



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

## Issued by the Chief Inspector

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| Name of designated centre: | Cherry Grove Nursing Home                    |
| Name of provider:          | Cherry Grove Nursing Home Ltd                |
| Address of centre:         | Priesthaggard, Campile, New Ross,<br>Wexford |
| Type of inspection:        | Unannounced                                  |
| Date of inspection:        | 10 December 2025                             |
| Centre ID:                 | OSV-0005595                                  |
| Fieldwork ID:              | MON-0048992                                  |

## 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.**

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| Number of residents on the date of inspection: | 56 |
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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 10<br>December 2025 | 07:45hrs to<br>15:35hrs | Aoife Byrne | Lead |

## What residents told us and what inspectors observed

Based on the observations of the inspector, and discussions with residents and staff, Cherry Grove Nursing Home was a nice place to live. Residents' were supported by kind and competent staff. The inspector spoke with six residents and three visitors in detail on the day of inspection. Residents' spoken with were complimentary in their feedback and expressed satisfaction with staff, the activities programme and food served. A large 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 and appropriately dressed.

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 were 56 residents living in the centre on the day of the inspection. The design and layout of the premises met the individual and communal needs of the residents'. There was a choice of communal spaces. For example, two day rooms, a dining room, a visitors room, an oratory and a smoking room.

The centre was experiencing an Influenza outbreak on the day of inspection. The outbreak affected 10 residents, four who were positive and six who were symptomatic at the time of the inspection. On arrival to the centre there was signage to alert visitors that the centre was in an outbreak. All staff were wearing face masks in line with the current guidelines for managing an outbreak of respiratory infection.

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.

Bedroom accommodation consisted of 41 single bedrooms, eight twin and one three-bedded bedroom with en-suite shower, toilet and wash hand basin facilities. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's 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 communal spaces was not adequate and this is discussed further in the report.

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 build up friendships with each other and were observed sitting together and engaging in conversations with each other.

Residents' spoken with said 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. Chair yoga was observed taking place in the day room on the day of the inspection. There were photographs displayed on the notice board, of activities and days out that residents enjoyed throughout the year, such as a visit to the wildlife park in Enniscorthy, Kennedy park, owls visiting the centre and residents baking christmas pudding in the centre. Residents described the activities as " great" and spoke highly of the activity co-ordinators in the centre saying they were "brilliant".

Resident and visitors whom the inspector spoke with were complimentary of the care and attention received by their loved ones. One visitor said "staff are super", while a resident echoed this sentiment stating "staff are exceptional".

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 a one-day, unannounced inspection. 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 (as amended), following an application by the registered provider to renew the registration of the centre. The information supplied within the application was verified during the course of the inspection. The actions the registered provider committed to taking in the compliance plan following the previous inspection in May 2025 was also reviewed by the inspector on this inspection. While some actions had been taken, further action was required in respect to premises and infection prevention and control.

Cherry Grove Nursing Home is operated by Cherry Grove Nursing Home Limited who is the registered provider of this designated centre. 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 assistant director of nursing (ADON) and a clinical nurse manager (CNM) to ensure strong governance of the centre over seven days a week. The director of nursing, person in charge, assistant director of nursing and the CNM 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.

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.

A comprehensive annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with targeted action plans for quality improvements for 2025.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of registration within the required time frame.

Judgment: Compliant

#### Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents in place, as required by the regulations.

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.

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

Judgment: Substantially compliant

#### Regulation 24: Contract for the provision of services

A sample of six residents' contracts of care were reviewed. All contained details of the services to be provided, the fees for these services, and any additional fees. The terms relating to the bedroom of each resident were clearly set out, including the number of occupants of the bedroom.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

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 was 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 prevention and control.

The inspectors saw evidence of end-of-life assessments and care plans for a sample of residents. These included details of their wishes and preferences at end of life. There was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

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 five 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 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

### Regulation 13: End of life

Residents received end of life care based on their assessed needs and their own preferences. Individualised care plans were person-centred to address the physical, emotional, social and spiritual needs of the resident. Family and friends were incorporated into their end of life care plan with the consent of the resident.

Judgment: Compliant

### Regulation 17: Premises

While the overall premises met the needs of the residents, some areas were not kept in a good state of repair, for example:

- While some areas of the centre had been redecorated since the last inspection. However, there were still areas of the centre that required attention and no plan in place or available for these areas. For example, there was unsafe flooring in an assisted bathroom and wear and tear to architraves and doors throughout the centre.

Judgment: Substantially compliant

## Regulation 27: Infection control

Some aspects of the environment and the storage of equipment were not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- the store room was not well organised and did not support good infection control practices. For example, there was no separation of clean and unclean or used items, such as weighing scales, wheelchairs and pressure cushions. There was no system to identify what equipment was in use, and what was awaiting repair or replacement. Some of the stored equipment was visibly unclean including 2 standing hoists, pressure cushions, wheelchairs and bath. This posed a risk of cross contamination.
- The communal areas such as the oratory, hairdressers and communal bathrooms were found to be dirty. For example: hair on the floor in the hairdressers, soil on the floor in the oratory and the bath was covered in plaster from the walls.

Judgment: Substantially 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                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant               |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Substantially compliant |
| Regulation 24: Contract for the provision of services                              | Compliant               |
| Regulation 3: Statement of purpose   | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 12: Personal possessions  | Compliant               |
| Regulation 13: End of life   | Compliant               |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 27: Infection control   | Substantially compliant |

# Compliance Plan for Cherry Grove Nursing Home OSV-0005595

Inspection ID: MON-0048992

Date of inspection: 10/12/2025

## 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 23: Governance and management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A full review of cleaning schedule has been undertaken and implemented to ensure compliance. Audits will be undertaken more frequently. Further training of household staff will be arranged. All communal areas have been deep cleaned and accommodated in schedule of cleaning. Storeroom now utilised for clean equipment only. What is stored has been cleaned. Aim for completion 30/04/2026</p> |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Flooring has been replaced in three bathrooms since inspection. The plan for 2026 is to replace further flooring. Maintenance programme is ongoing to repair or replace architrave and painting schedule. Aim for completion 31/10/2026</p>  |                         |

|   |                         |
|---|-------------------------|
| Regulation 27: Infection control  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Communal areas have been deep cleaned and added to routine cleaning schedule for ongoing compliance. Storeroom: all equipment returned to store room is cleaned prior to return. Any items awaiting repair or replacement is now stored in store yard.</p> <p>Aim for completion: 30/04/2026</p> |                         |

## 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      | 30/10/2026               |
| 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 effectively monitored.          | Substantially Compliant | Yellow      | 30/04/2026               |
| Regulation 27(a)    | The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the   | Substantially Compliant | Yellow      | 30/04/2026               |

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|  | Authority are in place and are implemented by staff. |  |  |  |
|--|--|--|--|--|