



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:	21 January 2025
Centre ID:	OSV-0000162
Fieldwork ID:	MON-0038157

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
--	----

How we inspect

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
Tuesday 21 January 2025	09:45hrs to 16:00hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

The feedback obtained from residents and their relatives on the day of this inspection about life in the centre was very positive. They all agreed on the fact that the needs of residents were met and they received a good standard of care. The inspector spoke with eight residents and two relatives during the course of this inspection.

Residents spoken with said that staff responded to their needs promptly and that there were always enough staff on duty. Relatives confirmed this and added that they rarely observed a shortage of staff. The inspector observed that there were enough staff on duty to meet the needs of the residents.

Staff across all disciplines were observed speaking with residents kindly and respectfully, and interacting with them in a friendly manner. The inspector observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Relatives said there were no restrictions on visiting. The inspector observed that there was an open visiting policy in place. There were arrangements for residents to receive visitors in private.

The inspector observed lunchtime in the dining room and saw that there were staff available to assist residents. Residents had a choice of meals and each dining room table had a menu on it, displaying the choices available for each meal. Condiments, sauce bowls and drinks were available on each of the dining room tables. The service provided effectively promoted residents' independence.

The inspector saw that the flooring in some occupied bedrooms to the back of the nursing home, while intact, appeared damaged due to spillage.

Residents told the inspector that they saw their general practitioner (GP) when they required. Relatives spoken with said that the communication between the nursing staff, the residents and families was good and they were kept informed of updates on their loved one and life in the centre.

Residents had access to a time table of activities which included quizzes, art and music all of which the residents had a choice to attend or not. Those who choose to stay in their bedroom had access to television and radio. Residents observed residing in their bedroom had access to a call bell.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced 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 outlined under Regulation 17: Premises.

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 director works full-time in the centre, serving as the operations manager and 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, the inspector found there was sufficient staffing resources available to meet residents' individual needs. The inspector reviewed minutes of meetings such as clinical governance meetings, staff meetings and residents meetings. 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 and three-monthly audits including audits on call bells, care plans and restraints. The inspector reviewed a sample of audits and saw that those with action plans in place had them addressed and signed off by the person in charge.

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

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents, relatives and staff, it was found that there were sufficient staff to meet the needs of the residents. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing programme of training for all staff. Records indicated that all staff had completed up-to-date mandatory training in fire safety, moving and handling practices, safeguarding vulnerable adults and responding to behaviours that challenge. Staff induction, supervision, development and appraisal formed part of the recruitment process.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained, up-to-date and contained all required details on admissions, discharges and deaths of residents.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers working in the centre.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.

Judgment: Compliant

Quality and safety

Overall, care was found to be delivered to a good standard and there was evidence that residents enjoyed a good quality of life.

The centre was clean, warm, bright and well decorated throughout. The inspector observed that residents were provided with good-quality, nutritious food according to their choice.

Pre-admission assessments were completed to ensure the centre could meet residents' needs. The sample of care plans reviewed by the inspector indicated that the care provided to residents was person-centred and met their needs. Residents' care needs were assessed using validated assessment tools as described in their individual care plans. Where risks were identified, the care plans described preventative measures to guide staff actions and prevent incidents or deterioration in health. Wounds and pressure area care were monitored, with interventions informed by a specialist tissue viability nurse and dietitian where required. Where interventions had been prescribed by specialist practitioners these were implemented by staff. A copy of all resident transfer letters were kept on file.

Residents were provided with support that promoted a positive approach to responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). On discussion with the inspector, staff were familiar with appropriate interventions for individual residents and had good knowledge of individual needs.

Each resident that presented with responsive behaviours had an up-to-date care plan to guide nursing interventions. The behavioural care plans contained person-centred information to effectively guide care. Some residents were prescribed antipsychotic or mood altering medicines to treat an underlying condition. The inspector found that the use of a PRN (medicines taken only as the need arises) was carefully monitored and used as a last resort when other person-centred interventions had failed.

A restraint-free environment was promoted in line with national best practice guidance. There were no bedrails in use with alternatives to bedrails available. Assessments and care plans in this regard were reviewed every four months.

The flooring in some areas had been repaired, however, flooring in a small number of bedrooms required review as it did not appear in a good state of repair. For example, some appeared unclean and or heavily stained.

There was a clear policy in place in relation to the detection of abuse and safeguarding the residents. All staff had received training in how to identify and report a concern in relation to abuse. Staff who spoke with the inspector were very clear about their responsibility to keep the residents safe and confirmed their knowledge of safeguarding.

There were policies, procedures and arrangements in place to manage risk and protect residents from harm. The centre maintained a risk register setting out hazards identified in the centre and the control measures in place to minimise associated risk. Health and safety issues and risks were escalated to the registered

provider representative when they occurred and were entered in the monthly updated risk register. Overall, the centre was hazard free.

Regulation 17: Premises

The premises was not well maintained internally, for example, some bedroom flooring appeared in a poor state of repair. In addition, staff did not have access to clinical hand-wash basins.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available, which contained information on the visiting arrangements, the procedure relating to complaints, a summary of the services and facilities available as well as the terms and conditions related to the residence in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service, and the referral and transfer letters were maintained in residents' files.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place and a range of procedures to guide and inform staff on how to manage varied risk situations. The required policy and procedures were in place and risks that could cause harm to residents, staff and visitors were identified and addressed. The risk register log was reviewed and updated on a monthly basis and set out the control measures to mitigate most risks identified in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person centred and outlined the residents' wishes and preferences. Those residents with wounds had a detailed wound care plan in place and the records reviewed were clear, concise and reflected the condition of the wound each time the dressing was changed.

The assessments and care plans reviewed were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning reviews.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint free environment within the home, in line with national policy. Alternatives to restraint were in use where assessed as being suitable.

A small number of residents exhibited responsive behaviours. These residents' had person-centred care plans in place to support the management of their responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to ensure residents were protected from abuse. All staff had completed the mandatory training in safeguarding vulnerable adults and displayed good knowledge of what constitutes abuse in their conversation with the inspector. There were safe systems in place to safeguard residents' money. The registered provider representative acted as a pension agent for a small number of residents. Financial transactions were transparent and a separate account had been created for residents finances.

Judgment: Compliant

Regulation 18: Food and nutrition
Residents had access to fresh drinking water in their bedrooms and in communal rooms. Residents had a good choice of food available to them and they had access to drinks and snacks whenever they wanted.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 30: Volunteers	Compliant
Regulation 22: Insurance	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 18: Food and nutrition	Compliant

Compliance Plan for Silvergrove Nursing Home Limited OSV-0000162

Inspection ID: MON-0038157

Date of inspection: 21/01/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider has organised for the installation of a clinical hand-wash basin in a central location of the centre.</p> <p>The registered provider has organised for flooring to be replaced in several rooms to the back of the centre.</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	30/06/2025