



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

Issued by the Chief Inspector

Name of designated centre:	Silvergrove Nursing Home Limited
Name of provider:	Silvergrove Nursing Home Limited
Address of centre:	Main Street, Clonee, Meath
Type of inspection:	Announced
Date of inspection:	19 July 2024
Centre ID:	OSV-0000162
Fieldwork ID:	MON-0043974

About the designated centre

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

Silvergrove Nursing Home is a family owned business, located close to the village of Clonee Co. Meath. The centre is a purpose built, single-storey facility with 28 single bedrooms. The service offers long-term, respite and convalescence care to male and female residents over 18 years. The centre admits residents of varying degrees of dependency from low to maximum. The staff team includes nurses and healthcare assistants and offers 24-hour nursing care. There is also access to a range of allied healthcare professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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
Friday 19 July 2024	09:00hrs to 15:00hrs	Sheila McKeivitt	Lead
Friday 19 July 2024	09:00hrs to 15:00hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Inspectors found that Silvergrove Nursing Home was a well-run centre where residents were supported to enjoy a good quality of life by a team of staff who were kind and caring. There was a large number of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre, however they appeared to be content and comfortable.

Silvergrove Nursing Home is a family owned business, situated in the village of Clonee Co. Meath. The home provides long term, respite and convalescence care to male and female adults with a range of dependencies and needs. There were 28 residents living in the centre at the time of the inspection. All bedrooms had personalised memory boxes outside the resident's rooms. This gave a good understanding of residents past lives, personalities and what they enjoy.

The inspectors walked around the centre with the general manager and observed that the centre had a relaxed and friendly atmosphere. Inspectors observed respectful interactions between residents and staff and saw staff knocking on resident bedroom doors and waiting for permission prior to entering.

During the walk around, inspectors saw that staff were assisting residents with their individual needs in an unhurried manner. It was evident to the inspectors that the management and staff knew the residents well and those residents spoken with were satisfied with the care they received.

Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleanliness. The inspectors observed that the level of cleanliness throughout the centre was good.

The internal environment, mainly the flooring was going through some upgrading and the final areas for upgrading were in the process of being completed. For example, the inspectors observed that flooring had been replaced in some rooms and others were planned but not yet complete.

There were plenty of activities scheduled and activity white boards were visible throughout the centre. There was photographic evidence of activities and days out that residents enjoyed throughout the year displayed in the corridors. The centre had previously held an art exhibition for one of the residents who was an artist.

Residents had access to and were seen enjoying both one-to-one and group activities throughout the day. Residents described the activities as great. They said there was a great variety and those spoken with said they enjoyed the music sessions, bingo and days out. They had a trip planned to Howth which they were looking forward to.

Residents' voice was heard at the residents' meetings which were held every few months, the next one was scheduled for September as per the notice board. Residents had independent access to the garden to the rear of the nursing home.

There were enough staff on duty to meet the needs of residents. Call bells were answered in a prompt manner. Residents had their call bell by their side when alone in their bedroom. Residents told the inspectors that they were having visitors and could meet them either in their bedroom or in the sitting rooms.

The inspectors noted that residents had access to a jug of fresh drinking water in their bedroom and at lunch time there were different choices of meals on offer. Residents said the food was very good, they were very happy with the choice of food served and it was always hot when served to them. Lunch was a relaxed affair and, residents were observed enjoying the dining experience. Their independence was promoted with condiments and jugs of drink available on each dining table. Staff were available to assist residents with their meals in their bedrooms and in the dining room.

Residents told the inspectors it was a nice place to live, with one resident stating it was a lovely place to live.

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

This was an announced inspection undertaken to monitor ongoing compliance with the regulations. Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. However, some areas for improvement were identified as further described in the report.

The centre was found to have a clearly defined and well-established management structure in place. The registered provider, Silvergrove Nursing Home Limited comprises of two directors, one of whom works full-time in the centre carrying out the role of operations manager and is also the named provider representative. From a clinical and operational perspective there was a person in charge in place. Both parties were present on inspection and both demonstrated a good understanding of their roles and responsibilities. They were very responsive to any updates required on the day of inspection and showed commitment to addressing areas for improvement.

On the day of the inspection, inspectors found there was sufficient staffing resources available to meet residents' individual needs. There was no staff vacancies and the designated centre had recently increased their nursing resources from four

to six staff nurses. This was evidenced in the updated statement of purpose. The inspectors reviewed minutes of meetings such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly audits including audits on call bells, care plans and restraints. The inspectors reviewed a sample of audits, some gaps were found in carrying out the audits on a regular basis. This is discussed further under regulation 23: Governance and Management.

Residents' complaints were listened to, investigated and complainants were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if required.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They had the necessary experience and qualifications to fulfil the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that the staff numbers and skill mix were sufficient to meet the assessed needs of the 28 residents on the day of inspection. Rosters evidenced that there was a minimum of one staff nurse on duty at all times.

Judgment: Compliant

Regulation 21: Records

Records were maintained in the centre in a secure but easily accessible format. All required documents for each staff member were made available and found to be compliant with the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance structure, the following issues were identified:

- while there was evidence of a monthly schedule of audits in place, there were some gaps identified for example: there were no audits on bed rails, call bells and hand hygiene completed for June. Care plan audits were completed, however there was no evidence that the quality improvement plan had been implemented.
- the risk management policy did not reflect the legislative requirements and the risk register was not an active document that included a live assessment of all risks.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and accidents had been submitted within the correct time-frame as per the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place that reflected the requirements of the regulations. This was displayed at the main entrance. The complaints log identified the issue, outcome and level of satisfaction recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available and updated within the last three years as per regulatory requirements. However, the risk management policy referred to under Regulation 26: Risk Management did not meet the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents in Silvergrove Nursing Home were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspectors found that the overall condition of the premises had improved since the last inspection. Notwithstanding this, further improvements were required under some areas including the premises and risk management.

Residents had access to an inter-disciplinary team through the acute sector and the inspectors saw evidence that they had access to their general practitioner (GP) including a medical review every four months.

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme.

Residents living with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Inspectors reviewed a selection of residents' records such as validated assessments and care plans. Care records were on the electronic system and there were some good person-centred care plans in place such as on areas including, communication and end-of-life care plans. In addition, records showed that residents and, where appropriate, their family were consulted regarding changes to care plans.

The medication administration was in line with current best practice and in line with the prescriptions signed by their general practitioner (GP).

The premises was going through a period of upgrading. Several areas of flooring had been replaced, however further areas required new flooring as evidenced under Regulation 17. The inspectors found that although no risks were identified on inspection the risk management policy and the risk register required review. The policy did not meet the legislative requirement and the risk register was not kept up-to-date.

All residents had their rights to privacy respected and staff were observed respecting the rights and protecting the dignity of residents throughout this inspection. Residents had access to storage for their personal possessions. A key was available to all residents to facilitate the secure storage of personal belongings.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with communication.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in their bedroom or in the private visitors room.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to an adequate amount of storage space in their bedroom. They also had access to a lockable storage area in their bedroom and could lock away their personal possessions. Residents' clothes were laundered in the centre and returned to each resident's bedroom.

Judgment: Compliant

Regulation 13: End of life

Residents had end of life care provided on their assessed needs, and were supported to maintain and enhance their quality of life. Residents' care plans detailed care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs and involved family also.

Judgment: Compliant

Regulation 17: Premises

Although there was a programme of works for replacing floor covering, the floor covering in some areas of the premises required action to fully meet the requirements of Schedule 6 of the regulations, for example:

- The floor covering in the communal sitting room towards the back of the centre was in a poor state of repair.
- The floor covering in one corridor was ripped and marked in areas.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy did not meet the legislative requirements. For example: It did not detail how hazards were identified or risks were assessed nor did it include measures and actions in place to control risks identified or the specified risk outlined in the legislation. The arrangements for identification, recording investigation and learning from serious incidents or adverse events was not clear.

Judgment: Not compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked by staff nurses twice daily. Inspectors reviewed the balances of a sample of controlled drugs which were seen to be correct. The medicine fridge temperature was checked daily and signed for.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed and all care plans updated within a four month period or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and courteous. There was access to independent advocacy services on display in the centre. Regular residents meetings took place, the residents' voice was heard at these meetings and there was evidence that any issues raised were addressed in a timely manner.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Silvergrove Nursing Home Limited OSV-0000162

Inspection ID: MON-0043974

Date of inspection: 19/07/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>the annual review of the quality and safety of care provided to residents in 2023 had been completed. The review did not consult with residents and families. The quality improvement plan for 2024 was not specific and was not made available to residents.</p> <p>Please see Stage 1 Inspection Report Feedback Form regarding consultation with families.</p> <p>The quality improvement plan for 2025 will be more specific going forward. The annual review and quality improvement plan will be included in the next residents meeting, which is scheduled for September and will form part of the agenda.</p> <ul style="list-style-type: none"> • while there was evidence of a monthly schedule of audits in place, there were some gaps identified for example: there were no audits on bed rails, call bells and hand hygiene completed for June. Care plan audits were completed, however there was no evidence that the quality improvement plan had been implemented. <p>Noted June audits for bed rails, call bells and hand hygiene were omitted, this oversight will be addressed. Documentation providing evidence that the quality improvements have been implemented will be included in environmental audits and the quality improvement plan.</p> <ul style="list-style-type: none"> • the risk management policy did not reflect the legislative requirements and the risk register was not an active document that included a live assessment of all risks. The risk management policy will be updated to reflect the legislative requirements. The registered provider through the person in charge is in the process of configuring a live risk register. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Although there was a programme of works for replacing floor covering, the floor covering in some areas of the premises required action to fully meet the requirements of Schedule 6 of the regulations, for example: The registered provider addressed the flooring in the communal sitting room by using specialist cleaning contractors. New floor covering has been scheduled to be replaced on the corridor and specific bedrooms.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: The risk management policy did not meet the legislative requirements. For example: It did not detail how hazards were identified or risks were assessed nor did it include measures and actions in place to control risks identified or the specified risk outlined in the legislation. The arrangements for identification, recording investigation and learning from serious incidents or adverse events was not clear. The registered provider will update the risk policy to reflect the legislative requirements, detailing how hazards are identified & risks are assessed. The policy will include measures & actions that are in place to control the risks identified. Recording investigations and learnings from serious incidents or adverse events will also be made clear.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2024
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Not Compliant	Orange	30/09/2024

	risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	30/09/2024
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Orange	30/09/2024
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Not Compliant	Orange	30/09/2024
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Orange	30/09/2024

Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Not Compliant	Orange	30/09/2024
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Orange	30/09/2024
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant	Orange	30/09/2024