



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:	Unannounced
Date of inspection:	17 November 2021
Centre ID:	OSV-0000162
Fieldwork ID:	MON-0032278

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. Silvergrove Nursing Home limited was registered with the Chief Inspector of Social Services as a designated centre on 7th October 2019.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 November 2021	08:15hrs to 14:30hrs	Sheila McKeivitt	Lead
Wednesday 17 November 2021	08:15hrs to 14:30hrs	Arlene Ryan	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents during the course of this inspection. Their views on what life was like living in the centre were overwhelmingly positive.

Inspectors spent time observing practices and viewing the different areas of the centre. They observed staff conversing with residents in a kind, patient, friendly and respectful manner. Inspectors saw that residents were provided with choices, for example staff asked a resident if they would like protective clothing prior to having their meal. Inspectors were assured that residents rights were upheld.

Mealtimes were quiet and relaxed. Most of the residents had their breakfast served to them in their bedroom. They confirmed they had a choice at mealtimes and their choice was respected. One resident said the first cup of tea was cold but the staff had brought a fresh cup which was hot and they were enjoying it.

Inspectors saw that staff were available to assist residents at mealtimes and facilitated them in a discreet and unrushed manner. Residents were offered extra portions at lunch. Two residents commented that they enjoyed their lunch but did not want any more food. Inspectors observed a good selection of drinks being offered to residents at 10:30am and again at lunch time. Inspectors saw residents had access to a jug of fresh drinking water in their bedroom.

Inspectors found that the centre was clean and tidy. There were memory boxes located outside each of the bedroom room doors, these contained personal photos and items of interest to the resident. The colour scheme was bright with different themes on each of the corridors. The corridors had hand rails which facilitated residents to mobilise independently around the centre. The two issues identified that needed to be addressed are outlined under regulation 17. The issue in relation to the odour of cigarette smoke had the potential to have an negative impact on residents and staff.

Inspectors observed the house keeping staff completing their duties throughout the course of the morning. Cleaning lists had been developed for the cleaning of equipment, residents bedrooms, communal rooms and frequently touched surfaces. The records reviewed were signed by staff. Inspectors saw that the equipment in use was clean. For example the house keepers cleaning trolley and the castors on catering trolleys appeared clean. Staff were observed using the hand sanitising gel prior to entering and on leaving a residents bedroom. The outstanding issues are identified under regulation 27.

Staff were aware of the latest guidelines in relation to visitors. There was a station available inside the front door for temperature checks, monitoring signs and symptoms of COVID-19 and checking visitors vaccination status. Face masks and hand sanitising facilities were also available.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Inspectors found that improvements had been made and the compliance plans identified on the last inspection had been almost completely addressed and the overall level of compliance had improved.

The governance of this centre was good. The provider Silvergrove Nursing Home Limited has three directors one of whom works full-time in the centre carrying out the role of general manager and is also the named provider representative. The provider representative was present on inspection and demonstrated a willingness to address further areas for improvement identified on this inspection. The person in charge (PIC) was in post since 2020 and had just returned from a period of leave. Both parties had a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

The provider representative and person in charge were known to staff and residents. The management team had oversight of the quality of care being delivered to residents. They had an audit schedule in place which was being adhered to and there was clear evidence of learning and improvements being made in response to these reports and other feedback. For example nursing documentation was audited on a weekly basis and inspectors found that it was of a high standard on this inspection. However, the oversight of the premises, infection control, residents and staff records, staff training, staff supervision, fire drills and residents rights required strengthening.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. Staff spoken with were familiar with residents' needs and had appropriate qualifications for their role. They also demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and safe moving and handling of the residents. All registered nurses had their registration with the Nursing and Midwifery Board of Ireland (NMBI) up-to-date. However, the inspectors noted that the recruitment processes needed strengthening as they were not reflective of the centre's own policy and this had the potential to negatively impact the standard of care provided to residents.

There were gaps in the staffing training matrix. Some staff did not have up-to-date training in place as per the schedule reviewed and newly employed staff on duty on the day of the inspection had not completed all their mandatory training prior to commencing work in the centre.

Communication with staff occurred regularly on a formal and informal basis. All staff

who spoke with the inspectors confirmed that they felt supported, and that they could raise issues readily with the person in charge.

Regulation 14: Persons in charge

The person in charge had returned after a period of leave. Her deputy had stepped in to the role in her absence. The person in charge met the criteria to be named person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Three staff who had started to work in the centre within the last three months had not completed their mandatory training in manual handling, safeguarding of vulnerable residents, or fire training. However inspectors were informed they were booked into fire training on 07 December 2021. In addition other staff working in the centre had some gaps in their up to date training according to the training matrix.

The supervision of staff required strengthening. Inspectors observed staff carrying out tasks which took them away from the role they were employed to do. For example, the activities co-ordinator was observed offering residents hot drinks in the morning this meant that they were not available to facilitate the activity scheduled for 11am.

Judgment: Not compliant

Regulation 21: Records

An Garda Síochána vetting reports, identification and full employment history were present in all of the files inspected, however one staffs identification had expired.

Two of the staff files contained only one reference, another had two character references but none from their most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

The following issues were identified:

The oversight of records, particularly in relation to mandatory training, infection control, premises and provision of activities required strengthening.

An annual review had been completed for 2020 and was available for review. It included a quality improvement plan however although residents feedback had been sought, it was not included in the review. The annual review for 2021 was in progress.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contracts of care met the legislative requirements. A plain English version was now available to residents. The sample of contracts reviewed had been signed by the resident or their appointed representative and the registered provider representative. They also included the fees to be charged, the room occupied by the resident and, where relevant, the number of other occupants in the room.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy met the legislative requirements. The complaints procedure was on display in the front foyer. Inspectors were informed there were no open

complaints.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider representative had complied with the legislative requirements and informed the chief inspector of the person in charge period of absence and return.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of service. Residents' health, social care and spiritual needs were well catered for. Further improvements were required under premises, infection control, fire and residents rights.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour were being effectively supported by staff.

Residents had an activities assessment completed which reflected each residents interests, likes and preferences. There were adequate facilities available to deliver activities to residents. These facilities included a large sitting room and a wide variety of equipment. However, the inspectors found that many residents did not have adequate opportunities to participate in meaningful activities on the day of inspection.

Infection control practices were good. The majority of issues identified on the last inspection had been addressed. A legionella risk assessment was in place with evidence of regular testing of water. The house keepers were now using one of the two cleaning rooms. This cleaning room had been completely refurbished. All cleaning equipment was safely stored within the room with clear separation between clean and dirty items. It now contained shelves with finishes that could be cleaned appropriately a locked storage unit for chemicals and a janitorial sink.

Regulation 11: Visits

Inspectors were informed that the person in charge was in the process of updating the visiting policy to reflect the current Public Health guidelines.

Visitors were currently being asked to book in 24 hours in advance and most visiting took place in the dining room area. Room visits were available but had to be requested. There were no risk assessments available for this process to provide rationale for these restrictions.

Judgment: Substantially compliant

Regulation 17: Premises

The following issues were identified;

- there were three holes in the floor covering in the dining area which required repair.
- the two doors of the smoking room were difficult to open and close. The inner door remained opened while residents smoked in the room and although there was adequate ventilation in the smoking room the odour of smoke was noted to drift up the corridor on a number of occasions during this inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Water and a glass was available in each room visited by the inspectors.

Inspectors observed that residents had a choice of food available in the dining room.

There was a notice board in the kitchen containing information on any special dietary requirements. The chef prepares meals according to this information.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified:

There was no wash and sink in the newly refurbished house keepers cleaning room.

The linen trolley was stored in the sluice room.

Two automatic dispensers were not working on one corridor.

The sluice room did not include a janitorial hopper sink.

Some wash hand basin taps did not meet the required standard.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire evacuation plans situated at each fire exit door were too small. They could not be read clearly. The plan at each door did not indicate where the fire exit in question was located on the map. The plan did not state "you are here".

The records were not available to assure the inspectors that the emergency lighting was checked on a quarterly or annual basis.

There had only been one fire drill carried out with staff to date in 2021 and there were no records of this fire drill available for review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents assessments and care plans were reviewed. They all had a thorough assessments completed reflecting the residents met during the course of inspection. Their care plans were personalised and reflected the residents individual needs and were updated within a four month period. One newly admitted residents assessment and care plan had been completed within 48 hours of admission. There was evidence of referrals being made to members of the allied health care team and records reviewed assured inspectors that residents had been seen as requested.

Judgment: Compliant

Regulation 9: Residents' rights

The opportunities available to residents to participate in activities was limited.

There was one activities co-ordinator employed to provide activities to residents

living in the centre. However, the inspectors observed that residents spent long periods of time in the sitting room with no stimulation or interaction with staff. The activity scheduled for 11 am did not occur.

Judgment: Substantially 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 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Silvergrove Nursing Home Limited OSV-0000162

Inspection ID: MON-0032278

Date of inspection: 17/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge and management team will have an increased oversight of the training matrix ensuring staff have their mandatory training completed or scheduled for training within a reasonable period of time from the date of expiry.</p> <p>The onboarding process of new starts will be reviewed ensuring new starts have their induction completed and documented before being rostered.</p> <p>The hot drinks/soup/snacks trolley now falls within the remit of the catering team. This ensures activities coordinators are not distracted from their roles.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The person in charge and management team will have an increased oversight of HR files to ensure references and staff documentation are updated, in place and in date.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider through the person in charge will create an audit tool to ensure oversight of records. This audit tool will capture mandatory training, infection control, premises and ensure the provision of meaningful activities are provided.</p> <p>The annual review for 2021 will include residents feedback and an overall analysis of their experience of living in the centre.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The person in charge has updated the visiting policy to reflect the current public health guidelines. The policy advises that visitors are to present a covid-19 vaccination cert or proof of a covid-19 not detected certificate – valid within a 72 hour period.</p> <p>The provider is committed to ensuring that residents rights are maintained and enhanced throughout the covid-19 pandemic. The provider is very mindful of the health and safety of residents and staff. As such, the provider through the person in charge will undertake a weekly risk assessment in order to ensure that the rights of residents are appropriately balanced with the health and safety of residents and staff of the centre</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>New marmoleum and a new door mechanism have been scheduled for installation. The new door mechanism will remain in the closed position to ensure the smell of smoke does not travel through the centre. This will not affect the resident's ability to access the smoking area.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

The provider has scheduled a plumber to install the following; a wash hand basin in the house keepers store room, a hopper sink in the sluice room and to upgrade taps at strategic locations throughout the centre.

Linen trolleys are no longer stored in the sluice room.

Batteries in the hand sanitiser units on the first corridor were replaced immediately following the inspection.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider will ensure evacuation plans at each door are printed in A3 scale, and ensure that the "you are here" reference is clearer. Following the inspection, the provider followed up with the company responsible for carry out checks on emergency lighting. Documentation is available in the centre for review, and was also provided to the inspector following the inspection.

The provider through the person in charge will ensure that fire drills are carried out more frequently. Scenarios will be documented, and if needed improvements and additional training will be provided.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The person in charge will have increased oversight of the delivery of activities. Ensuring the activities coordinator consistently deliver meaningful activities to residents at all times. The hot drinks/soup/snacks trolley now falls within the remit of the catering team. This will ensure the activities coordinators are not distracted from their roles.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	15/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/02/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2022

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/02/2022
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	31/01/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(1)(c)(i)	The registered provider shall	Substantially Compliant	Yellow	31/01/2022

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	31/01/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	18/11/2021