



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:	26 June 2024
Centre ID:	OSV-0005595
Fieldwork ID:	MON-0039814

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
--	----

How we inspect

To prepare for this inspection the inspector or 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 26 June 2024	09:20hrs to 17:10hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents, staff and visitors, Cherrygrove Nursing Home was a nice place to live. Residents' rights and dignity were supported and promoted by kind and competent staff. The inspector spoke with 8 residents in detail on the day of inspection. Residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided, staff, the activities programme and food served.

On arrival the inspector observed that a deep clean of the centre was underway following a recent outbreak of infection. Although there were additional persons in the centre and residents were required to move from their bedrooms and communal spaces during the day the atmosphere in the centre remained relaxed.

Cherrygrove Nursing Home is a purpose built two storey designated centre registered to provide care for 60 residents in Campile, County Wexford. The design and layout of the centre promoted a good quality of life for residents. Residents had access to communal spaces which included two day rooms, a large dining room, a visitors room and an oratory. Residents had access to a hair salon and a smoking room. The environment was clean and decorated tastefully. Armchairs and tables were available in all communal areas. Corridor areas were sufficiently wide with assistive handrails on both sides. The centre had a production kitchen on the ground floor. The first floor of the building contained a laundry room, staff canteen, staff changing areas, and administration offices. Alcohol hand gels were available in all corridor areas throughout the centre to promote good hand hygiene practices.

Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with residents' wishes. Lockable storage space was available and personal storage space comprised of a bedside locker, a set of drawers and wardrobes. The inspector observed that residents had access to call bells in their bedrooms and en-suite toilets on the day of inspection. The privacy and dignity of the resident's accommodation in the twin rooms and the triple room were protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Residents who wished to have a bath, had access to an assisted bathroom.

Residents had access to the garden areas from the main entrance door, corridors and day rooms. The gardens had level paving, comfortable seating, tables, mature shrubs and flower beds. The garden wrapped around the centre, had designated walk ways and secure enclosed spaces from the day rooms. All doors to the garden area were open and were easily accessible for residents. The front door had an electronic locking system in place, the inspector observed residents using the key-code pad to leave and enter the centre throughout the day.

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 and the large corridor space near the nurses station. Residents were observed engaging in a positive manner with staff and fellow residents, and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day of inspection in which the inspector observed laughter and banter between staff and residents. The inspector observed staff treating residents with dignity during interactions throughout the day. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed.

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

All residents whom the inspector spoke with were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining room. The inspector observed that there was two sittings for the main lunch time meal. The first sitting in the dining room was for the residents who required assistance and the second sitting was for residents who were independent. Staff were observed offering each resident a choice for the main meal using pictorial aids. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times. A water dispenser was available in the dining room, and tea and coffee making facilities were available to residents in the large day room.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on notice boards and in booklet format for residents. Residents told the inspector they were looking forward to trips to a nearby hotel, a garden centre, and national park which were planned in the weeks following the inspection. A number of residents told the inspector that could leave the centre to go into the local town with their families if they wished. A large number of residents were observed attending live streamed mass, and an exercise session in the afternoon. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Informative posters were available in an easy to read format with information on how to access advocacy services. Mass took place in the centre weekly which residents said they enjoyed.

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

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

Capacity and capability

There were effective governance and management arrangements in place, which ensured residents received a good quality of care and support, from a staff team who knew them well. On this inspection improvements were found in care planning, and protection, since the previous inspection in August 2023.

This was an unannounced inspection carried out to monitor compliance with the regulations and standards and to follow up all statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

Cherry Grove Nursing Home Limited is the registered provider of Cherry Grove Nursing Home. There are five company directors, two of whom are engaged in the day-to-day oversight of the service from both an operational and clinical aspect and work full time in the centre. The registered provider representative was also the person in charge. The person in charge was supported by a team consisting of a director of nursing, an assistant director of nursing, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks.

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

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safeguarding procedures.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in

the centre, for example; infection prevention and control, falls, restrictive practices and medication management audits. Audits were objective and identified improvements. Findings from audits were documented on the agenda for quality improvement meetings. Records of management and staff meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, complaints and audits. The annual review for 2023 was available during the inspection. It set out the improvements completed in 2023 and improvement plans for 2024.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurse on duty in the centre at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 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. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

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 inspector was assured that residents living in Cherrygrove Nursing Home received a good standard of service and that their health care needs were well met.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the person in charge confirmed that GP's called to the centre. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to nurse specialist services such as advanced nurse practitioners, community mental health nurses, and tissue viability nurses. Residents had access to local dental, optician and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre.

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' in the dining room. The menu was varied and had been reviewed by a dietician for nutritional content to ensure suitability. 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.

There was a comprehensive centre specific policy in place to guide nurses and carers on the safe management of medications; this was up to date and based on evidence based practice. Through observation, the inspector could see 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. Records showed that 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. A pharmacist was available to residents to advise them on medications they were receiving.

Improvements were found in individual assessment and care planning. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of infections and falls. Consultation had taken place with the resident to review the care plan at intervals not exceeding 4 months.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the visitor's room and records demonstrated that this service was made available to residents if needed. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's.

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: 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, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

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. The provider acted as a pension agent for a small number of residents. There were robust accounting arrangements in place and monthly statements were available.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff. Residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant