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:	31 July 2025
Centre ID:	OSV-0000162
Fieldwork ID:	MON-0046057

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 31 July 2025	08:30hrs to 15:00hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The residents in this centre had their rights upheld and the centre had put all the appropriate measures in place to ensure the 28 residents were safeguarded against all forms of potential abuse.

The inspector found that this was a well-run centre where residents were supported by a team of staff who were kind and caring and who appeared familiar with the residents' likes, dislikes and were aware of their needs. From what the inspector observed and from what residents said, they were happy with the care and support they received. Those residents who could not articulate for themselves appeared comfortable and content.The centre had a relaxed and friendly atmosphere.

The inspector walked around the centre at 8:30 am observing practices and greeting residents. The inspector saw that some residents were still asleep or in their bedroom sitting on their bedside chair. Staff were in the process of serving breakfast to the residents, one of whom was enjoying theirs in the dining room. Call-bells were available to residents who had them within their reach and staff were responsive without delay in attending to their requests and needs. Staff knocked on residents' bedroom doors before entering and offering them a choice of breakfast.

The inspector spoke with nine residents and one visitor all of whom expressed satisfaction with the care they received and all told the inspector they felt safe living in the centre. A number of the residents said they had discussed safeguarding at their recent residents meeting and the minutes of these minutes posted on the residents notice board reflected this discussion with residents.

The inspector observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of staff. Staff had name badges that were visible for residents to read.

Residents spoken with confirmed that they could eat their meals where ever they wanted, dining room or bedroom, and that the choice was theirs to make. The inspector saw that residents had a choice of food and drinks at mealtimes and throughout the day. Residents spoken with said they were satisfied with the food available. The inspector observed positive interactions between staff and residents while assisting residents with their meal. The assistance was provided in a respectful, dignified and unrushed manner in both the residents bedroom and in the dining room.

The premises was found to be clean and bright. Residents said their bedrooms were

cleaned on a daily basis and they were satisfied with the standard of cleanliness. The inspector observed that the level of cleanliness throughout the centre was good and that floor covering in the back corridor and one bedroom had been replaced. Also, a clinical hand-wash sink had been installed in the main corridor which ensured staff had access to hand-washing facilities which safe-guarded the residents from the risk of cross-contamination.

The inspector observed that some residents did not have a lockable device on their bedroom or en-suite doors and although a master key was available on request to lock their door, the process did not facilitate the resident being able to maintain their privacy without requesting assistance from staff, hence infringing on their right to privacy. This had been brought to the attention of the provider during a restrictive thematic inspection in August 2023, however, no changes had been made these doors to date.

Residents had access to a schedule of activities, some of which the residents were observed participating in during the day. The inspector observed that the residents were interacting in the activity, with staff and each other and appeared to be having fun. At their regular monthly meetings, residents planned their monthly day trip. The inspector saw that a trip to the Botanic gardens was scheduled for August and a trip to the Gaiety theatre had been proposed for September. Residents spoken with told the inspector about their recent garden party which they really enjoyed.

The complaints procedure was on display together with contact details for advocacy services. Residents spoken with had no complaints.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. In addition, this inspection was also conducted to inform a decision on the renewal of the registration for the designated centre.

This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Residents were receiving a good standard of care where their individual social, religious and healthcare needs were being met in a safe and secure environment.

The level of compliance in this centre continued to be good. There had been a recent change in the person in charge however this had not impacted on the overall stability of the governance and management arrangements and oversight in the

designated centre. The Chief Inspector of Social Services had been notified of the change in the person-in-charge. A clarification in relation to their management qualification was outstanding at the time of the inspection.

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, supported by a clinical nurse manager. The operations manager and person in charge were present on inspection and both demonstrated a good understanding of their roles and responsibilities.

There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose described the current management structure of the designated centre. This structure ensured that arrangements were in place which contributed to residents experiencing a quality service, where they were safe-guarded as far as possible from all incidents of abuse.

There was evidence to indicate that the centre was well resourced. The centre was clean, warm and well furnished. There were sufficient numbers of staff on duty at the time of the inspection. Mandatory and relevant training was provided and completed by all staff and staff demonstrated a good knowledge of what constituted abuse and what procedure they would follow if they witnessed any form of abuse.

There was an audit schedule in place for 2025 and range of tools were used to monitor and audit the quality of care delivered to the residents such as incidents, assessments and care plans, falls, and medication management.

The centre had a complaints policy in place and the inspector saw that there were no complaints.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration, together with all the required documentation had been submitted to the Chief Inspector of social services in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff rostered on duty to ensure the care needs of the residents were met in a prompt and safe manner.

There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training with manual handling training taking place in the centre for off-duty staff on the day of inspection. Training records were maintained and updated and the inspector was assured that all staff working with residents in the centre had completed all the required mandatory training in relation to safeguarding vulnerable persons.

Supervision of staff and residents was evident on the day of inspection. The level of supervision was appropriate to ensure the care being delivered on the day of the inspection was safe and person-centred.

Judgment: Compliant

Regulation 21: Records

A sample of staff records were reviewed and found to contain the information required under Schedule 2 of the regulations, such as references and evidence of vetting from An Garda Siochana.

Judgment: Compliant

Regulation 23: Governance and management

The governance of this centre was good. The person in charge, the clinical nurse manager and the operations manager who is a company director and the provider representative met on a monthly basis and minutes of these meetings were available for review. The agenda and minutes showed that all areas of governing the centre were discussed and where necessary appropriate actions taken to address issues.

An audit schedule for the year and a review of a sample of audits completed in 2025 assured the inspector that continuous auditing practices ensured residents were safeguarded by robust and effective management processes.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were living in a centre where their rights were upheld and where adequate resources, policies, procedures and supervision ensured residents were safeguarded in their home.

The inspector saw evidence that all staff had garda vetting in place prior to commencing employment in the centre. There was a safeguarding policy in place, which staff had a good knowledge of. Staff files reviewed contained all the required documents and this assured the inspector that residents were safeguarded through a robust human resources policy that was in-line with legislative requirements and implemented in practice.

There was a low level of restraint use within the centre. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors, if identified, for individual residents and de-escalation techniques that staff could use to prevent the behaviour escalating.

The inside and outside the centre were well-maintained. However, some bedroom and ensuite doors did not enable the residents to maintain their right to privacy as discussed under Regulation 9: Residents' rights.

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals. Communication care plans were in place and they were person-centred however, the content of skin integrity and behaviours that challenge care plans did not reflect a person-centred approach or reflect the good care being provided. For example, those residents that were assessed as at risk and had pressure relieving equipment in place to safeguard them from developing pressure ulcers did not have this reflected in their care plan.

There was access to advocacy services with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided and the inspector was assured that the residents' voice was being heard.

Residents reported that their rights were respected and were satisfied with the activities and facilities available to them. Activities were tailored to meet residents needs and they had input into planning their schedule including trips out of the centre.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and tidy and met the requirements of the 28 residents living there. It was well-maintained internally and externally.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of comprehensive assessments, risk assessments and care plans in place for residents. Improvements were required to ensure that all residents were receiving person-centred care informed by individualised care plans . For example:

- Some care plans did not give sufficient insight into the care the resident required to effectively guide practice. For example, skin integrity care plans did not reflect the fact that the resident was being nursed on a pressure relieving mattress to safeguard them from developing pressure ulcers and it did not state what the pressure relieving mattress should be set at.
- Some care plans were not updated when residents' needs change, and were not informed by the latest risk assessments.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans which reflected the residents' individual needs, known triggers and known de-escalation techniques.

The provider was actively promoting a restraint-free environment, in line with

national policy. Alternatives to restraint were in use where assessed as being suitable. The use of restraint was minimal.

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. A company director who was 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 9: Residents' rights

The absence of security locks on some bedroom and ensuite doors did not support the residents to maintain their right to privacy without requesting assistance of staff.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Silvergrove Nursing Home Limited OSV-0000162

Inspection ID: MON-0046057

Date of inspection: 31/07/2025

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 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 person in charge has started to carry out an audit of all care plans and assessments, ensuring that care plans are reflecting the care being provided. The person in charge will also ensure care plans are person-centred. The person in charge will ensure risk assessments and assessments are carried out in order to provide care for residents when their care needs have changed. Care plans will be updated reflecting outcomes from the risk assessment and comprehensive assessments. Care plan training will also be facilitated for the clinical team.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider has carried out an audit in relaiton to bedrooms and ensuits where there was an absence of security locks. Security locks will be installed in order to support residents rights, ensuring privacy without requesting assistance of staff.	

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	31/10/2025
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	31/10/2025