation 23: Governance and management

The findings of this inspection were that the oversight systems required strengthening to ensure all areas of the service were safe, appropriate, consistent and effectively managed. For example:

- The oversight of cleaning of the premises required review. Environmental audits had not identified some of these deficits. Findings in this regard are detailed under Regulation 17: Premises and Regulation 27: Infection prevention and control. Examples were observed where audits that had been completed and the findings did not reflect observations found on this

inspection. For example; a infection control audit conducted in May 2026 found full compliance and a maintenance audit conducted in June 2026 found full compliance.

While the provider had management systems to monitor the quality and safety of service provision, these oversight mechanisms were not sufficiently robust to effectively identify deficits and risks in service provision. For example:

- The secure storage of prescribed thickening agents was not fully effective, as the inspector found that such products were accessible and not secured in the day room. These findings were brought to the attention of nurse management, who arranged for these products to be stored securely. These products must be used under supervision. Insecure storage of such thickening agents poses a risk of asphyxiation from accidental ingestion.
- Cleaning trolleys not being locked when unattended, posing a risk of residents ingesting the cleaning products.
- A maintenance trolley was left open and displaying sharp and unsafe implements, unsupervised and on the main busy corridor crossing, posing a risk of harm to residents.
- Two bedroom doors were observed to be held open, one with a chair and another with a laundry basket, posing a risk of the door not closing in the event of a fire.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care, which included details of the allocated bedrooms, the services to be provided and the fees payable under the Nursing Home Support Scheme or otherwise.

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 were 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 found that the residents living in Cherry Grove Nursing Home were receiving a good quality of life. Residents' health, social care, and spiritual needs were met to a good standard. Some areas required further review and attention to improve compliance with the regulations, these included infection prevention and control and the maintenance of some parts of the premises.

The premises were designed and laid out to meet the residents individual and collective needs. The inspector identified many examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and the safe handling and disposal of used waste, sharps and linen. However, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, some communal spaces had not been cleaned to an acceptable standard and several items of equipment were also observed to be visibly unclean. Findings in this regard are presented under Regulation 27: Infection control.

There was evidence of good practice in relation to resident assessment and care planning. Residents needs were routinely and appropriately assessed and this information was incorporated into resident-specific care plans. Social assessments were completed for each resident and individual detail regarding a residents' past occupation, hobbies and interests were completed to a high level of personal detail. This detail informed individual social and activity care plans.

Dedicated activity staff were responsible for delivering the schedule of activities in the centre, and the inspector observed large and small group activities taking place in different areas of the centre in the morning and afternoon. Residents enjoyed group exercises, bingo, movies and outings, and particularly enjoyed live music. Residents were happy with the choice and frequency of activities and told inspectors that staff go out of their way to facilitate their requests and needs.

Residents laundry was facilitated both on site and with the use of an external service. Residents informed the inspector, and residents' council minutes identified, that residents were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing.

The registered provider was a pension agent for six residents and adequate banking arrangements were in place for the management of these finances. The registered provider held no personal monies on site for residents.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- Six of the window restrictors were broken on the day of inspection. This poses a risk of egress for residents and a possible risk of harming themselves.
- The hairdresser's room had no call-bell access, and a blind cord was not secured in a safety device, posing a risk of harm to residents.
- While some areas of the centre had been redecorated since the last inspection, there were still areas of the centre that required attention. For example, there was wear and tear to architraves and doors throughout the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes, and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 27: Infection control

Actions were required to ensure the environment was as safe as possible for residents and staff and that the national standards were being fully applied. For example:

- Equipment was visibly unclean, including two hoists, four pressure-relieving cushions and three wheelchairs. This posed a risk of cross contamination.

- The underneath of some shower chairs and commodes were observed to be unclean.
- The outlets of a number of shower drains were observed to be unclean.
- Urinals were observed in communal toilets.
- In a number of bedrooms, the floor was observed to be unclean and smelling of urine.
- Many of the radiators in the corridor were observed to be unclean, with staining of what appeared to be tea or coffee marks and other general marks.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Resident care plans were detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the resident's needs. A range of validated assessment tools were used to inform the resident's care plans. Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up-to-date changes.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. For example:

- An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should there be an allegation of abuse made.
- The person in charge investigated all allegations of abuse, making appropriate referral to external agencies where required.
- Prior to commencing employment in the centre, all staff were subject to An Garda Síochána (police) vetting.
- There were secure systems in place for the management of residents' personal finances. There was a nominated staff member who was the named pension agent for six residents. The agent arrangements were in line with the Department of Social Protection guidelines and residents' pensions were held in a separate account.
- The registered provider facilitated staff to attend regular training in safeguarding of vulnerable adults.

- When required, residents were supported to access independent advocacy services.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity was well respected. Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents, and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre, and this was confirmed by residents' meeting minutes, satisfaction surveys, and by speaking with residents on the day.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherry Grove Nursing Home OSV-0005595

Inspection ID: MON-0050512

Date of inspection: 05/08/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A new audit tool is to be implemented to supervise and assess the household staff in the performance of their duties and assess effectiveness. Training will be arranged for all staff to further enhance their abilities. Further staff members have been employed to ensure compliance and effective Infection Prevention and Control	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A new and enhanced audit in relation to Infection, Prevention and Control is to commence to ensure compliance with regulations. A secure storage area has been arranged for thickening agents- a secure locked storage unit and staff have been educated in requirement to ensure adherence. Household and maintenance staff have been educated regarding the need to ensure trolleys are locked and items that may pose risk are locked away to reduce risk to residents. Staff have been further informed of the need to ensure doors are closed at all times to bedrooms and this practise has ceased. This is assessed for compliance by PIC on daily basis. A third lockable household trolley has been ordered. A new maintenance trolley has been ordered to ensure all components can be secured under fully lockable conditions. Audits on Infection Prevention Control are being carried out twice weekly to ensure compliance and residents safety. All issues have been addressed to staff at staff meeting to ensure awareness and demand compliance and adherence to regulation. Daily supervision is maintained by Clinical Nurse Manager	

and Assistant Director of Nursing and Risk Assessments performed to reduce risk. We have a strong governance structure from PIC- DON- ADON- CNM- Staff Nurses- Health care assistants and household staff. Supervision of all areas continues and risk assessed to enhance service provision and compliance with regulations. All audits are completed as scheduled, assessed and actioned as required.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Window restrictors have been replaced. Electrician and call bell provider have both been contacted to install call bell in hairdresser's room and two other areas have also been identified as requiring same. Architraves have been replaced where damaged and maintenance are assessing doors for repairs and attending to same currently. Blind cord has been secured satisfactorily. We carry out audits on maintenance service to assess service provision, highlight requirements and action same. We have a maintenance schedule checklist for regular maintenance review.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Three additional household staff have been employed to ensure compliance will be met in regulation 27 with clear guidelines on work practises and needs. Further training is in progress by household staff with certification to be provided. The aim is to ensure compliance in full on next inspection. A third lockable cleaning trolley is to be obtained. New audit for assessing Infection, Prevention and Control is to commence and will be overseen and assessed by IPC Nurse Practitioner and PIC. This will be developed in association with external provider and auditor following assessment and site-specific audit development. This will be assessed, audited and implemented in association with an external provider, PIC, IPC Link Practitioner, household staff and maintenance. The initial audit will be carried out without staff awareness, similar in effect to unannounced Inspection Process. PIC and IPC Link Practitioner are currently carrying out audits with accurate and responsive reporting twice weekly currently to assess improvement, highlight deficiencies' and address same.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2026
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	31/01/2027
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	31/01/2027

	effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	31/01/2027