

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cherry Grove Nursing Home
Centre ID:	OSV-0000214
Centre address:	Priesthaggard, Campile, New Ross, Wexford.
Telephone number:	051 388 060
Email address:	tom.cummins@cherrygrovenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cherry Grove NH Partnership T/A Cherry Grove Nursing Home
Provider Nominee:	Thomas Cummins
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	8

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 January 2017 10:00	16 January 2017 18:00
17 January 2017 09:00	17 January 2017 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, residents' records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) Regulation Directorate prior to inspection. As part of the registration process, an interview was carried out with the person in

charge who is also the person authorised to act on behalf of the provider. He will be referred to as the person in charge throughout the report. The director of nursing was also spoken with.

Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. Recruitment practices and staff files met the requirements of the regulations. Staff were offered a range of training opportunities.

The centre was managed by a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents.

Residents had access to general practitioner (GP) services and to a range of other health services. Evidence-based nursing care was provided. However some improvement was required to ensure that care plans were updated to reflect recommendations by other health professionals.

The dining experience was pleasant, and residents were treated with respect and dignity by staff.

Improvement was required to ensure that the annual review of the quality and safety of care was completed as required by the regulations.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the regulations. It accurately described the service that was provided in the centre. It was reviewed at regular intervals by the person in charge and was available to residents.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services. However improvement was required to ensure that the annual review of the quality and safety of care delivered to residents was sufficient to ensure that such care is in accordance with

standards set by the Authority.

The inspector noted that the 2016 annual review was the first review to be completed and was still at draft format. Additional information and benchmarking against the standards was required in consultation with residents and their families. The review should then be made available to residents.

Otherwise the inspector saw that there was an audit schedule in place. Audits were being completed on several areas such as accidents and incidents, medication management and health and safety issues. The results of these audits were shared with all staff at team meetings.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector read a sample of completed contracts and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the residents' guide and saw that it included the information required by the regulations.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge who is also the provider nominee is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.</p> <p>During the inspection he demonstrated his knowledge of the regulations, the standards and his statutory responsibilities.</p> <p>The person in charge had maintained his continuous professional development having completed among others, a palliative care course and a certificate course in gerontology. He had continued to attend training and seminars relevant to his role such as male catheterisation and assessing end of life care preferences.</p> <p>The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that the records listed in Part 6 of the regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The person in charge was aware of the periods of retention for the records and the inspector saw that records were archived securely.</p>

The designated centre had in place the written operational policies required by Schedule 5 of the regulations. The inspector was satisfied that they had been adopted and implemented throughout the centre. Sign off sheets were maintained which staff signed to confirm that they had read and understood the policies.

Insurance cover was in place.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
There had been no period when the person in charge was absent from the designated centre in excess of 28 days. The person in charge was aware of the requirements to notify HIQA should this be necessary.

He told the inspector that the director of nursing was the identified person to take charge in the event that the person in charge was absent from the centre. There was also a clinical nurse manager (CNM) who deputised on occasions when both the person in charge and the director of nursing were absent.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector noted that the safeguarding policy had been updated to reflect national guidelines. The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and director of nursing were clear about the measures they would take if they received information about suspected abuse of a resident.

Additional training was planned in the coming weeks and staff told the inspector that they were scheduled to attend.

Residents spoken with confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times. One resident who completed a questionnaire wrote how she had no longer felt safe at home and was pleased to be in a safe place.

The inspector was satisfied that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received specific training and although not currently required by any residents, staff told the inspector that detailed care plans would be developed including identifying possible triggers and appropriate interventions. The inspector saw that regular advice and support was provided by psychiatry of later life services.

Although usage remained high it had reduced from previous inspections and efforts were underway to promote a restraint-free environment. The inspector was satisfied that appropriate risk assessments were in place. The director of nursing told the inspector that she was currently sourcing some more specific documentation to record restraint assessments. A policy was in place to guide practice.

The centre did not currently manage any residents' finances.

Judgment:

Compliant

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
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.</p> <p>There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy met the requirements of the regulations.</p> <p>Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Fire drills were carried out on regular basis with records indicating that this was mostly on a monthly basis.</p> <p>Additional equipment had been provided to use for residents who liked their bedroom door to remain open. This was noise activated and released the door if the fire alarm sounded. Staff spoken with were clear on the procedure they would follow in the event of a fire.</p> <p>All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and the inspector saw staff using this equipment appropriately.</p> <p>The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified should evacuation be required.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 09: Medication Management</i> <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>

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

Findings:

The inspector was satisfied that medication management practices were safe.

It was noted at the previous inspection that the maximum dose of medicines to be administered as and when required (PRN) was not consistently recorded. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines.

The medication management policy had recently been reviewed and provided guidance to staff across the range of medication practices.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits on the days of inspection.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with

actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Improvement was required however to ensure that the recommendations of allied healthcare professionals were reflected in the care plans.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. There was evidence of relative and resident involvement at development and review.

On admission to the centre each resident's needs were comprehensively assessed. Risks assessments were completed for a number of areas such as falls and pressure area care. Each resident had a care plan completed. This mostly identified their needs and the care and support interventions that would be implemented by staff to meet their assessed needs.

However the inspector noted that the care plans were not consistently updated to reflect recommendations by other health professionals. For example, a resident had been reviewed by a speech and language therapist and specific recommendations were made regarding the type and texture of the diet suitable for the resident. These changes had not been incorporated into the care plan. The inspector noted that the information had been passed on to the catering staff and appropriate diet and fluids were being given.

Another resident was seen by a podiatrist who made specific recommendations regarding foot care. Again these were not incorporated into the care plan and in this case, staff spoken with were not aware of the new recommendations.

The inspector reviewed the management of a sample of clinical issues such as diabetic care and wound management and found they were well managed.

Residents had access to general practitioner services and out-of-hours medical cover was provided. A full range of other services was available in house including speech and language therapy (SALT) and dietetic services. Occupational therapy services were available on referral. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

As at the previous inspections, the layout and design of the centre was suitable for its stated purpose and met the needs of the residents.

Cherry Grove Nursing Home is a purpose-built two storey centre and all resident areas are located on the ground floor. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming.

In total there are 41 single, eight twin and one three bedded bedroom. All bedrooms have en suite facilities. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. Bedroom windows allowed 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 rooms, a dining room, an oratory, treatment room, smoking room, kitchen, hairdressing room, storage rooms and two sluice rooms.

The upstairs area which was accessible by stairs and lift provided office space, staff facilities and the laundry in addition to storage.

Corridors were wide which enabled residents including wheelchair users' unimpeded access. All walkways were clear and uncluttered to ensure resident's safety when mobilising. All walkways and bathrooms were adequately equipped with handrails and grab-rails. Working call-bells were evident in all areas.

The inspector noted that improvements to the premises had been made since the previous inspection. The location of the main day room had been swapped with the existing dining room. The day room was now a large bright room and provided ample space for various activities which residents spoken with appreciated.

The person in charge discussed plans afoot to further enhance the environment. All toilet doors had recently been painted an identical colour to assist residents' orientation. The toilet seats and fittings were also being changed to contrasting colours on a phased basis. Some appropriate signage in word and picture format was available at eye level height throughout the centre.

There were extensive well maintained grounds around the centre and the provider discussed plans to develop an enclosed area off the newly relocated day room. There was another small secure garden off the smaller day room but this area was not used regularly by residents.

There was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date. There was suitable and sufficient storage for equipment.

Adequate arrangements were in place for the disposal of general and clinical waste.

Adequate parking was available to the front of the building.

Judgment:
Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A complaints process was in place to ensure the complaints of residents, their families or next of kin were listened to and acted upon. The process included an appeals procedure.

The complaints procedure, which was displayed in the front hall, met the regulatory requirements.

The inspector read the complaints log and saw that all complaints received had been investigated and any required actions were taken. The outcome and satisfaction of the complainant were recorded.

Judgment:
Compliant

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:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

Action required from the previous inspection relating to end of life care had been addressed. A new system was being introduced to ensure that residents were afforded the opportunity to outline their wishes regarding end of life. The person in charge and director of nursing had undertaken training to implement this in the centre and the inspector read some completed documents which aimed to allow residents to plan for their future and make sure their wishes known.

The person in charge stated that the centre received advice and support from the local palliative care team. Staff were also using some of the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. There was a procedure in place for the return of possessions.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. A remembrance mass was held each year and the inspector saw that this had taken place in December.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietitian if required.

The inspector read the treatment notes and observed practices and saw that staff were serving appropriate meals and using appropriate assistive techniques as recommended.

The inspector noted that since the previous inspection the dining room was relocated next to the kitchen. Two sittings took place for lunch and dinner to ensure that adequate assistance was available to residents who required it.

The inspector reviewed the two week rolling menu and saw that choices were available at each meal. In addition residents who required their meal in a modified consistently had the same choices available to them.

Many residents spoken with spoke about the food choices with comments such as 'you wouldn't get better in any hotel' and 'staff would get you anything you want'. Indeed the inspector saw a wide variety of meals being served. Staff were very knowledgeable about the residents' preferences.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately.

The inspector saw that snacks and refreshments were available at all times.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass took place on a weekly basis and Eucharistic ministers also visited each week. Residents organised and led a daily Rosary group. Several residents told the inspector how important this was to them.

At the previous inspection it was noted that sometimes the activities were dictated by the routine and resources and did not reflect the capacities and interests of each individual resident. The inspector found that this had been addressed. Two activity coordinators were now employed and provided activities over a seven day period. A broad range of activities and a programme of events was on display. These included music, word games, arts and crafts, bingo and one to one activities such as hand massage and nail care.

The inspector was satisfied that each resident's privacy and dignity was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

A residents' forum was in place. The inspector read some of the minutes and saw that in the main residents were satisfied with the service but did occasionally make some recommendations regarding the choice of food or activities. These suggestions had been acted upon.

Some residents continued to attend the local day services. Home visits and outings were encouraged. Residents told the inspector how much fun they had had at recent outings

and plans were being made for more outings.

Residents told the inspector how they had been involved in preparing items for the shoe box appeal. 101 boxes were donated this year. Many residents told the inspector that they had knitted some scarves and gloves for these and how worthwhile it was. Planning will start again in September for next Christmas.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was located upstairs. The laundry was organised and well equipped. Appropriate procedures were in place for the safe return of clothes.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' possessions.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete. The inspector saw that a checklist was in place to ensure that all staff files met the requirements of the regulations.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. Systems were in place to provide relief cover for planned and unplanned leave.

The inspector saw that a robust induction programme was in place for new staff which included the provision of information to the staff member on issues such as confidentiality, fire safety, uniform code and policies and this was signed off once completed. Appraisals also took place on a yearly basis and the inspector saw that, when required, areas for additional improvement and opportunities for individual staff members were outlined.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Staff spoken with confirmed that a variety of training programmes had been provided to them. The inspector saw that a training plan was in place for 2017 and included training on infection control, medication management, Hazard Analysis and Critical Control Point food safety (HACCP), wound management and care planning.

Improvement required from the previous inspection relating to documentation in place for volunteers had been addressed. No volunteers were currently attending the centre but the person in charge was aware of the requirements relating to both garda vetting and having the roles and responsibilities set out in writing. The inspector saw that these were in place for other services that were provided within the centre such as musicians and the hairdresser.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cherry Grove Nursing Home
Centre ID:	OSV-0000214
Date of inspection:	16/01/2017
Date of response:	07/02/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The 2016 annual review was the first review to be completed and was still at draft format.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

Full review of audit procedure to take place and ensure ongoing compliance with same for future

Proposed Timescale: 28/02/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Care plans were not consistently updated to reflect recommendations by other health professionals.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

All care plans in question reviewed and amended to reflect appropriately recommendations from other health professionals immediately following inspection process. Also have been reviewed following further review by dietician since inspection.

Proposed Timescale: Completed and ongoing

Proposed Timescale: 07/02/2017