



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 October 2022
Centre ID:	OSV-0005595
Fieldwork ID:	MON-0037159

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:	50
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 October 2022	09:30hrs to 17:30hrs	Mary Veale	Lead
Thursday 6 October 2022	09:30hrs to 15:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

The inspector observed residents' daily lives throughout the two days of inspection in order to gain insight into the experience of those living in the centre. The inspector observed many examples of person-centred and respectful care throughout the days of inspection. The inspector greeted the majority of the residents and spoke at length with 16 residents. Residents enjoyed a good quality of life and were positive about their experience of living in Cherry Grove Nursing Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity was supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre.

On arrival the inspector was met by one of the centre's clinical nurse managers and was guided through the centre's infection control procedure before entering the building. A hand washing sink was conveniently placed outside the main entrance door to ensure good hand hygiene was practiced by all visitors before entering the centre. Following an introductory meeting with the clinical nurse manager, the inspector was accompanied on a tour of the premises by the clinical nurse manager and later in the day joined by the person in charge. The centre is registered to accommodate 60 residents and there were 50 residents living in the centre on the days of inspection. The inspector spoke with and observed residents' in communal areas and their bedrooms. The inspector saw that the centre was busy on both days of inspection, residents were being assisted by staff with their care needs and visitors were attending the centre.

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 43 single rooms, eight twin rooms and one three-bedded 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. The three-bedded bedroom and some twin bedrooms were not fully occupied due to ten vacancies. Bedrooms were personalised and decorated in accordance with the resident's wishes. Many of the residents' bedrooms had fresh jugs of water and flowers. Lockable locker storage space was available for all residents and personal storage space comprised of double wardrobes and drawers. Pressure relieving specialist mattresses, low to floor beds and other supportive equipment was seen in residents' bedrooms.

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 each of the communal rooms throughout the days and the layout of the building allowed for residents to wander safely among these areas. The first floor of the building contained a laundry room, staff canteen, staff changing areas, and

administration offices. Corridors were free of clutter, however the centres storage room was cluttered. This will be discussed further in the quality and safety section of the report. Corridor and bed room areas were found to be clean and new flooring had been installed in some of the ensuite facilities. 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 two courtyard gardens and spacious garden grounds which wrapped around the centre. Access to both courtyard garden areas was from the centres day rooms. Garden areas were easily accessible with ramps and level footpaths for residents to safely walk around. The centre had wheelchair accessible circling walkways allowing residents and their families to fully enjoy the outdoor space. The garden areas were attractive and well maintained with flower beds and seating areas.

The inspector observed the lunch time meal in the main dining room and saw that there were two sitting for lunch on both days of inspection. The lunch time meal was a social occasion, with some residents chatting and nice exchanges of conversation between staff and residents were observed. Residents who required assistance with eating and drinking were seen to be assisted discreetly and independence was promoted where possible. Food was served directly from the kitchen and was warm and appetising. Both meal times were not rushed. There was a choice of main meal and desert on both days. All residents whom the inspector spoke with were complementary of the home cooked food, the choice of meals offered and said that snacks were available at any time.

The majority of residents' spoken to 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, televisions, Wi-Fi, and visits from friends and family. The activities programme was displayed in the centre and residents' had a choice of attending activities each day. For residents who could not attend group activities, one to one activities were provided. Over the inspection days, residents were observed partaking in a reminiscence activity, art and crafts, and an exercise class. The inspector observed staff and residents having good humoured banter during the activities and observed the staff chatting with residents about their personal interests and family members. On the second day of inspection mass was observed taking place in the larger of the centres day rooms and afterwards the Eucharist was offered to residents who could not attend the day room. The inspector observed many residents walking around the centre. The inspector observed residents reading newspapers, watching television, knitting, listening to the radio, and engaging in conversation. Books and board games were available to residents. There were pictures on the notice boards of residents on day trips to nearby attractions and residents artwork was displayed throughout the centre. The hairdresser attended the centre weekly.

A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. However, these residents appeared to

be content, appropriately dressed and well-groomed. Visitors who spoke with the inspector were complimentary of the care and attention received by their loved ones. Visitors said that communication could be challenging but that staff communication was excellent with their loved ones. Residents who could express their opinion were highly complimentary of the staff and said that staff were always quick to answer their call bells

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspector observed that visiting was facilitated. The inspector spoke with four family members who were visiting. The visitors told the inspectors that there was no booking system in place and that they could call to the centre anytime. Most of the visitors spoken to were very complementary of the staff and the care that their family members received. Visitors knew the person in charge and had no hesitation to contact the person in charge if they had any cause of concern.

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 risk inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspector followed up on notifications submitted to the Chief Inspector of Social Services since the previous inspection. The provider had progressed the compliance plan following the previous inspection in April 2022, and improvements were found in relation to Regulation 7: managing behaviour that is challenging, Regulation 16: training and staff development , Regulation 21: records, Regulation 23: governance and management, Regulation 28; fire precautions and Regulation 29: medicines and pharmaceutical services. On this inspection, the inspector found that action was required by the registered provider to address areas of Regulation 5: individual assessment and care planning, Regulation 17: premises and Regulation 27: infection prevention and control.

The registered provider had applied to renew the registration of Cherry Grove Nursing Home. The application was timely made, appropriate fee's were paid and prescribed documentation was submitted to support the application to renew registration.

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 person in charge is a registered nurse and works

with the director of nursing to oversee the service. They are supported by an assistant director of nursing, two clinical nurse managers, a team of nurses and health care assistants, activities staff, catering, housekeeping, administration, and maintenance staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of inspection. A clinical nurse manager and nurse were on duty both days of inspection and were supported by a supernumerary assistant director of nursing. There were sufficient health care assistants, housekeeping and catering staff on duty. Staff turnover was low. Several staff had worked in the centre for many years and were proud to work there. Staff 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. The inspector noted that fire safety training for staff had occurred over four days in August 2022. The centre had staff who were train the trainers to facilitate training for staff in fire safety, infection prevention and control, and responsive behaviour. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

Overall electronic and paper based records were well maintained. Requested records were made available to the inspector throughout the days of inspection and records were appropriately maintained, safe and accessible. The centre had installed a new electronic nursing documentation software system this year. Policies and procedures as set out in schedule 5 were in place and up to date. Improvements were found in staff records on this inspection, a review of a sample of four personnel records indicated that all the requirements of schedule 2 of the regulations were met. Policies and procedures as set out in schedule 5 were in place and up to date.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, medication management, nursing documentation, and restrictive practice. Audits were objective and identified improvements. Records of quality improvement meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Management meeting agenda items included; corrective measures from audits, KPI's, complaints and restrictive practice. The annual review for 2021 had been completed. It set out an improvement plan with timelines to ensure actions would be completed. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, relative satisfaction surveys, adverse events, complaints and audits.

The complaints procedure was displayed at the entrance area and in prominent corridor areas of the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A

record of complaints received in 2022 were viewed. There was evident that the complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded. Residents confirmed that they would be happy to discuss a compliant or concern with any member of staff.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the requested fees were received.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of his commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control, manual handling, responsive behaviour, fire safety and safe guarding from abuse. 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 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 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

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, nutrition and quality of care and 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 24: Contract for the provision of services

The inspector viewed a number of contracts of care which outlined details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

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 inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The rights of the residents' was at the forefront of care in Cherry Grove Nursing Home. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Following inspection in April 2022 the provider had installed hand washing sinks in the centre and had secured the services of an external provider in fire safety who had assessed the premises, and had provided training to staff in fire safety and evacuation procedures. The person in charge had made improvements to the medication administration processes to ensure residents allergens and the use of Pro re Nata (PRN) was recorded. Staff training had been provided in responsive behaviour and residents requiring PRN medication had a review of their medication with their general practitioner (GP) to reduce usage of PRN medications. On this inspection improvements were required in relation to the resident's individual assessment and care plan, the premises and infection prevention and control.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place for example; temperature checks, questionnaires and hand washing procedures. Residents could receive visitors in their bedrooms, the centres communal areas and outside garden areas. Visitors could visit at any time and there was no booking system for visiting.

The centre was not an agent for any residents pension. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for, receipts were uploaded and recorded on the centres electronic accounts system. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents.

Overall the premises was laid out to meet the needs of the residents and well maintained. The centre was mostly free of clutter and there was an on-going plan of preventative maintenance included painting, upgrading to bathroom facilities and decorating bedrooms. However, areas of the centre were showing signs of wear and tear, for example; some bedrooms had scuffed and damaged walls, door frames and damaged flooring. 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. All ensuite toilets had grab rails and call bells fitted. Communal spaces were bright, comfortable and met the needs of the residents on the days of inspection. Improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied and had been reviewed by a dietician for nutritional content and allergen

identification. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There was two sittings for meal times in the dining room. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times. Residents' weights were routinely monitored.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks such as risks associated with self administration of medications, residents who were at risk of dehydration during a heat wave and the risks associated with covid-19.

Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. 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. The centre had a curtain cleaning schedule. 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. The centre had a robust process for recording and monitoring antimicrobial stewardship. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres quality improvement meeting. Updated IPC guidance and actions required from specific IPC audits were evident as discussed at the quality improvement meeting. However, some improvements were required in relation to infection prevention and control, this will be discussed further in the report.

Improvements were found in fire safety since the previous inspection. The provider had engaged the services of a competent fire consultant to review all aspects of fire safety in the centre. A fire safety management plan had been undertaken by the fire consultant which outlined a plan to inspect the centre six monthly, provide fire training and complete evacuation drills with staff. The centre had upgraded its fire alarm system to an L1 system. Fire training had been provided to all staff in the centre since the previous inspection. The provider had undertaken a review of the dependency levels of residents in all fire compartments to ensure that in the event of fire each resident could be safely evacuated. Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the days of inspection and all were in working order. There was evidence of an on-going schedule for fire safety training. There was evidence that fire drills took place quarterly. 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. Each resident had a personal emergency

evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There were fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. There was an indoor smoking room available for residents. On the days of inspection there was one resident who smoked and a detailed smoking risk assessments were available for this residents. A fire blanket, suitable ashtrays and a call bell were in place in the centres smoking room. A fire extinguisher was available outside the smoking room door which was easily accessible in the event of a fire in this room.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. The centre had a PRN medication protocol and a self-administration of PRN protocol. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. Good practices were seen in the review and reduction in psychotropic medications in consultation with the resident and their GP. A pharmacist was available to residents to advise them on medications they were receiving.

The centre had installed a new person- centred nursing documentation system in early 2022. The inspector viewed six residents nursing notes. Pre- admission assessments, nursing assessments and care plans and evaluation records were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated evidence based tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and wounds. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. However; it was not always documented if the resident or their care representative were involved in the review of the care plan in line with the regulations.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also 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 and in accordance with their assessed needs, for example, occupational therapist (OT), speech and language therapist, dietician and chiropodist. A physiotherapist attended the centre weekly to provide individual assessments and was in the centre on the second day of inspection. 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.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. Residents' had access to psychiatry of later life. There was a high use of bed rails and lap belts in use in the centre. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed quarterly by a multi-disciplinary team comprising of a GP, a OT and nursing staff. Less restrictive alternatives to bed rails were in use in the centre such as sensor mats and low beds. All residents who used a lap belt had an assessment completed by an OT. The front door to the centre was electronically locked. The intention was to provide a secure environment, and not to restrict movement for residents . Residents' were seen assisted by family to leave the centre and visitors were accessed the centre throughout the days of inspection.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

Residents' rights and choice were promoted and respected within the confines of Cherry Grove Nursing Home. Activities were provided in accordance with the needs' and preference 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.

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents

had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

Actions were required to ensure the premises conformed to the matters set out in schedule 6. For example;

- The centres storage room required review as it was cluttered with items such as resident assistive equipment, staff training equipment and PPE. This posed a safety risk to staff working in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal every day, and special diets were catered for. Home- baked goods and fresh fruit were available and offered daily. Snacks and drinks were accessible day and night. Fresh water jugs were seen to be replenished throughout the day in residents' rooms and communal areas.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Actions were required to ensure the environment was as safe as possible for

residents and staff. Equipment and the environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- A sharps bin container in the treatment room did not have temporary closures in place.
- Parts of the centre required painting and repair to ensure it could be effectively cleaned, such as walls, door frames and skirting boards.
- A review of the centres shower chairs was required as a number of the shower chairs contained rust on the stainless steel areas.
- The pipe areas under sinks in the centre required review as a brown discolouration was found in some of the toilets and bathrooms.
- Rust was found on the centres weighting scales.
- Pillows and bed rail protectors in the centre required review as a number of damaged pillows and a bed rail protector were identified on the days of inspection.
- The centres shower drains require review as a number of shower drains were found to be dirty on the days 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 29: Medicines and pharmaceutical services

Improvements were found in the management of medications. Medications were administered by nursing staff who were guided in their practice by a medication management policy. A local pharmacist attended was available to speak with residents and keep them informed about their medicines. Medications were reviewed three monthly and records were viewed that supported this practice. Medications were stored securely in the centre and procedures were in place for the return of unused or out-of-date medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plan reviews were comprehensively completed and reviewed 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 care plan reviews to ensure that decisions are made with the resident and not for the resident .

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 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported residents with responsive behaviour. The use of restraint in the centre was high but was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents. Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

There was a rights based approach to care in this centre. Residents' rights and choices for the most part were respected, and 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 centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, WIFI, and radio's. Mass took place in the centre weekly. There was evidence that the centre had returned to pre-pandemic activities, for example; residents day trips took place to local areas such as Hook Head Light House and Peninsula.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherry Grove Nursing Home OSV-0005595

Inspection ID: MON-0037159

Date of inspection: 06/10/2022

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: Storage room has been decluttered to ensure safe working area and will be reviewed on an ongoing basis- completed	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All staff have been reminded again and on an ongoing basis to ensure that the temporary closing mechanism is utilized on sharps bins. Painting and decorating is ongoing. Much of the Nursing Home has been repainted. Rusted commodes have been removed and replaced with rust proof chairs. Weighing scales has been attended to, rust removed and resprayed. Pillows and rail protectors have been replaced. Awaiting plumber to review pipes with a view to replace same due to water damage- for completion by 31/01/2023	
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:	

We are in contact with our residents records provider and they are in the process of updating their system to ensure that the staff can document if the resident or their care representative were involved in the care plan reviews to ensure that decisions are made with the resident and not for the resident . For completion by 31/01/2023

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	31/12/2022
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	31/01/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	31/01/2023

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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