

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Silvergrove Nursing Home Limited
Centre ID:	OSV-0000162
Centre address:	Main Street, Clonee, Meath.
Telephone number:	01 825 3115
Email address:	silvergrovenursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Silvergrove Nursing Home Limited
Provider Nominee:	Najamol (Naja) Kalangara Natarajan
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	7

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 February 2016 07:00	02 February 2016 14:30
09 February 2016 14:00	09 February 2016 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This inspection was triggered following the receipt of a notification of an allegation of abuse. This was the third notification of an allegation and report of abuse since the previous inspection.

There had been an absence in a registered person in charge since last August 2015. The authority became aware of the appointment of a new person in charge on 18 January 2016, having requested further information following the notification of alleged abuse. The appointment of the new person in charge was subsequently confirmed on this inspection and by the provider.

The main focus of this inspection was in relation to the governance and management of this centre following:

- an absence of a person in charge since the last inspection and
- following receipt of allegations of abuse.

The person in charge who was on duty during this inspection, confirmed that she was in post since 18 January 2016 and that the allegations related to dates of incidents or events prior to her appointment. However, she was aware of the allegations and was actively involved in the investigation of the most recent allegation, which was on-going.

Overall the inspector found improvements were required across nine outcomes, with major non-compliances in six of the ten outcomes monitored.

Significant improvements were required in relation to the governance and management of adverse incidents and allegations, suspicions and reported abuse, staff training and supervision. Staff appraisal and evaluation of their understanding of required procedures and policies to protect residents from abuse or harm, manage behaviours that challenge, mitigate risks and manage complaints required considerable improvement.

The provider was required to take immediate action to address a major non-compliance in relation to a file and resident records removed from the designated centre.

Incident management and reporting, assessment and care planning, and recording practices also required improvement.

The findings are outlined within the body of the report and within the action plan at the end for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A statement of purpose required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), was available.

However, the statement of purpose and function required review in order to reflect recent changes in persons participating in the management of the designated centre, and communicated to the Authority accordingly.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Improvements were required to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

While operational management arrangements were described, deficiencies were found in relation to the management of incidents, concerns and allegations of abuse, and in the reporting systems operating within and externally to the designated centre.

A number of relief and agency staff had been working in the centre. Deficiencies were found in relation to the management arrangements in place to supervise all persons and staff employed and or contracted in the delivery of care to ensure effective and appropriate practices were maintained at all times. Adequate arrangements had not been demonstrated in relation to the supervision and management of staff practices by those with responsibility and accountability.

Suitable arrangements had not been put in place to support, develop and performance manage all members of the workforce to ensure the quality and safety of the services delivered.

Risks and challenges identified had not been adequately reported and managed to ensure sufficient or consistent resources and systems were in place to ensure the effective delivery of appropriate care to all residents.

An annual review of the quality and safety of care delivered to residents in the designated centre was not available.

Judgment:
Non Compliant - Major

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not examined in full as this was a focused inspection. However, the inspector found that the registered provider had not agreed in writing with each resident, on the admission to the designated centre, the terms and conditions on which that resident would reside in the centre, including fees to be charged.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

In August 2015, the Authority was informed of the absence by the person in charge of the designated centre. The deputy in place was to assume the person in charges responsibilities while a new person in charge was being recruited.

On the 18 January 2016 a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service was appointed as the person in charge for this centre. The person in charge works on a full time basis and told the inspector she had the support of a deputy and provider representative to carry on the business of the centre.

A management structure which identified the lines of authority and accountability in the centre was described and in place. Management meetings were to be maintained regularly to evaluate and discuss service provision.

The person in charge demonstrated sufficient knowledge of the legislation requirements and was aware of her statutory responsibilities. The Inspector was satisfied that the person in charge was suitably qualified and sufficiently knowledgeable to be engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She demonstrated a committed to improving the service and address the findings from this inspection to ensure outcomes for the resident group were better.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome was not examined in full as this was the focused inspection. However, in the areas examined, major non compliance was found in relation to the absence of records from the centre, which resulted in an immediate action requirement.

Records set out in Schedules 2, 3 and 4 were not kept in a designated centre and or available for inspection. As a result of an immediate action plan issued by the Authority in relation absence of records the provider was required to take immediate in relation to a file and resident records taken from the designated centre by 4 February 2016.

A subsequent inspection was carried out to confirm the provider's response in relation to the availability and return of records to the centre for inspection. However, on examination of the file and records returned and available for inspection, the inspector found a number of reports to be incomplete and appropriate records were not available or maintained.

A number of significant records had not been completed or not sufficiently maintained as follows:

- a copy of correspondence to or from the designated centre relating to each resident, their contracting agent and or support workers was not maintained or available
- details of any specialist communication needs of the resident and methods of communication that may be appropriate to the resident was not sufficiently recorded
- a record of any occasion on which restraint was used, the reason for its use, the interventions tried to manage the behaviour, the nature of the restraint and its duration was not sufficiently detailed or recorded
- a record of a resident's decision not to receive certain care or medical treatments and a record of any occasion where a resident refuses treatment was not sufficiently recorded and responded to
- a record of any medication errors was not recognised or recorded
- a record of any incident in which a resident suffers abuse or harm, was not adequately maintained to include the nature, date and time of the incident, whether treatment was required, the name of the persons who were respectively in charge of the designated centre and supervising the resident, and the names and contact details of any witnesses, the results of any investigation and the actions taken
- records of the food provided for residents was not available in sufficient detail to

enable any person inspecting the record to determine whether the diet is satisfactory in relation to nutrition, variety, and quantity, and of any special diets prepared for individual residents

- a record of all complaints made by residents or representatives or relatives of residents or by persons working at the designated centre about the operation of the designated centre, and the action taken by the registered provider in respect of any such complaint was not available.

Operational procedures described and written policies set out in schedule 5 that included the prevention, detection and response to abuse, management of behaviours that challenged, risk management and the handling and investigation of complaints, had not been sufficiently and or consistently implemented in practice.

The policy and practice in relation to the creation, access to, retention of and destruction of records required review. While some records were held and kept in the designated centre, all records were not available in the centre at all times or available to all relevant staff or for inspection. Additionally, the overall quality of record management and practices (as outlined above and in other outcomes) required improvement.

Judgment:

Non Compliant - Major

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome was not examined in full as this was a focused inspection.

The inspection was triggered following the receipt of a recent notification of an allegation of abuse and incident that occurred prior to the appointment of the new person in charge. This was the third notification received in relation to an allegation, suspicion or reported abuse since the last inspection in April 2015,

While policies, procedures and control measures were said to be in place to safeguard residents from harm or forms of abuse, all reasonable measures to protect residents

from all forms of abuse were not sufficiently maintained or demonstrated.

Gaps were found in relation to the implementation of operational procedures and policy documents. The inspector found a breakdown in communications, staff awareness, reporting arrangements, supervision responsibilities and staff training in relation to safeguarding vulnerable adults.

The inspector was not assured that all staff were sufficiently trained and or knowledgeable in relation to the detection and prevention of and responses to abuse, as appropriate safeguarding measures were not implemented in full.

All concerns or allegations of abuse had not been sufficiently investigated or recorded in accordance with the policy and procedures described by management.

All staff did not have up to date knowledge and skills, appropriate to their role, to support them to respond to and manage behaviour that is challenging. Training in areas related to behaviours that challenged was not provided to all staff following incidents occurring within the centre in order to equip staff appropriate to their role.

A care plan or staff training program to inform, guide and support staff to meet the needs of residents was not in place to ensure a consistent approach and response was maintained. Systems for the assessment and management of behaviours that posed a risk to the individual or to others were found to be inadequate.

Judgment:
Non Compliant - Major

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not examined in full as this was a focused inspection.

Operational policies and systems that included the identification, assessment and management of actual and potential risks had not been sufficiently maintained or implemented to mitigate risks and or ensure adequate controls were in place.

All allegations and episodes of abusive and or aggressive behaviour had not been sufficiently reported, recorded, investigated or assessed. Consequently systems were not consistently implemented to ensure that all risks were identified and measures to control

risks and inform learning following all adverse incidents involving residents.

A record of all incidents occurring in the designated centre was not maintained.

Reasonable measures had not been maintained to manage risks or comply with regulatory and health and safety requirements. All staff did not have a training record to demonstrate they had completed training in moving and handling of residents, infection control and fire safety or fire evacuation drills at suitable intervals.

Judgment:
Non Compliant - Major

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This outcome was not examined in full as this was a focused inspection, however, gaps were found and improvements were required in relation to practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

The requirements from the previous inspection were partly addressed to ensure the safe storage of prescription medicines. However the medication management arrangements found on this inspection did not ensure that all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned.

The inspector also found that the medication returned to the pharmacy had been sufficiently accounted for, recorded or reconciled prior to leaving the centre or to determine if the product concerned can no longer be used as a medicinal product.

Medication prescriptions and administration records were unclear in parts and at variance. The inspector and nursing staff were unable to determine if medication prescribed on a regular and PRN (as required) basis was administered as intended, as both had been represented with the same letter and had been recorded as administered in excess of the combined prescription.

The time of each medication administered was not consistently stated or obvious in the sample of records reviewed in accordance with any relevant professional guidelines.

Judgment:

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Improvements were required to ensure the healthcare and social care needs of all residents were facilitated.

On a review of resident records, gaps were found within the assessment, planning and evaluation of care provided and needed. In the sample of resident records reviewed and discussed with staff, the inspector found that the assessments and clinical care did not consistently accord with evidence based practice.

A comprehensive assessment prior to or on admission to determine the suitability of the placement had not been sufficiently completed and there was little evidence that admissions were subject to a review accordingly.

A comprehensive assessment to include all the support needs of each resident had not been sufficiently maintained to ensure all the needs of each resident were met.

Residents identified with language barriers had not been suitably assessed or care plans put in place to ensure that adequate resources and arrangements were available and sufficiently organised to meet their daily needs and rights to communicate freely.

Assessment details and records that included daily evaluation and care records, behaviour monitoring charts and food diaries were incomplete, unavailable or insufficiently maintained and linked in a related care plan to guide practice and inform an assessment or review.

In general, the care plans examined were not sufficiently informed by a comprehensive assessment that was reviewed and updated at suitable intervals to reflect changes and or events.

The care plans reviewed were not sufficiently detailed or completed to inform an

appropriate evaluation or review of care provided or required. There was little evidence that the care plans available had been completed after consultation with the resident concerned and where appropriate that resident's family.

An inconsistent approach was found in relation to healthcare governance and monitoring of a resident's nutritional status, weight, elimination needs, behavioural and psychological symptoms of dementia, communication needs, pain (assessment and management), medication and social inclusion needs.

Care plans in place were not in accordance with evidence based nursing. The new person in charge and assistant director of nursing acknowledged the findings and lessons learnt in relation to the service provided and had agreed to put in place suitable and sufficient measures to address the shortcomings.

Judgment:
Non Compliant - Major

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not examined in full as this was the focused inspection. However, the arrangements in place in relation to the rights of each resident with communication barriers had not been adequately assessed or addressed to ensure each resident could communicate freely, to ensure their wellbeing and safety.

A suitable and sufficient care plan was not recorded or put in place for each resident with specialist communication requirements.

Judgment:
Non Compliant - Major

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have

up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined in full as this was a focused inspection.

The inspector met with staff working on night and day duty, observed practice and reviewed staff records and rosters for the purpose of establishing and gathering evidence in relation to the recent allegation of abuse received by the Authority.

As the result, a review of staff allocation, routine, skills mix and supervision arrangements was required based on the overall findings and from a review of available records maintained by staff and persons working in the centre with residents.

Staffing arrangements did not consistently ensure that the number and skill mix of staff was suitable and or sufficiently experienced and knowledgeable to meet the assessed needs and requirements of all residents.

Gaps were found in staff training and supervision arrangements.

Staff arrangements had not ensured all persons working in the centre were appropriately supervised or supported to ensure the assessed needs of residents were maintained.

While a programme of training was in the planning stage following the first day of inspection, all staff had not had access to mandatory and appropriate training relevant to meet all residents' needs. Training records showed that all staff were not trained in fire safety and evacuation, manual handling, safeguarding 'elder abuse' or other relevant areas following notifiable incidents reported to the Authority that included managing behaviour that was challenging including de-escalation and intervention techniques, infection control, falls prevention and management of restraint. Training and guidance in other areas such as medication management and reconciliation, incident management and reporting, recording practices and handover arrangements between staff required improvement.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Silvergrove Nursing Home Limited
Centre ID:	OSV-0000162
Date of inspection:	02/02/2016
Date of response:	01/06/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose and function required review and updating to reflect recent changes in persons participating in the management of the designated centre, and communicated to the Authority accordingly.

1. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

The Statement of Purpose for Silvergrove Nursing home has been updated and the Authority has been notified.

Proposed Timescale: 08/04/2016

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Risks and challenges identified had not been adequately reported and managed to ensure sufficient or consistent resources and systems were in place to ensure the effective delivery of appropriate care.

2. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:

There is a procedure in place to notify the authority within the appropriate time frame and all staff have been made aware of this. The person in charge is aware of her responsibility to notify the authority. Risks identified are recorded in the risk register with an action plan and follow up. A health and safety committee has been established (April 2016) and there will be regular meetings.

Proposed Timescale: 08/04/2016

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While operational management arrangements were described, deficiencies were found in relation to the management of incidents, concerns and allegations of abuse and in the reporting systems operating within and externally to the designated centre.

3. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:

A new Person in Charge has been appointed on 18/01/2016 and has commenced staff evaluations and performance reviews. Reviews will be on-going to guarantee that staff members are meeting the required standards.

An organisational flow chart is in place now and all staff are familiar with the lines of authority and accountability.

Incident reporting training has been carried out and all staff are aware of their responsibility to report allegations of abuse within the nursing home, and the requirement for reporting to the authority also.

Proposed Timescale: 30/04/2016

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

A number of relief and agency staff had been working in the centre. Deficiencies were found in relation to the management arrangements in place to supervise all persons and staff employed and or contracted in the delivery of care to ensure effective and appropriate practices were maintained at all times.

Adequate arrangements had not been demonstrated in relation to the supervision and management of staff practices by those with responsibility and accountability.

Suitable arrangements had not been put in place to support, develop and performance manage all members of the workforce to ensure the quality and safety of the services delivered.

4. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure that all staff are adequately supervised and supported. An organisation flow chart is in place and staff have been informed of the lines of authority. Staff have been re-issued with the staff handbook which contains the organisational and management structure of the nursing home. The provider, together with the Person in Charge will review staffing to ensure there is the appropriate skill mix in relation to the residents in Silvergrove. There is ongoing performance reviews and training and development sessions scheduled.

Proposed Timescale: 30/03/2016

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An annual review of the quality and safety of care delivered to residents in the designated centre was not available.

5. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

The Assistant Director of nursing is compiling the Annual Review for 2015 which will be available.

Proposed Timescale: 15/04/2016

Outcome 03: Information for residents**Theme:**

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider had not agreed in writing with each resident, on the admission to the designated centre, the terms and conditions on which that resident would reside in the centre, including fees to be charged.

6. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:

Contracts have been sent out to the next of kin of the residents without a signed contract. Reminders have also been sent and responses are awaited.

Proposed Timescale: 30/05/2016

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Operational procedures described and written policies set out in schedule 5 that included the prevention, detection and response to abuse, management of behaviours that challenged, risk management and the handling and investigation of complaints, had not been sufficiently and or consistently implemented in practice.

The policy in relation to the creation, access to, retention of and destruction of records required review. While some records were held and kept in the designated centre, all records were not available in the centre at all times or available to all staff or for inspection. Additionally, the overall quality of record management and practices required improvement.

7. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The Director of Nursing is reviewing and updating records and policies which will be agreed with the service provider. Training on record keeping by Nursing Matters is scheduled. All records related to the residents are maintained in Silvergrove and are available for inspection.

Proposed Timescale: 30/06/2016

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Records set out in Schedules 2, 3 and 4 were not kept in a designated centre and or available or complete for inspection.

As a result of an immediate action plan issued by the Authority in relation absence of records the provider was required to take immediate in relation to a file and resident records taken from the designated centre by 4 February 2016.

A subsequent inspection was carried out to confirm the provider's response in relation to the availability and return of records to the centre for inspection. However, on examination of the file and records returned and available for inspection, the inspector found a number of the records to be incomplete or not maintained as follows:

- a copy of correspondence to or from the designated centre relating to each resident, their contracting agent and or support workers was not maintained or available
- details of any specialist communication needs of the resident and methods of

- communication that may be appropriate to the resident was not sufficiently recorded
- a record of any occasion on which restraint was used, the reason for its use, the interventions tried to manage the behaviour, the nature of the restraint and its duration was not sufficiently detailed or recorded
 - a record of a resident's decision not to receive certain care or medical treatments and a record of any occasion where a resident refuses treatment was not sufficiently recorded and responded to
 - a record of any medication errors was not recognised or recorded for response
 - a record of any incident in which a resident suffers abuse or harm, not adequately maintained to include the nature, date and time of the incident, whether treatment was required, the name of the persons who were respectively in charge of the designated centre and supervising the resident, and the names and contact details of any witnesses, the results of any investigation and the actions taken
 - records of the food provided for residents was not available in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory in relation to nutrition and otherwise, and of any special diets prepared for individual residents
 - a record of all complaints made by residents or representatives or relatives of residents or by persons working at the designated centre about the operation of the designated centre, and the action taken by the registered provider in respect of any such complaint was not available.

8. Action Required:

Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:

There is ongoing review of record keeping practices of staff. Training on incident and accident reporting has taken place and staff members are implementing the improvements to resident's records. Medication management training has been scheduled for 11/04/2016 (Nursing Matters) and medication management issues are also being reviewed on an ongoing basis by the the Person in charge and the Assistant Director of Nursing both on the floor and during staff assessments. Care plans for all residents are being reviewed and updated to reflect the regulatory requirements. A record of complaints made by residents or their representatives is in place and the provider is informed of all complaints and informed of the outcomes of the resident's committee meetings. Action following complaints is recorded in the complaints file. The Person in charge will ensure that records are stored correctly and are available for inspection on request.

Proposed Timescale: 30/04/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All staff did not have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. Training in areas related to behaviours that challenged was not provided to all staff following incidents occurring within the centre in order to equip staff appropriate to their role.

9. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:

Training regarding managing residents with dementia and challenging behaviours has been carried out over two separate sessions so that all staff have attended and received training.

Proposed Timescale: 08/04/2016

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A care plan or staff training program to inform, guide and support staff to meet the needs of residents was not in place to ensure a consistent approach and response was maintained.

Systems for the assessment and management of behaviours that posed a risk to the resident concerned or to others were not adequate.

10. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:

Individualised, person centred care plans are in place for all residents, including residents that have challenging behaviours. There is further training scheduled on 18/04/2016 for assessments and care planning. Staff have received further training on restraints management and challenging behaviours management. Care plans are being reviewed on an ongoing basis to ensure that they reflect the individual needs of each resident.

Proposed Timescale: 30/04/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While policies and procedures and control measures were described as in place to safeguard residents from harm or forms of abuse, all reasonable measures to protect residents from all forms of abuse were not sufficiently maintained or demonstrated.

11. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:

Staff members have carried out Elder Abuse training(09/03/2016 & 25/03/2016). Prior to the training session, all staff completed an Elder Abuse Awareness questionnaire. Staff are now more aware of and vigilant to Elder Abuse, and their requirement to report it. There is a further training session on Elder Abuse Aware scheduled for May 2016 for newly recruited staff.

Proposed Timescale: 30/05/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Gaps were found in relation to the implementation of operational procedures and policy documents. The inspector found a breakdown in communications, staff awareness, reporting arrangements, supervision responsibilities and staff training in relation to safeguarding vulnerable adults.

The inspector was not assured that all staff were sufficiently trained and or knowledgeable in relation to the detection and prevention of and responses to abuse as appropriate safeguarding measures were not implemented in full.

12. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

All staff members have participated Elder Abuse awareness training and there is further training on communication organised for June 2016. Staff are aware of their responsibility to report any abuse and to document all relevant details. The Person in

Charge is aware of her responsibility to report to the authority in the appropriate time frame and to carry out investigations regarding allegations of abuse.

Proposed Timescale: 30/03/2016

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All concerns or allegations of abuse had not been sufficiently investigated or recorded in accordance with the policy and procedures described by management.

13. Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:

A protocol is in place for abuse to be reported the Person in Charge who will then carry out an investigation as per the procedure. The provider is also informed of any allegations of abuse and updated on the progress and outcomes of investigations.

Proposed Timescale: 08/04/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Operational policies and systems that included the identification, assessment and management of actual and potential risks had not been sufficiently maintained or implemented to mitigate risks and or ensure adequate controls were in place.

All allegations and episodes of abusive and or aggressive behaviour had not been sufficiently reported, recorded, investigated or assessed as detailed in the report.

A record of all incidents occurring in the designated centre was not maintained.

14. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:

The risk management policy has been updated. Staff have received training on

recognising and responding to allegations and incidents of elder abuse, and undergone training on dealing with challenging behaviours. Staff are aware of their responsibility to report all incidents and adverse events involving residents.

Proposed Timescale: 30/04/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Training records showed that all staff had not completed training in moving and handling of residents.

15. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:

Every staff member in Silvergrove has received moving and handling training. There are up to date safety statements for Silvergrove. Staff adhere to best health and safety practices to reduce risk of accidental injury to residents, staff and visitors. There is Health and Safety training scheduled for May 2016.

Proposed Timescale: 30/05/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All staff did not have a training record to demonstrate they had completed training in infection control following incidents of infectious diseases notified to the Authority.

16. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

Infection control training is scheduled for 04/05/2016. One of the staff nurses has been assigned to be the lead for hand hygiene training. Infection control audit has been carried out by the person in charge.

Proposed Timescale: 04/05/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Reasonable measures had not been maintained to manage risks or comply with regulatory and health and safety requirements.

All staff did not have a training record to demonstrate they had completed training in fire safety or fire evacuation drills at suitable intervals.

17. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:

Fire safety training was completed on 26/02/2016. There is an up to date register of all staff training sessions & attendees being maintained. Fire drills are being carried out every 3 months to ensure all staff members are familiar with evacuation procedures.

Proposed Timescale: 08/04/2016

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvements were required in relation to practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

Medication management arrangements found on this inspection had not ensured that all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned.

Medication returned to the pharmacy had been sufficiently accounted for, recorded or reconciled prior to or after leaving the centre.

Medication prescriptions and administration records were unclear in parts and at variance. The inspector and nursing staff were unable to determine if medication prescribed on a regular and PRN (as required) basis was administered as intended, as both had been represented with the same letter and had been recorded as administered in excess of the combined prescription.

The time of each medication administered was not consistently stated or obvious in the sample of records reviewed in accordance with any relevant professional guidelines.

18. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

Nurses have completed online training, Medication Management (HSEland) and in house medication management training session has been scheduled for 11/04/2016. A training and information session on psychotropic medications, facilitated by our pharmacist has been organised for 11/05/2016. A new medication administration system is now in place to reduce medication errors. This new system will be audited to assess its effectiveness at reducing medication/ dispensing errors. During nurse appraisals, emphasis has been placed on the importance of medication management and dispensing records.

Proposed Timescale: 11/05/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

On a review of resident records available, gaps were found within the assessment, planning and evaluation of care provided and needed. In the sample of resident records reviewed and discussed with staff, the inspector found that the assessments and clinical care did not consistently accord with evidence based practice.

An inconsistent approach was found in relation to healthcare governance and monitoring of a resident's nutritional status, weight, elimination needs, behavioural and psychological symptoms, communication needs, pain (assessment and management), medication and social inclusion needs.

19. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

Procedures are now in place to review care plans on a regular basis to ensure that records are maintained to best practice standards. Refresher training on assessment of residents and care planning is scheduled for 18/04/2014. All residents are weighed on a fortnightly or monthly basis, as required. There are appropriate assessments and care plans in place for all residents, reflecting their nutritional needs, as well as their

general needs. Nurses are currently updating care plans to reflect the individual needs of each resident. Training on nutrition in the elderly and in incontinence and continence promotion has been carried out.

Proposed Timescale: 30/04/2016

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A comprehensive assessment to determine all the needs of a resident prior to or on admission to ensure the service was suitably and sufficiently equipped to provide an appropriate plan of care had not been sufficiently completed or subject to a review accordingly.

A comprehensive assessment to include all the support needs of each resident had not been sufficiently maintained to ensure all the needs of each resident were met.

Residents identified with language barriers had not been suitably assessed to ensure adequate resources and arrangements were available and sufficiently organised to meet their daily needs and rights to communicate freely.

Assessment details and records that included daily evaluation and care records, behaviour monitoring charts and food diaries were incomplete, unavailable or insufficiently maintained and linked in a related care plan to guide practice and inform an assessment or review.

20. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:

Pre-admission assessment procedures have been developed by the Director of Nursing and the assistant Director of Nursing. Pre-admission assessments are carried out by the Director of nursing or the assistant director of nursing to ensure that Silvergrove care fulfil the care needs of prospective residents and to check the suitability of the person to Silvergrove.

Proposed Timescale: 08/04/2016

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The care plans examined were not sufficiently informed by a comprehensive assessment that was reviewed and updated at suitable intervals to reflect changes and or events.

The care plans reviewed were not sufficiently detailed or completed to inform an appropriate evaluation or review of care provided or required.

There was little evidence that the care plans available had been completed after consultation with the resident concerned and where appropriate that resident's family.

21. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

Care plans and documentation procedures are being assessed and updated. There will be continual monitoring of care plans. Training on care planning is arranged for 18/04/2016.

Proposed Timescale: 30/04/2016

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Arrangements found in place were not in accordance with evidence based nursing.

22. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

Every resident in Silvergrove has a person centred assessment and care plan reflecting their individual care needs. There is ongoing review of care plans and further training has been organised.

Proposed Timescale: 30/04/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The arrangements in place in relation to the rights of each resident with communication barriers had not been adequately assessed or addressed to ensure each resident could communicate freely.

23. Action Required:

Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

Please state the actions you have taken or are planning to take:

Procedures are now in place for residents with communication barriers to be referred to speech and language therapy for assessment and for management plans. Access to interpreters is available to residents where a language barrier exists. The communication needs of the residents are documented in the care plans. All current residents who required speech and language input have been assessed on-site in March. Their care plans have been updated accordingly and their individual needs communicated to all staff members.

Proposed Timescale: 30/04/2016

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A suitable and sufficient care plan was not recorded or put in place for each resident with specialist communication requirements, including language barriers.

24. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

Please state the actions you have taken or are planning to take:

Care plans are currently being reviewed and updated, with a communication care plan in place for residents with communication barriers. There is access to interpreters for residents with language barriers.

Proposed Timescale: 08/04/2016

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Suitable arrangements were not in place to ensure each resident could communicate freely, to ensure their wellbeing and safety.

25. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

Please state the actions you have taken or are planning to take:

Communication care plans are in place for residents with communication difficulties and staff members are up to date with the residents communication requirements of all residents.

Proposed Timescale: 08/04/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A review of staff allocation, routine, skills mix and supervision arrangements was required based on the overall findings and from a review of available records maintained by staff and persons working in the centre with residents.

Staffing arrangements did not consistently ensure that the number and skill mix of staff was suitable and or sufficiently experienced and knowledgeable to meet the assessed needs and requirements of all residents.

26. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Dependency levels of the residents in Silvergrove are monitored on an ongoing basis and staffing levels and skill mix are reviewed to reflect this.

Proposed Timescale: 15/05/2016

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All staff had not had access to mandatory and appropriate training relevant to meet all residents' needs. Training records showed that all staff were not trained in fire safety and evacuation, manual handling, safeguarding 'elder abuse' or other relevant areas following notifiable incidents that included managing behaviour that was challenging including de-escalation and intervention techniques, infection control, falls prevention and management of restraint.

Training and guidance in other areas such as medication management and reconciliation, incident management and reporting, recording practices and handover arrangements between staff required improvement.

27. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

All staff members have completed fire training, moving and handling training, cardiac first response training, dementia and challenging behaviours training, incident/ accident reporting and documentation training, and elder abuse awareness training. There is a comprehensive training plan in place for 2016 which includes general documentation training in long term care setting, medication management training & psychotropic medications training, incontinence training, care planning and nutrition in the elderly & MUST screening. The administrator has been assigned to maintaining the training matrix.

Proposed Timescale: 30/08/2016

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Gaps were found in staff training and supervision arrangements.

Staff arrangements had not ensured all persons working in the centre were appropriately supervised or supported to ensure the assessed needs of residents were maintained.

28. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

There are supervision and reporting procedures now in place. The Person in Charge is undertaking staff reviews and appraisals and the outcomes of the reviews are being discussed with the provider. Training to up skill staff has been scheduled, including medication management training and record keeping training. Staff are being monitored on an ongoing basis by the Person in Charge and the assistant director of

nursing.

Proposed Timescale: 08/04/2016