Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	30 July 2026
Centre ID:	OSV-0000162
Fieldwork ID:	MON-0048600

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
Thursday 30 July 2026	09:30hrs to 15:30hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

Residents living in Silvergrove Nursing Home expressed satisfaction about the service they received. They said that they felt safe and valued the care they received from staff, who they said worked hard to meet their needs.

This was an unannounced inspection to review the regulatory compliance in the centre. The inspector met with staff, spoke with many residents and observed practices. The inspector observed that there were adequate numbers of staff on day and night duty to meet the needs of residents. In addition, a number of residents spoken with told the inspector that there were enough staff on duty to meet their needs in a timely manner.

The premises was in a good state of repair. Some areas had been upgraded, such as the dining room floor and privacy locks on doors. New dining room furniture had been ordered but not delivered to date. Bedrooms viewed were spacious and nicely decorated with personal belongings such as photographs, flowers, plants and soft furnishings. Residents reported to be happy with their bedroom accommodation and those in their bedroom had access to their call-bell.

The inspector observed that planned daily activities were displayed on the information board in the communal sitting room and on the notice board on the main corridor. The activities schedule included exercise classes, arts and crafts, music and Mass. While walking around the centre and chatting to residents, the inspector observed activities taking place. One resident who was reading a daily newspaper said they enjoyed keeping up-to-date with the news and received the paper everyday. A local priest came into the centre to celebrate Mass in the afternoon, which residents said they enjoyed and that it occurred every week. Residents could access the enclosed rear garden independently as the doors were open. Some residents spoken with said they loved the garden and had been out in it everyday when the weather was good.

Residents went on a planned trip once every month and had just had their annual summer barbecue. Residents told the inspector that their family and friends were invited and that it was a marvelous day. The photos of the barbecue were on display on the notice board everybody appeared to be having a great day enjoying themselves in the garden.

Some residents spoke with the inspector about the quality of the food they received and highlighted that it was good and they received a choice. The inspector saw that the choice displayed in the dining room was offered to residents. The inspector observed the dining experience at lunchtime, the food was well presented and residents received their choice of meal; staff were available in the dining room to assist residents who required assistance.

Residents did not voice any concerns. They were happy with the care they received and said that when they had an issue, they brought it up at their monthly resident meeting and it was addressed without delay.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how these support the quality and safety of the service provided to residents.

Capacity and capability

Overall, there were governance and management arrangements in place, which ensured residents received a good quality of care and support, however the standard of nursing records and improvements to the premises was required to ensure residnets could maintain their right to privacy.

The centre is owned and operated by Silvergrove Nursing Home Limited who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by the named provider who worked in the centre as operations manger and an clinical nurse manager. Other staff members include nurses, health care assistants, activity coordinators, housekeeping, catering and maintenance staff.

There was an annual review of the service completed. Residents participated by completing surveys . This included information on how the centre had operated in relation to quality of service for the prior year.

The management team had completed audits in relation to the environment to include premises and infection control, quality of care, falls, care planning and wound care. These audits had identified that nursing records required improvement as identified by the inspector and which is discussed under Regulation 5: Assessment and care plan.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and the inspector noted that training was up-to-date. and included care plan training which took place in June 2026. Staff who spoke with the inspector were knowledgeable regarding safeguarding and fire evacuation procedures

Written policies and procedures as required under Schedule 5, were available for review and there was a system in place to ensure that policies and procedures were reviewed, updated and understood by staff.

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised on the day of the inspection. Training records were maintained and updated.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents established within the designated centre. This directory contained all the information required by the regulations, and where there were any admissions and discharges of residents, the directory was up-to-date.

Judgment: Compliant

Regulation 21: Records

Records reviewed were clear, concise, accessible and met the legislative requirements.

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

Regulation 23: Governance and management

There was a clearly defined management structure in place. The structure identified the lines of authority and accountability and specified staff roles and responsibilities. The centre's quality assurance systems ensured that the service was monitored effectively and reviewed regularly in order to provide safe and appropriate care for residents.

There was an annual review of the service completed for 2025. Residents and their families were involved in the review and it included a quality improvement plan.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their next-of-kin. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in the contracts reviewed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The quality of service and nursing care delivered to residents was of a good standard and improvements had been made to the premises since the last inspection.

The premises was going through a period of upgrading. The flooring in the dining room had been replaced and new locks had been installed on all bedroom and some

ensuite doors, however there were a small number of ensuites that still did not have privacy locks in place.

The inspector saw evidence that each resident now had a comprehensive assessment in place, however these were not always reviewed on a four-monthly basis. The sample of care plans reviewed required improvements as identified under Regulation 5; Individual assessment and care plans.

Care plans, reviewed demonstrated evidence of multi-disciplinary team input. The care plans in relation to food and nutrition, demonstrated input from dietitians and wound care reflected input from tissue-viability nurses.

Visitors were being welcomed into the centre and this was having a positive impact on residents; there were no restrictions in place.

Documents requested were available for review. These included a copy of the residents' guide, insurance and fire records.

Regulation 11: Visits

The inspector was assured that there were no restrictions on visitors into the centre. The visiting times were reflected in the centre's statement of purpose and resident's guide.

There was space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: 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. Fire doors and the fire alarm were tested on a weekly basis. 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.

The fire drills practiced with staff were available for review.

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

The sample of care plans reviewed on the day of inspection did not always reflect the assessed needs of the resident. For example;

- the comprehensive assessment for this group of residents was not reviewed within a four month timeframe.
- the care plans did not always include the data from the most recent assessment and therefore contained conflicting and historical information that was no longer relevant in meeting the residents' care needs.
- the sample of care plans reviewed had several pieces of information repeated in a number of areas throughout the care plan which meant they were difficult to read and to determine what the residents' care needs were.
- the care plans were not specific enough to direct care; for example, one residents care plan did not reflect the specific care the resident required to ensure their care need would be met.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence-based healthcare provided within this centre, with regular oversight by a general practitioner (GP) and referrals made to specialist health and social care professionals as required.

Judgment: Compliant

Regulation 9: Residents' rights

A small number of en-suite doors had not had privacy locks installed (this was highlighted on the previous report) and, this meant that residents could not ensure their privacy when using their en-suite.
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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Silvergrove Nursing Home Limited OSV-0000162

Inspection ID: MON-0048600

Date of inspection: 30/07/2026

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 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The registered provider through the person in charge will implement a structured quality improvement programme, using the "Plan-Do-Study-Act (PDSA) cycle, focused on strengthening clinical practice, accountability and the overall culture of care planning within the centre.

The person in charge will provide additional one-to-one support and guidance to nurses where required. This will include reviewing individual care plans with staff, providing feedback on areas requiring improvement and ensuring that nurses understand the standard of care expected of them.

The registered provider through the person in charge will reinforce clinical roles, duties and responsibilities of nursing staff, including their professional responsibilities for assessment, care planning, implementation, review and evaluation of residents' care. This will be reinforced through relevant guidance from An Bord Altranais and through ongoing clinical supervision.

Audits will assess whether care plans accurately reflect residents' accessed needs, provide clear and specific direction to staff, and regularly reviewed and demonstrate that identified interventions are being implemented. Audit findings will be reviewed by management and used to identify further training or improvement requirements.

Ongoing monitoring: Audit outcomes, clinical observations and feedback from staff will be used to monitor progress and identifiable where the required improvement is being consistently maintained. Where deficiencies are identified, these will be addressed promptly through additional supervision, education and individual support.

Professional accountability: Clear expectations regarding the standard of clinical documentation and care planning will be communicated to all nursing staff.

Where an individual staff member does not demonstrate the required improvement despite appropriate support, supervision and clear expectations, this will be addressed through the centre's formal performance management process. Where appropriate, a Performance Improvement Plan (PIP) will be implemented, with clearly defined performance expectations, agreed actions, timescales and review dates. Progress will be monitored and documented throughout the process, ensuring that staff are given a fair and structured opportunity to improve while maintaining accountability for the quality and safety of care provided. Monthly meetings with staff nurses and the clinical nurse manager will be held to identify if the target sets have been achieved, highlighting the care plans and assessments.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A full check of all en-suite doors has been completed to identify any remaining doors without suitable privacy locks. Privacy locks have been sourced and will be installed on all identified doors.

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/01/2027
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/11/2026