



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:	04 August 2022
Centre ID:	OSV-0000162
Fieldwork ID:	MON-0035604

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:	26
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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
Thursday 4 August 2022	09:30hrs to 15:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector walked around the centre with the operations manager and observed that improvements had been made to the centre since the last inspection which took place in November 2021. These improvements included a new wash sink installed in the refurbished house keepers' cleaning room and a new janitorial hopper sink with an adjoining draining board and large stainless steel sink installed in the sluice room. In addition, a number of wash hand sinks in these rooms had newly installed mixer taps.

The environment was welcoming and decorated in a homely manner. There was a comfortable and calm atmosphere in the centre. The interior decoration of the bedrooms varied between rooms giving an individual appearance to each bedroom. Some resident's had memory boxes mounted outside their bedroom; these contained personal memorabilia selected by the resident and facilitated them to identify their bedroom independently. There were two sitting rooms, some residents were in the lower sitting room with the activities person preparing to start activities, while others were enjoying a late breakfast in the dining room. Residents were mobilising safely on the corridors with staff on available to assist those in need.

There was a list of activities displayed on the resident's notice board, this reflected residents access to a schedule of activities seven days a week. During the morning, the inspector spoke with the activities coordinator who was actively participating in group activities with the residents. A local priest came into the centre to celebrate Mass in the afternoon. Residents spoken with praised the standard of activities now available to them. They particularly enjoyed the outings in the village and further a field, including a trip to the local library and were looking forward to the two planned trips in August.

The standard of infection prevention and control observed was good. There were sufficient numbers of hand sanitisers dispersed throughout the centre and a random selection of those checked were functioning appropriately. Staff demonstrated good hand hygiene practices throughout the morning. The centre was clean, tidy and free from clutter. There were two housekeeping staff rostered to work seven days per week. They had established processes which assured the inspector that infection and prevention control practices were robustly monitored. Cleaning schedules together with daily and weekly cleaning checklists were available for review. These processes were overseen by the person in charge.

The management team were aware of the latest guidance from Health Protection Surveillance Centre (HPSC) in relation to visitors to the centre. Residents told the inspector they were having visitors and met them in their bedroom, the garden or in the sitting room.

The inspector observed that there were sufficient numbers of staff available to assist residents at mealtimes. Staff checked with the residents which meal they would

prefer and ensured that the food was hot on arrival to the table. Staff facilitated residents in a discreet and un-rushed manner.

The inspector observed that the food was of a good quality and the quantities of food served were as per the resident's preference. The food smelt and looked appetising and there was a good selection on offer to the residents. Residents told the inspector that they had 'plenty to eat' and that they always had 'a choice'.

A variety of drinks were available throughout lunch time. Cups of tea, coffee, water and soft drinks were offered to residents in between mealtimes.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

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 following an application to renew registration of the centre for another three years. The inspector 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.

This was now a well-governed centre. The registered provider, Silvergrove Nursing Home Limited, has three directors one of whom works full-time in the centre carrying out the role of operations manager and is also the named provider representative. The person in charge was in post since March 2022. Both parties were present on inspection and both demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose. They were both committed to addressing further areas for improvement identified on this inspection. This assurance enabled the inspector to recommend the removal of condition four from the certificate of registration.

The person in charge had established a new system of oversight which included all areas of clinical practice and of the services provided to residents. This included the gathering and review of key quality indicators being reviewed on a monthly and quarterly basis. These were discussed with the operations manager and the clinical nurse managers at regular governance meetings. The inspector found that the centre was appropriately resourced for the effective delivery of care and was assured that the revised oversight procedures in place would ensure the service was consistent and appropriately monitored.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. A small number of vacant post

were in the process of been filled with any vacant shifts being covered by agency staff.

Staff had received all their mandatory training together with training in infection prevention and control precautions, hand hygiene and care of residents living with dementia.

All the required documents were available for review however some improvements in the staff records and the content of a number of policies was required to ensure they met the regulatory requirements and reflected current practices in the centre.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre and all the required documents were received in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the criteria to be named person in charge. She worked full-time in the centre and this was reflected on the actual and planned staff rosters reviewed.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of residents living in the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Some staff required refresher training in manual handling, however these staff were booked into upcoming training dates.

Staff nurses had completed training in medication management and all staff had attended training in dementia care for residents.

There was good supervision of staff.

Judgment: Compliant

Regulation 19: Directory of residents

The hard copy of the residents directory was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 21: Records

The inspector saw that three of the four files from the sample reviewed contained all the required documents in relation to that employee. All these staff had An Garda Siochana (police) vetting prior to starting work in the centre. One of the four staff files contained only one reference and this employee had commenced work in the centre.

Judgment: Substantially compliant

Regulation 22: Insurance

The nursing home had insurance in place which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Both members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They included the newly appointed person in charge and the operations manager, both of whom were working together to strengthen the oversight in the centre. The inspector saw that the newly established system for overseeing the governance of the centre had

been implemented by the person in charge. Although in its infancy it had already lead to improvements such as in infection control practices.

An annual review had been completed for 2021 and was available for review. It included a quality improvement for 2022 and it also included residents feedback about the service they received.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in April 2022. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre. However, the room measurements did not reflect the floor plans and some other minor changes to the document were required.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were available for review and all those reviewed had been updated within the past three years. However, a small number were not reflecting the current good practices in the centre, for example, the infection prevention and control and the visiting policy.

Judgment: Substantially compliant

Quality and safety

Overall the inspector was assured that residents received a good standard of service. Residents told the inspector that they felt safe living in the home.

Staff in the centre had completed safeguarding training and the centre's policy was up-to-date. Contact details including a phone number and email address for an independent advocacy group was displayed on the residents' notice board. There was an up-to-date policy covering pension agency arrangements and the handling of petty cash and the procedures in-place reflected the policy.

There was a good process in place for communication with a nominated family member for the sharing of information especially in the event of a COVID-19

outbreak in the nursing home. This allowed the centre to inform families of any changes to visiting arrangements in line with the Health Protection Surveillance Centres guidance.

Infection prevention and control practices were good and all the issues identified on the last inspection in relation to this area of practice and in relation to the premises had been addressed. Addressing of the floor covering in one room remained outstanding.

The laundry services were good and the residents confirmed this by telling the inspector that their clothes were regularly laundered and returned to their rooms.

The inspector was assured that residents received wholesome nutritious food. Food was prepared and served in line with specific dietary requirements which were listed in the kitchen. The chef prepared meals according to this list and was also knowledgeable of the resident's individual preferences.

The fire procedures and evacuation plans had been enlarged and were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis and fire exits checked twice in a twenty four hours period. 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. The fire alarm although serviced was not checked on a routine basis to ensure it was operating correctly at all times.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The three holes in the floor covering in the dining area which required repair had not been repaired to date. The inspector was informed that a company was due to complete this work at the end of August 2022 together with replacing the floor covering in a number of bedrooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to a good choice of food and they confirmed they had access to a variety of food, snacks and drinks whenever they wanted. The quantity and quality of food served to them met their needs.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

Infection control practices were good. The issues identified on the last inspection report had been addressed.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider shall review the current process for testing the fire alarm to ensure it is tested on a routine and consistent basis.

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed Safeguarding training and were aware of what to do if they suspected any form of abuse. Any allegations

of abuse were notified Chief Inspector of Social Services.

The centre was a pension-agent for a small number of residents living in the centre. There were clear processes in place for the management of residents' pensions and monies held on behalf of residents. These processes were reviewed and the inspector saw that the residents monies were going into a separate bank account in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld. Residents' had several opportunities to participate in activities in accordance with their interests and capabilities. Their right to privacy was respected with appropriate locks on all bedroom and bathroom doors.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Silvergrove Nursing Home Limited OSV-0000162

Inspection ID: MON-0035604

Date of inspection: 04/08/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Person in Charge and Operations Manager will ensure all appropriate documents and references are in place for all staff before allocation to the roster.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: An updated statement of purpose along with a signed floor plan declaration have been submitted to the centres Inspector and HIQA's registration team, reflecting the accurate dimensions of the centre.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Infection, Prevention and Control and Visiting Policies will be updated to reflect the good practice of the centre. All other policies will be reviewed, and the layout updated so that it will have an issue date, review date and next review due. An Index for all Policies, containing review date and next review due on will be added into each file.</p>	

Policies changes will be reflected, with an attachment to detail changes made. This will be reviewed and updated by Person in Charge and Operations Manager.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Renewal and replacement of flooring has been scheduled for the last week in August 2022.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Operations Manager along with the Person in Charge will update the centres policies to ensure the fire control panel is checked on a regular basis.

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	09/09/2022
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	30/09/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	19/08/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	11/08/2022

	purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/12/2022