# Health Information and Quality Authority Regulation Directorate

**Compliance Monitoring Inspection report**  
**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cherry Grove Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000214</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Priesthaggard, Campile, New Ross, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>051 38 8060</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:tom.cummins@cherrygrovenursinghome.ie">tom.cummins@cherrygrovenursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Cherry Grove NH Partnership T/A Cherry Grove Nursing Home</td>
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<tr>
<td>Provider Nominee:</td>
<td>Siobhan Cummins</td>
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<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>49</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>11</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 13 November 2014 11:00  
To: 13 November 2014 17:00

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 08: Health and Safety and Risk Management | Outcome 14: End of Life Care | Outcome 15: Food and Nutrition |

Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection the provider received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

Cherrygrove Nursing Home is a purpose built centre which consisted of 41 single bedrooms, eight twin bedrooms and one three-bedded room. The inspector met residents and staff. The inspector observed mealtimes including afternoon refreshments, lunch and tea. As an example of good practice the inspector observed a communication handover, prior to lunch being served, which identified which residents required assistance with eating and which residents were choosing to eat their meal in their bedroom.

A number of questionnaires, completed by relatives of recently deceased residents, were received prior to the inspection. Each spoke of a high quality of care being provided for their relative, with the majority commenting that staff were caring, helpful and treated the residents who were dying with dignity and respect. As part of the inspection, documents were also reviewed such as policies, procedures, training records, care plans, medication management charts, menus and minutes of residents' meetings.

In relation to end of life care the centre had assessed itself as having a minor non-compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (the regulations) and National Quality Standards for Residential Care Settings for Older People in Ireland. However, because the end of life care policy was now being implemented fully the inspector
found the centre to be compliant with the regulations.

In relation to food and nutrition the centre had assessed itself as having a minor non-compliance with the regulations during the national self assessment on food and nutrition. However, because of improvements made since a previous inspection by the Authority in December 2013, the inspector found the centre to be compliant with the regulations.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they were relevant. A major non-compliance was identified in relation to fire safety which is discussed in more detail in Outcome 8.

The Action Plan at the end of this report identifies where improvements were needed.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 08: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
On the day of inspection a fire door in a resident’s bedroom was observed to be wedged open.

**Judgment:**
Non Compliant - Major

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was an end of life care policy which included issues like advanced care planning, the resident’s right to refuse interventions and the resident’s right to information regarding their health. While the policy did include the requirement to notify the Authority in relation to a resident death, it had not been updated to include amended notification requirements. The provider outlined that he would amend the policy to reflect the regulations.

In the sample of healthcare files reviewed there was evidence that on admission residents had their spiritual needs and wishes for dying recorded in their biographical information. Care plans reviewed by the inspector identified spiritual needs of residents and also indicated whether a discussion had taken place in relation to the nature or extent of cardiopulmonary resuscitation (CPR). There was also care planning in relation to pain management and support from the palliative care team. In the healthcare
records reviewed there was evidence of appropriate assessment and review of residents at end of life by the general practitioner (GP). The records also indicated that the community palliative care team was available both by visiting the resident and via telephone for advice.

There was evidence of good communication with the resident and their families in all stages of the end of life care process. In the questionnaires completed by relatives of recently deceased residents and submitted to the Authority, one family specifically commented that they were notified in time to be present with the resident. As outlined in the summary of this report most resident bedrooms were single en-suite rooms and the provider indicated that single en-suite rooms would be made available for residents at end of life if they were not already occupying such a room. There was unrestricted access for families of residents at end of life with showering and dining facilities being made available. Personal possessions of recently deceased residents were packaged and kept for families to collect in their own time.

There was a large oratory with religious services being held regularly. Following a resident’s death there was an end of life care box available which included sheets, candles and oils. The provider outlined that while the centre had facilitated prayer and removal services for residents, in general an undertaker had responsibility for this.

While there wasn’t a written procedure available for staff following a resident’s death records seen by the inspector showed that arrangements were in place for contacting the resident’s family, GP and undertaker. The provider outlined that the coroner was notified of all residents who died in the centre.

Records were available to show that two nurses had attended training on end of life care and two staff had attended training on palliative care.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a policy on the management of nutrition, which had been updated since the last inspection. This policy provided a reference for staff on nutrition and hydration including:
• Meals and mealtimes
• staff training
• daily provision of care
• nutritional assessment
• enteral (directly to the stomach feeding)
• recording of food/fluid intake.

The inspector saw evidence that an assessment of the resident was undertaken on admission to include an initial malnutrition universal screening tool (MUST) assessment and a recording of the resident’s weight. At the last inspection it was found that some nutritional assessments were incorrectly computed by staff. Since then 11 staff had received a certificate on good nutrition and bowel health in May 2014. Of the sample care plans seen, the inspector noted evidence of appropriate nutritional and hydration care planning.

Documentation submitted to the Authority indicated that 22 residents were on special diets, including one resident on a coeliac diet, 18 residents were on a nutritional supplement and 10 residents were on fortified diets. On the last inspection it was found that the nutrition policy did not provide adequate guidance on the referral of residents to specialist services like dietetics or speech and language. However, this had been remedied. On the day prior to inspection a dietician had reviewed each resident’s nutritional care plans. Specific instructions had been recorded in relation to eight residents and the nutritional care plans had been updated. The care plans outlined the reason for the plan, the objective and the specific interventions that staff were to implement to achieve the objective. A further dietetic review of all residents was scheduled for January 2015.

The nutritional care plans for residents requiring enteral feeding were up to date with evidence of appropriate review by both the dietician and speech and language therapist. The care planning also included a plan to maintain the percutaneous endoscopic gastrostomy (PEG) feeding tube. There was a record of twice daily rotation of the tube with a scheduled date for tube replacement recorded. Nursing staff outlined that they had been trained on the maintenance of the PEG tube and there were records available to confirm this.

The inspector saw that specific recommendations by the dietician for oral nutritional supplements for residents had been prescribed appropriately by the GP.

There was evidence of appropriate referral being made for speech and language review. Swallow care plans were available for residents following this assessment. Recommendations from the dietician and/or speech and language therapist were communicated to the catering staff by nursing staff. The inspector saw that 12 swallow care plans were available in the kitchen area. The provider outlined that each resident’s swallow care plan was also available in the resident’s room. There was a resident diet chart book in the kitchen also outlining residents’ requirements.

The inspector met with the one of the chefs who oversaw the preparation and serving of meals. The menu was available on a two weekly cycle and had been audited by a dietician in March 2014. This dietetic review found the menu to be nutritionally complete.
with a wide variety of carbohydrates, proteins and adequate fat sources. This review also commented that the puréed and minced moist meals were similar in presentation and taste to normal textured meals. On the day of inspection fruit was specifically written as a choice on the menu which had been a recommendation from the dietician audit.

The dining room was a large room overlooking the garden and the tables were set prior to the meal. There was a choice of at least two meals available at lunch, with a number of options for the evening meal. The menu board in the dining room outlined the choices available to residents. The inspector observed that residents were asked about their main meal preference during the starter course. The chef outlined that while choices were requested the night before, choices were given again to residents during the starter course. The meals were well presented and an appropriate number of staff were available to provide assistance if required.

There was access to fluids and snacks throughout the day, tea trolleys were seen in circulation and a homemade birthday cake was presented to one resident in the afternoon.

There was a residents’ forum and food was an agenda item at the most recent meeting in September. Recommendations included the provision of bread rolls with soup and this had been accommodated by the catering staff. The provider had undertaken a resident satisfaction survey in 2014 with food as a specific issue for comment. Of the 14 completed surveys 13 found the food to be of a very high standard with one survey recording a high standard.

A record of staff training recorded that all catering staff had completed training on the management of food hygiene. The provider, person in charge and chefs had completed a Further Education and Training Awards Council (FETAC) certificate on food safety in November 2014. The most recent Environmental Health Officer report was available.

**Judgment:**
Compliant
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>13/11/2014</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
On the day of inspection a fire door in a resident’s bedroom was observed to be wedged open.

Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Wedge has been removed and "dorguard" applied to provide access for resident. Staff have been informed of this unacceptable practise again.

**Proposed Timescale:** 15/11/2014