



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:	27 April 2022
Centre ID:	OSV-0005595
Fieldwork ID:	MON-0033432

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:	44
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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 27 April 2022	09:25hrs to 19:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre in the morning for an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. From the observations of the inspector and from speaking to residents, it was clear that the residents received a good standard of care from skilled staff. Overall, residents expressed that they were happy living in the centre.

On arrival, the inspector was met in the main entrance hall by staff who completed a COVID-19 risk assessment prior to accessing the centre. There was signage in place to alert all visitors to good hand hygiene requirements. Following an opening meeting, the person in charge accompanied the inspector on a full tour of the premises. The centre is registered to accommodate 60 residents and there were 44 residents living in the centre on the day of inspection. The inspector spoke in detail with eight residents to gain an insight into their experiences living in this nursing home. Inspectors saw that the centre was busy in the morning, with most residents up and dressed having finished their breakfast, others had received their breakfast in bed and were being assisted by staff with their care needs.

The centre is a large and spacious two-storey building, with all residents' accommodation and communal space on the ground floor. Residents' bedrooms are comprised of 41 single, eight twin and one three-bedded bedroom. The three-bedded room and some twin rooms were not in use due there being 16 vacancies. The inspector observed that 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. Personalisation and decoration of bedrooms was varied, with some rooms being nicely personalised with framed family photographs, memorabilia and resident's own decorations and ornaments, while others, including some of the multi-occupancy rooms requiring more attention to ensure a homely and non-clinical ambiance throughout.

There are several communal areas within the centre, including two sitting rooms, a visitor's room, a dining room, an oratory, a hairdressing room and a smoking room. The main areas of the centre were found to be clean throughout, however storage rooms and ancillary rooms were cluttered and not well cleaned. This is discussed further in the Quality and Safety section of the report. Residents were seen to use each of the communal rooms throughout the day and the layout of the building allowed for residents to wander safely among these areas. There were assistive handrails in all corridor areas. The inspector observed residents resting in appropriate and comfortable seating in both in the communal areas and their bedrooms. Residents had access to the enclosed garden area from the main sitting room. This area were tastefully furnished with chairs and tables and a large marquee was available for residents to enjoy the outdoors while also being in the shade. Bird watching sessions were held outside and residents showed the inspector the new nest of birds that had taken up residence nearby. Residents said they enjoyed hearing the birdsong and watching the birds fly back and forth from the

nest. The main building also contains wheelchair-accessible circling walkways outside, with benches provided, allowing all residents to fully enjoy the outdoor spaces.

The inspector observed lunch time in the main dining room and found that this was a social occasion, with residents chatting and nice exchanges of conversation between staff and residents. Food was served directly from the kitchen and was warm and appetising. The inspector observed that foods of a modified consistency were attractively presented and there was sufficient choice for all residents at each meal time. Regular snacks and drinks were offered to residents between meals. Residents were unanimous in their praise for the food on offer with one saying "it is gorgeous, it always hits the spot". Residents told inspectors that they were satisfied with the timing of meals. There was a range of different foods and drinks provided which residents could access during the night when the main kitchen was closed. Residents' food preferences and assistance requirements were clearly documented. Residents who required assistance with eating and drinking were seen to be assisted discreetly and independence was promoted where possible.

A number of residents were living with a cognitive impairment and were unable to fully express their opinions to inspectors. However, these residents appeared to be content and comfortable, appropriately dressed and well-groomed. Visitors who spoke with the inspectors were complimentary of the care and attention received by their loved ones and stated that communication with the staff was excellent and they were informed at every step if there was a concern or issue. Visitors said that the centre had maintained constant communication during the various levels of visiting restrictions. Residents who could express their opinions told inspectors that they were well looked after and that the staff were very good to them. A resident satisfaction survey undertaken in October 2021 showed that 100% of the respondents said that they were satisfied with the service provided to them. Inspectors observed person-centred interactions between staff and residents throughout the day and it was evident that the staff were knowledgeable about each residents needs and preferences. One resident remarked that the staff were "always kind, they have a hard job but they look after us well".

Residents to whom the inspectors spoke with confirmed that the activities were an important part of the week and said staff went above and beyond to keep them entertained. A programme of varied and innovative activities was in place for residents and the inspectors saw many lively and quieter activities taking place. There are two staff members dedicated to the role of activity coordinator and healthcare assistants take on the role in their absence. During the day, the inspector observed an arts and crafts session take place with residents actively participating and encouraged to do so by the staff. Residents told inspectors that other activities such as sorting games and charades are also popular. There were pictures on the walls of residents partaking in different activities and residents' artwork displayed throughout the centre. One resident told the inspector that they would like if residents meetings were held more frequently. A review of records showed that the last meeting was held in February 2022, and prior to that it had been held in July 2021. The activities coordinator explained that there had been delays in the meetings due to the COVID-19 outbreaks and the December 2021 meeting had

been cancelled due to unforeseen circumstances.

The inspector saw that residents' spiritual needs were met through daily Rosary in the centre and weekly Mass. Residents of other religious denominations were facilitated as required. The centre's oratory was not currently being used for Mass, instead it was held in the main sitting room so more residents could attend. The oratory was not set up for resident use on the day of inspection and was instead housing a number of chairs and wheelchairs. The person in charge stated that they were still rearranging the centre following the recent COVID-19 outbreak.

The inspector saw that call bells were readily available at each bedside and residents said that when they required assistance, staff attended to them quickly. Overall, inspectors found that the residents had a good quality of life in this centre. Further engagement at residents meetings would ensure that resident's feedback on the service was consistently sought, to inform ongoing improvements.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the service and care provided to residents in this centre was of a high level. The inspector reviewed the actions from the previous inspections and found that some action was still required by the provider to ensure residents' safety at all times, in particular with regard to Regulation 28: Fire precautions, which remained non-complaint since a previous inspection in September 2019. Further attention was necessary with regard to the regulations relating to infection control, medication management, training, records and the management of behaviours that challenge.

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 viewpoint and work full time in the centre. There is a clearly defined management structure within 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 and a team of staff nurses, healthcare assistants, activity coordinators, and a housekeeping, catering and maintenance team.

Management systems were in place to monitor and evaluate the effectiveness of the service. There was a schedule of audits in place which examined a variety of clinical outcomes for residents, such as audits of falls, wound care and restraints. Action plans were put in place following audits and these were reviewed and updated accordingly. There was regular quality improvement meetings held, chaired by the management team, where all aspects of clinical care and service provision were discussed. Minutes of these meetings discussed the results of audits and set out

the short and long term solutions to any identified risks. The centre was not currently conducting any environmental audits and as a result, some risks identified by the inspector had not been previously identified and actioned by the registered provider. This is discussed under Regulation 23: Governance and management.

The inspector observed that there were sufficient staff on duty on the day of inspection. In particular, there was a high level of nursing staff. Two nurses were on duty, supported by a supernumerary assistant director of nursing and the director of nursing. A review of rosters showed that this level of nursing staff was consistently maintained, and on most days included a supernumerary clinical nurse manager. There was sufficient healthcare assistants on duty also, and the person in charge outlined that recruitment in this area was ongoing. The registered provider utilised agency healthcare staff to maintain sufficient staffing levels when required. From 22.30hrs there were two nurses and two healthcare assistants on duty overnight. On the day of inspection, two nurses were on induction in a supernumerary capacity; each was assigned to a registered nurse on duty. A review of records showed that there was a comprehensive programme of induction in place for all new staff which included regular reviews during the induction period. Annual appraisals were held for all staff where there were opportunities to identify any additional learning requirements. Staff confirmed that they were well-supervised in their respective roles and were clear about the lines of authority and reporting arrangements.

There was a training programme in place in the centre, which comprised both online and face-to-face learning modules. Staff attended training in infection prevention and control, moving and handling and fire safety. Additional, specific courses were offered to staff, for example, promotion of wound healing, hydration and nutrition in the elderly and modification of food and fluids. Nonetheless, some important training modules were overdue, or not completed by some staff, as discussed under Regulation 16: Training and staff development.

The inspector examined residents' records held in the centre and found that all were maintained to a high level and contained the requirements of the regulations. The centre maintained the required restraint register and records of fire equipment servicing and testing. A record was held of all incidents and accidents occurring in the centre. There was evidence that each incident was appropriately investigated and reviewed and appropriate measures put in place to minimise recurrence. Staff files were held onsite and these were also reviewed. As discussed under Regulation 21: Records, there were a number of items not present in some of the staff files.

Overall, the inspector found that complaints were well-managed in the centre and residents confirmed that they would be happy to speak to any member of staff if they had a complaint or concern to make.

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate

having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the centre's training records identified that while a high level of training courses were provided for staff, there were gaps in some of the important mandatory training modules including training in the management of responsive behaviours and safeguarding of vulnerable people.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of staff files identified non-compliance with the requirements of Schedule 2 of the regulations, and non-adherence to the centre's own recruitment, selection and vetting of staff policy as follows:

- Garda (police) vetting was not sought for one staff member prior to commencement of employment
- There was no documentary evidence of a staff members relevant qualifications
- The Curriculum Vitae (CV) in one file did not contain a satisfactory history of gaps in employment
- One staff file did not contain a suitable written reference from the staff member's most recent employer

Judgment: Not compliant

Regulation 23: Governance and management

The oversight of risk management systems required review to ensure a safe service for residents. The inspector identified risks on the day of inspection that had not been identified by the management team. For example;

- Oversight arrangements to ensure all risks in relation to fire safety had been addressed were not in place
- The designated oxygen storage area had not been environmentally risk

assessed with regard to its safety and suitability. Loose oxygen cylinders were inappropriately stored in a haphazard fashion in a cluttered storage shed, surrounded by an excessive amount of boxes of PPE. No cautionary signage was in place to identify the presence of oxygen. The risk assessment for the storage of oxygen was updated on the day of inspection and further assurances were received following the inspection that oxygen was stored appropriately

- Environmental audits were not being carried out. To that effect, the management team had not identified that the only bed pan washer in the centre was overdue for servicing by four months.

The annual review of the quality and safety of care for 2021 had been completed. However, it had not been prepared in consultation with the residents and did not include resident feedback or opinions on the service provided.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's record of incidents and accidents occurring in the centre. Generally, there was good analysis and investigation into each accident that occurred. The records identified one recent notifiable incident which had not been submitted to HIQA. This was submitted immediately following the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre maintained a record of all complaints and concerns occurring in the centre. The person in charge was the person responsible for overseeing the management of complaints. There were no open complaints on the day of inspection. A review of closed complaints found that these were promptly investigated, with learning and actions identified to minimise recurrence of a particular complaint. The satisfaction of the complainant was documented for each complaint.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents living in the centre were supported to have a good quality of life in Cherry Grove Nursing Home, supported by a team of staff who ensured that the residents human rights were respected and promoted. There was evidence that residents medical needs were being met through good access to a high level of nursing, medical and other healthcare services. Residents social needs were met through various opportunities for social engagement. However, the inspector found that the overall management of fire safety in the centre required significant improvements to ensure residents' safety.

The inspector saw that the main areas of the centre were generally clean and there was adequate hand hygiene dispensers throughout the centre to facilitate hand hygiene practices. Staff hand hygiene practices were regularly assessed by the dedicated hand hygiene champion in the centre. The centre had recently managed a second outbreak of COVID-19, which was contained to eight residents. A review of the first outbreak which occurred in June 2020 had been completed and this outlined what had worked well and what required improvement. The management team subsequently reviewed their COVID-19 contingency plan, and this has been implemented successfully at the onset of the current outbreak. The overall premises was laid out to meet the needs of the residents and was bright and generally well-maintained, however, some of the furniture surfaces including bed frames, lockers and bed tables were worn so effective cleaning could not be assured. These and other findings in relation to infection control are addressed under Regulation 27: Infection Control.

The inspector was assured that residents' healthcare needs were met to a high standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as occupational therapy, optometry and consultant psychiatry. Residents were assisted to access out-patient and follow up appointments and services. A physiotherapist was on site twice a week, providing support for residents mobility and rehabilitation needs, and to assess residents if they sustained a fall.

Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. Residents care plans were maintained on an electronic system. A review of a sample of care plans showed that these were completed within the required timeframes and were found to be updated regularly in line with any changing needs. Care plans clearly described each residents' individual requirements to ensure their physical, social and spiritual needs were met. There were a small number of residents who displayed behaviours that challenge associated with their medical diagnosis. There was a low level of bedrails in use in the centre. Associated documentation showed that bedrails were subject to a rigorous risk assessment and trial of alternatives such as low profile beds and sensor alarms prior to their use. These residents had clear behavioural support plans in place, however the inspector was not assured that these residents were consistently responded to in the least restrictive manner. Overall medication management procedures were good, however, as outlined under Regulation 29: Medicines and pharmaceutical services, a small number of issues

were identified which were not in line with best-practice guidelines.

In general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents had opportunities to participate in individual and group activities in accordance with their own interests and capacities. A new activity programme was being finalised, which took into account residents' specific likes and dislikes and contain a mixture of engaging, stimulating and relaxing activities and therapies including breathing exercises and reminiscence, story-telling and proverbs, ball games and movies. Activities were delivered by a dedicated team of activity coordinators and healthcare assistants seven days a week.

The inspector saw that fire fighting equipment was located throughout the building. Emergency exits were displayed and were kept free of obstruction. Fire safety systems were supported by a fire safety policy. Records confirmed that the fire safety alarm and fire extinguishers were serviced on a regular basis. Daily, weekly and monthly fire safety checks were recorded. Notwithstanding these good measures, the arrangements for evacuation did not provide assurances that residents could be evacuated in a safe and timely matter. This was a repeat finding from the inspection in 2019 and the inspector found that the registered provider had not put measures in place to achieve compliance with this regulation. Specific findings are detailed under Regulation 28: Fire precautions.

Visiting was facilitated in the centre in line with national guidance. The public health department had advised a period of restricted visiting during the COVID-19 outbreak. This had recently ended and the centre had resumed normal levels of visiting.

Regulation 11: Visits

Following the recent COVID-19 outbreak, the centre was returning to normal levels of visiting for all residents. On the day of inspection, visits were seen to be occurring in line with the most up-to-date national guidance issued by the Health Protection and Surveillance Centre (HPSC).

Judgment: Compliant

Regulation 17: Premises

The premises, while designed and laid out to meet the needs of the residents, required significant decorative and maintenance input. The inspector noted the following:

- Some areas of the centre were not kept in a good state of repair; for example, scuffed plaster and paintwork on walls including bedrooms walls.
- Storage in the centre required review as it was utilised ineffectively; for example, personal care items, resident assistive equipment and PPE were all stored together with no segregation of items currently in use or in storage. This is discussed further under Regulation 27: Infection control

Judgment: Substantially compliant

Regulation 26: Risk management

The centre has a risk management policy in place which includes the requirements as set out in regulation 26(1).

Further oversight was required with regard the systems of risk management and identification in relation to a number of risks identified during the inspection and this is addressed under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

Overall, there was good oversight of infection prevention and control practices, however, some areas for improvement were identified:

- None of the hand hygiene sinks throughout the centre were compliant with current recommended specifications
- Ancillary rooms such as store rooms and the domestic staff store rooms were not part of the daily cleaning schedule. These rooms were found with floors and surfaces that were visibly dirty
- Stored equipment such as wheelchairs, hoists and mattresses were not part of an inventory and there was no system to ensure that equipment was cleaned prior to storage. Some equipment in storage such as pressure-relieving cushions and mattresses were seen to be dusty and stained and stored inappropriately, for example on the floor or on top of other equipment
- There were many examples of worn, scuffed and peeling surfaces including handrails, bed tables, lockers and bedrails which hindered effective decontamination and cleaning
- The temporary closure mechanism was not engaged on sharps boxes
- The bedpan washer was overdue for servicing

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector reviewed the centre's fire drill records and similarly to the findings of the inspection from 2019, when this regulation was last assessed, the drill records reviewed did not contain sufficient detail regarding;

- the specific fire compartment evacuated
- the number of staff involved
- the number of residents to be evacuated and their level of dependency
- the time taken to evacuate the compartment

Management and staff were not clear regarding the number of fire compartments and how many residents comprised each compartment. The fire evacuation maps on display identified the fire alarm panel zones, and not the individual compartments, which is necessary in terms of phased evacuation of residents from one compartment to another. It was established during the inspection that the centre has two large compartments of 12 residents in each. Records showed that there had never been a simulated progressive evacuation of these areas. The provider was asked to conduct a timed evacuation of this nature. The times submitted to the inspector following the inspection did not provide assurances that the compartment could be safely evacuated in a timely manner. Further drills of this nature are required to ensure that all staff are competent with regard to the evacuation procedures in place.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While the general medication management systems in place were found to be good, further oversight was required to ensure that medications were correctly administered in line with best practice guidelines, and with the centre's own medication management policy.

- Residents' drug allergy status was not consistently recorded on the medication Kardex. This is important as the centre had experienced a recent drug error related to an allergy status which had not been documented.
- PRN (as required) medications did not have indications documented for their use. This is particularly important with regard to high-risk PRN medications, for example, psychotropic and sedative medications. The impact of this is discussed under Regulation 7: Managing behaviour that is challenging
- The date of opening was not recorded for a number of medications which had a reduced expiry date when opened. Therefore, staff could not identify when the medication would expire

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulceration, and falls. Individual resident-specific risk assessments were in place for each resident. The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the assessed needs of residents.

Care plans had been updated to reflect specific needs should the resident contract COVID-19 and these included the residents' preferences at their end of life. These plans reflected clearly the residents specific wishes. Where possible, residents were fully involved in the decision-making process in relation to end-of-life care. Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care through regular reviews by GP's in the centre to support the residents' medical needs. Health and social care professionals such as speech and language therapy and dietetic services were available to review residents promptly following a referral process. The interventions prescribed by these professionals was seen to be transferred to the residents' care plans and handed over to all relevant staff via daily handover meetings.

Residents were provided with a high level of evidence-based nursing care in the centre and there was good overall management of wounds and other relevant medical or nursing issues. There was a low level of pressure ulceration in the centre. Nursing and care staff were knowledgeable about the prevention of pressure ulcers, and there was a strong system in place for the regular assessment of skin integrity, and the daily checking of pressure relieving equipment such as mattress to ensure they were in good working order and set to the correct specifications for each residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who presented with behaviours that challenge were seen to have detailed care plans in place to guide their care during these episodes. Nevertheless, a review of the administration of pro re nata (PRN) "as required" medications prescribed for residents who may display these behaviours identified that there was no system in place to ensure alternatives to the medication were trialled prior to their use.

As discussed under Regulation 29: Medicines and pharmaceutical services, the indications for these medications were not documented. The inspector found that these medication were being given frequently, but the daily nursing documentation did not state that the resident was in distress or discomfort, or requesting this medication. Therefore there was no clinical picture of the residents need for this medication over a period of time, which could inform a further medical review.

As identified under Regulation 16, many staff were overdue for training in the management of behaviours that challenge.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents rights and choice were promoted and respected in this centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There were two activity coordinators in the centre who provided a varied and stimulating activities programme every day such as arts and crafts, skittles, gardening, word games and cards. One-to-one and small group sessions were organised to ensure that all residents could engage in suitable activities.

Residents were facilitated to go on outings with their families. Residents had access to media such as radio, television and wireless Internet access. Residents meetings were held at the centre and there was evidence that residents issues were discussed and actioned. Residents surveys were also undertaken to seek their views on their satisfaction with the centre.

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	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherry Grove Nursing Home OSV-0005595

Inspection ID: MON-0033432

Date of inspection: 27/04/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Onsite training has been arranged in the management of responsive behavior and safeguarding of vulnerable people for staff that require same</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Staff files have been updated to reflect the items that were missing on the date of the inspection.</p> <p>The individual staff member where Garda Vetting was not sought for prior to commencement of employment no longer remains in our employment.</p>	
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>Fire safety management plan is currently being upgraded by an external provider to accommodate our requirements at Cherry Grove and to ensure our residents safety at all</p>	

times. This also includes evacuation training for all staff. Weekly fire drills are being carried out as of 30/05/2022. Environmental audits and risk assessments have been completed as has clinical governance audit. Oxygen storage container has been ordered.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 We are endeavoring to employ a second maintenance officer to attend to repairs and ongoing maintenance. Storage areas have been reviewed and excess items removed and disposed of to ensure adequate storage facilities.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 Handwash sinks will be replaced and additional installed as required. Storerooms have been added to cleaning schedule checklist. Service to bed pan washer will be arranged. Excess equipment has been removed and disposed of. Additional maintenance officer to be arranged to attend to areas that require attention and replacement. All staff have been reminded to adhere to sharps policy to ensure lids are closed

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Weekly fire drills in place to ensure that staff are adept in evacuation procedures and process. Personal emergency evacuation plan placed on rear of bedroom door for each resident. Evacuation plan currently in use has been reviewed to ensure that evacuation plan for each individual compartment. We have secured the services of an external provider to assess the premises in its entirety, make amendments and recommendation to evacuation plan and provide further training to all staff in updated evacuation plan. We have substantially reduced the time required to evacuate each compartment and will endeavor to continue to improve on same.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All residents medication charts and prescriptions have been reviewed to indicate whether the resident has an allergy or not. Indications for use of Pro re Nata medications have been indicated on the drug Kardex. Date of opening of medications will be recorded on medication and record date of expiry also recorded if for short term use.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Care plans have been reviewed for all residents receiving Pro Re Nata psychotropics and "behaviour" assessment completed prior to administration of said medication and alternatives efforts to reduce usage of PRN medications. Review of requirements of medications completed in conjunction with General Practitioners. On site staff training has been arranged in Responsive behaviour.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/07/2022
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	01/10/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	01/07/2022
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	01/09/2022

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	01/09/2022
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	01/08/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is	Not Compliant	Orange	31/07/2022

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	01/06/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	15/07/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is	Substantially Compliant	Yellow	01/06/2022

	not restrictive.			
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