

**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	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	6

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 June 2016 10:00	16 June 2016 19:30
17 June 2016 10:00	17 June 2016 14:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this inspection was to inform a decision following an application to renew the registration of this centre.

There were 29 residents being accommodated in the centre which is registered for a maximum capacity of 35.

This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and visitors, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

Information and notifications of incidents received by the Health Information and Quality Authority (HIQA) since the last inspection were followed up on at this inspection.

The previous inspection of the centre was in February 2016. Major non compliances were found relating to governance and management, safeguarding, health and safety and risk management, care provision, management of incidents, maintenance of records, arrangements for the supervision and training of staffing. A provider meeting in March 2016 was subsequently convened to emphasize the possible consequences of failing to implement the required actions to the satisfaction of the Chief Inspector and a warning letter was issued in relation to the contravention of the Health Act 2007. Assurances were given by the persons representing the provider in the meeting at this time .

During this inspection the inspector found that the failings found on the previous inspection had been satisfactorily addressed within the agreed time lines.

Governance and management of the centre were satisfactory. The person in charge was on duty and facilitated the inspection process. The provider representatives were present at the commencement of the inspection and for the feedback at the end. The provider representatives were actively involved in the operation of the centre since the previous inspection and planned to continue this arrangement.

The inspector found from an examination of the staff rosters and interviews with staff, residents and relatives that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Appropriate training for staff had been provided and completed.

Staff who communicated with the inspector were knowledgeable of the legislation and standards governing the provision of care in the nursing home and could describe and explain residents' conditions, treatment plans and day-to-day routines.

The inspector was satisfied that residents' health care needs were met through weekly access to medical and specialist healthcare services when required. Residents had opportunities to participate in social activities that were meaningful to them.

Residents and relatives were positive in their feedback to the inspector and expressed satisfaction about the facilities and the services and care provided.

There were policies, procedures systems and practices in place for the management of complaints.

The inspector found measures in place to protect residents. Staff had participated in a broad range of training that included the protection of residents from abuse and they demonstrated that they were vigilant to ensure that residents were safe. Some residents who communicated with the inspector confirmed that they felt safe living in the designated centre.

The management of medicines was found to be satisfactory.

Practices and facilities were in place so that residents received end of life care in a way that met their individual needs and preferences and respected the views of their families or representatives.

The premises was suitably designed and laid out to meet the needs of the residents and it was maintained to a high standard.

The centre was primarily in compliance with the Health 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.

Areas which required improvement related to the management of a risk identified on inspection and the use of summation by nurses in resident records. These are discussed within the body of this report and set out in 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The statement of purpose had been reviewed and a revised copy was made available to the inspector.

The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The actions required from the previous inspection were addressed.

Since the previous inspection, the quality of care and experience of the residents was sufficiently monitored and developed on an ongoing basis.

Effective management systems and sufficient resources were put in place to promote the delivery of safe, quality care services. Improvements were brought about as a result of the learning from incidents, concerns and inspection previous inspection findings.

Adequate monitoring and management systems were put in place and reviews completed to inform the governance of the centre.

Changes in the management arrangements had occurred since the previous inspection. A clearly defined management structure to include the provider representatives was put in place that identifies the lines of authority and accountability. Staff were complimentary of the management structure and communication arrangements put in place since the previous inspection and were satisfied with the leadership shown and structured reporting arrangements. Suitable arrangements were put in place to support, develop, supervise and manage staff and review their performance.

An annual review of the quality and safety of care delivered to residents was completed since the previous inspection to inform areas for improvement in 2016. A copy was submitted to HIQA in accordance with action plan response. Action plans to achieve identified areas of improvement were progressed.

There was evidence of consultation with residents and their family or representatives.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A Residents' Guide was available, and the inspector noted that it met the requirements of the Regulations.

The inspector reviewed a sample of the contracts of care for some residents, which set out the services provided and the agreed fees charged to these residents.

Judgment:

Compliant

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:

The person in charge is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. She works on a full time basis and was sufficiently supported by the provider representatives 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 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 her authority and a commitment to improving the service and quality of care for residents. She along with the provider and staff team had addressed many of the findings from the previous inspection. The person in charge responded immediately to issues raised during the course of this inspection to ensure outcomes for the resident group were improved and addressed.

The person in charge and the staff team facilitated this inspection and were knowledgeable of residents' care and conditions.

Staff confirmed that improved and good communications exist within the staff team and management group.

Residents and relatives could identify the person in charge, management and staff members.

The policy and practice in relation to the creation, access to, retention of and destruction of records was reviewed. Overall, records were held and kept in the designated centre to be available at all times or available to all relevant staff or residents for inspection. The quality of record management, training provided, changes and practices put in place had brought about much improvement.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The actions required from the previous inspection were addressed or sufficiently progressed within the time frame available. The documentation to be kept at the designated centre was available for inspection and well maintained.

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a safe manner to ensure to ease of retrieval. A sample of records was reviewed by the inspector. These included records relating to residents, staff and the operation of the centre.

The designated centre had the written operational policies required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 available. The inspector reviewed the procedures in place and required by Schedule 5 of the Regulations including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. Care procedures had recently been reviewed by the person in charge for implementation.

Arrangements were put in place such as staff meetings to inform and familiarise staff with relevant policies and procedures. Staff had acknowledged their understanding of policies and those who spoke with the inspector were familiar with the procedures to be

implemented such as the management of incidents, accidents, behaviours that challenge or reporting concerns and responding to incidents or emergencies.

In follow up to the actions required following the previous inspection, suitable arrangements were put in place to ensure:

- a record of all complaints received or made by residents or their representatives or relatives, and the action taken by the management team on foot of complaints were sufficiently maintained
- records were completed to include a copy of correspondence to or from the designated centre relating to each resident. There were no contracting agents and or agency support workers involved with residents of the centre since the previous inspection
- details of the communication needs of the resident and methods of communication that may be appropriate to the resident were sufficiently recorded and supported
- 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 detailed and 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 sufficiently recorded and responded to
- a record of medication errors was recorded that informed improvements in practices
- a record of any incident or accident involving the resident 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
- a record of the food provided for residents 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 with details of a plan relating to residents in respect of specialist health care following an assessment and or case reviews were maintained in the centre to demonstrate involvement and recommendations that informed a care plan.

A recommendation was made by the inspector regarding the recording of clinical practice to ensure a high standard of evidence based nursing care in accordance with professional guidelines. This recommendation was to avoid summation in nursing records such as use of the term 'family' informed to ensure all relevant details including the actual name of the person informed or involved in decisions or in care plans was specified and recorded.

A record of visitors and the directory of residents was recorded and maintained in the centre.

The centre's insurance was up to date and a certificate of insurance cover was available.

A sample of staff files were reviewed and found to be compliant with the regulations.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were no reported or notified absences by the person in charge since the previous inspection.

The provider as person in charge was aware that:

- if the person in charge is expected to be absent for 28 days or more, the Authority is to be notified one month prior to the expected absence
- in the case of an emergency absence, the Authority is to be notified within 3 days of its occurrence and within 3 days of person in charge's return and
- suitable arrangements are required during any period of absence made and to notify HIQA accordingly.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy and supporting documents which provided guidance for staff to manage incidents of abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidents.

The training records identified that staff had opportunities to participate in training in prevention, detection and response to abuse. Staff knew what constitutes abuse, and what to do in the event of an actual, alleged, or suspected incident of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents. Residents who spoke with the inspector and respondents of questionnaires reported they felt safe and were satisfied with the arrangements in place.

Since the previous inspection appropriate action was taken in foot of an allegation of complaint and allegation abuse. The person in charge conducted an investigation and while the allegation was not upheld, opportunities for learning were established and recommendations were implemented in practice to improve resident well-being. The management team revised and demonstrated their knowledge of the centre's policy and national policy guidelines. The necessary referrals to external agencies were included. Overall, improved safeguarding measures included staff training by external facilitators in the range of topics to improve the care and welfare of residents and rigorous staff supervision arrangements to ensure appropriate management of incidents.

Improvements were noted around the use of restraint such as bedrails with usage reduced to 27%. Staff spoken with confirmed that many residents had requested the use of bedrails and that some alternatives had been tried. For example, equipment such as low beds and floor (crash) mats had been used as an alternative prior to bedrails. Other alternatives and or devices such as sensory devices had been considered and made available to residents. The inspector noted that appropriate risk assessments had been undertaken for the use of bedrails. Regular checks of residents with bedrails were completed when in use. A policy was in place to guide usage of all forms of restraint. Residents or their representative, the GP and nursing staff recorded their involvement in decisions in relation to the use of restraint.

Because of their medical conditions, some residents' behavioural and psychological well-being fluctuated at times. The inspector saw that specific details such as possible triggers and proactive interventions were recorded in their care plans. Staff spoken with were familiar with appropriate interventions to use and had received training to support practice. Behaviour logs were maintained when required and episodes of behavioural changes were analysed for possible trends to ensure an appropriate response and referral to specialists, where required. The inspector saw that information regarding each resident's condition was communicated with all relevant staff. During the inspection the inspector observed staff responding to residents in a sensitive and appropriate manner. Residents responded positively to the techniques and approaches used and adopted by staff.

The provider and staff did not managed residents' monies. A procedure for managing, receipting and documenting transactions such as fees was in place.

Judgment:
Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had policies and procedures relating to health and safety that included a health and safety statement and risk management policy to include items set out in regulation 26(1). An infection control policy with supporting protocols was also available.

There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

A risk register was maintained that identified hazards and risks throughout the centre and control measures in place. Arrangements were in place for investigating and learning from incidents and adverse events involving residents. An identified risk observed on inspection whereby a staff member had unlocked a fire exit to gain entry to the centre and failed to lock the door once inside resulting in a resident who had cognitive impairment attempting to leave the centre. Another staff member recognised this risk and re-directed the resident back into the centre. The provider representatives and person in charge was to review the accessibility and safety precautions following this incident.

Reasonable measures were in place to prevent accidents to persons in the centre and in the grounds. The audit of incidents and accidents on the monthly basis was maintained by the person in charge. The management and staff team discussed and reviewed any incidents and accidents involving residents to identify the key cause or likely factors to inform control measures. A health and safety committee that included staff from each discipline had been formed and had met since the previous inspection to discuss health and safety matters.

Infection prevention and control practices were in line with recommended standards. Hand sanitisers were available throughout the centre. Staff had received mandatory and relevant training to promote the health and safety to reduce healthcare associated infections and risk.

Suitable arrangements were in place in relation to promoting fire safety. A fire register was maintained. The records seen confirmed that fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Staff interviewed and records reviewed confirmed fire drills, fire alarm tests, checks of escape routes and of fire fighting equipment tests on a regular basis.

Fire safety and response equipment was provided. Fire exits were identifiable by obvious

signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building and at the alarm panel along the main corridor. Staff were trained and those who spoke with the inspector knew what to do in the event of a fire alarm sounding.

Judgment:
Substantially Compliant

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Practices and procedures associated with the ordering, prescribing, and administration of medicines to residents had improved since the previous inspection.

The requirements from the previous inspection were addressed to ensure all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned and that all medication returned to the pharmacy had been sufficiently accounted for, recorded or reconciled prior to leaving the centre.

Medication prescriptions and administration records were complete in accordance with professional standards. Residents were protected by safe medication practices in the designated centre that included reviews by the General Practitioner (GP), pharmacist and nursing staff at regular intervals. A review of the most recent medication audit and record of errors resulted in positive changes being put in place following the findings. For example, as required medicines were dispensed in the single monitoring dosage system similar but separate from regular medicines.

Administration was observed to be safe and in line with the nursing guidelines. There was adequate and secure storage for medication, with medication requiring refrigeration stored appropriately, and monitored daily. Controlled drugs were stored and managed in accordance with legislative requirements and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each working shift.

Procedures around the crushing of medicines were seen individually prescribed to be crushed by the residents' GP.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days.

The quarterly report for 2016 was provided as prescribed in the regulations.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care.

Since the previous inspection a new system of capturing and recording resident assessment, care planning and evaluation of care was introduced and being implemented. A selection of care records and plans were reviewed by the inspector. There was evidence of a pre-assessment undertaken prior to admission for residents. There was a documented comprehensive assessment of activities associated with daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality, behavioural and psychological needs and sleep. There was evidence

of a range of assessment tools being used to monitor areas such as the risk of falls, cognition status, pain, malnutrition and pressure ulcer risk or development.

Each resident's care plan was kept under formal review by the primary nurse as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. Action required from the previous inspection relating to gaps in assessments and updating the care plans following review by healthcare professionals had been addressed.

The inspectors reviewed the management of clinical issues such as weight loss, wound care and falls management and found they were well managed and guided by robust policies. Extensive staff training had been undertaken in the range of relevant healthcare areas that are outlined in outcome 18. Falls prevention and management including audits to ensure each fall was analysed to identify any possible patterns or trends was completed. Monitoring and audits of care plans, medicines, wounds, nutrition and hydration, incidents and use of restraints were maintained to ensure appropriate medical and healthcare was provided for each resident.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available to the residents. A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. The inspectors reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities and many of the activities were particularly suitable for these residents. A programme of events was displayed and included religious ceremonies and music on the weekly basis. A range of both group and individual activities was available. Records were maintained of each resident's participation or otherwise in the various activities.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is a ground floor building located along the main street in a town where all amenities such as shops, pharmacy and doctors' surgery's were close by.

The inspector found the centre to be warm, well maintained and suitably decorated. The walls and ceilings in many parts of the centre had been painted and tastefully decorated since the previous inspection. New curtains were provided in communal areas and in resident's bedroom accommodation.

Residents had good access to indoor and outdoor areas and to external gardens and courtyards with colourful flower beds and suitable garden furniture. The grounds were well maintained. Sitting and dining rooms were large with good natural lighting due to the extensive provision of windows. Communal rooms were decorated in a homely and warm fashion. There were other smaller areas and rooms to sit and dine in that were pleasantly furnished and bedrooms were mainly personalised to suit the individual resident.

Corridors and door entrances of accommodation used by residents were wide and spacious to facilitate movement and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required by existing residents. Handrails and grab rails were provided where required in circulating areas and in bathrooms.

Bedroom accommodation was provided through a mix of single and twin occupancy rooms (21 single bedded rooms and seven two bedded rooms). The size and layout of bedrooms met the needs of the residents. Privacy screening was designed in twin rooms to enable the screen to close fully around the resident's bed. Some residents who shared bedroom accommodation told the inspector they liked the company of the other resident.

Furniture and equipment seen in use by residents was in good working condition. Mobility aids that included remote control beds and hoists, handling belts and slide boards were seen available to promote safe moving and handling practices.

Suitable storage arrangements were available throughout the centre. Kitchen facilities are located within the building. Two dining rooms were available, the main dining room adjoins the kitchen where all residents' food was prepared, cooked and served from at

meal-times. Meals were transported to the dining room located at the other end of the centre in the heated trolley for residents as required.

A laundry facility is available within the centre to launder residents clothing, bedding and curtains.

Judgment:
Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The comments box was also available and centrally located.

The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and residents and relatives that communicated with the inspector said they were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspector examined the complaint records since the previous inspection and this showed that complaints were reported and recorded in accordance with the centre's policy and requirements of the regulations. All complaints had been resolved to the satisfaction of the complainant.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Caring for a resident at end of life was regarded as a fundamental part of the care and service provided. There were suitable and sufficient care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. During the course of the inspection the inspector observed staff delivering end of life and after life care in an appropriate and sensitive manner. The inspector met with the family member of the resident who died during the course of this inspection. He spoke highly of the care provided by staff. Staff were seen facilitating the wishes recorded in this resident's end of life care plan and supporting the relative in carrying out the removal and funeral arrangements.

Where appropriate, the inspector noted that the resident's GP and family involvement was encouraged and included in the end of life plans reviewed and decisions made.

Having reviewed a sample of care plans and from discussions with staff, the inspector was satisfied that each resident or their relative was given the opportunity to outline their wishes regarding end of life care. In some cases very specific information was discussed with staff and or documented regarding their preferences. This included their wishes regarding transfer to an acute hospital or if a specific family member was to be contacted, what clothing to wear and where to be buried.

Although not currently required, staff spoken with confirmed that the palliative care team provide advice and support as needed.

There was a procedure in place for the return of possessions. Equipment to improve the level of respect shown to the deceased including the necessary religious artefacts and bed linen were available and seen in use. The inspector observed that the arrangements after the death of a resident were facilitated in accordance with the residents' or relatives' wishes.

Other residents told the inspector of experiencing the loss of a resident and friend. One resident said they were informed by staff and offered an opportunity to 'pay their respects' and 'say good bye'.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was provided with fresh food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The meals and mealtimes were a social occasion for residents. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required.

Monitoring of residents' food intake and fluid balance were completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered accordingly.

Access on referral to a speech and language therapist was available when required. The inspector observed practices and saw that staff were using appropriate techniques when assisting residents with their meals.

It was noted that meals were an unhurried social experience with appropriate numbers of staff available to support residents if required. Residents had a choice of where to have their meals. The tables in the dining rooms were attractively and invitingly set and a menu for the day was displayed. The inspector seen the menu over a four week period was planned and on display in both dining rooms. To help some residents with their choices, they were asked by staff which they meal of food they would like in advance of the mealtime and their satisfaction on receipt was again checked.

The food seen provided was appropriately presented and provided in sufficient quantities. The inspector noted that residents who required their meal in altered consistencies had the same choices as other residents. In addition these were served attractively. The catering staff told the inspector of the communication systems in place between the nursing and catering staff to ensure the needs of residents were met. Residents requiring specialised diets were accommodated.

The inspector saw that snacks and fluids were readily available. Day and night snacks were also available should they be required. Fresh pieces of fruit and or fruit smoothies were prepared and served to residents on both days of the inspection between meal times.

Residents spoken with also expressed satisfaction with the food and drinks provided.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's forum was facilitated and the group met on a regular basis. Information for residents' and their family members' involvement was central to care planning.

Access to and information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, the inspector saw residents choosing to participate in activities or not. In the main, residents were able to make choices about how they lived their lives in a way that reflected their individual preferences or abilities. Communication needs were assessed and aids and means of communication were provided to support residents with communication difficulty.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in their bedrooms and they could receive visitors in private. Residents were of an older age range, they were seen occupied in hobbies that interested them such as reading, exercise, games and prayer. Mass was celebrated weekly in the centre by the local priest. A singer and musician provided weekly entertainment for up to two hours. Up to 16 residents were seen either singing along to or listening and or tapping to the music provided. Some danced with staff. Residents were seen to be dressed in an appropriate manner in their own clothes with personal effects of their choosing.

Respondents who completed questionnaires confirmed that they as residents were treated with respect and were safe. The general consensus from residents and their relatives was that staff informed them of the health care needs and any changes in the conditions or plans.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector saw that there was adequate space provided for residents' personal possessions and mobility aids. Residents had an ability to lock their bedroom or have a locked facility in their bedrooms. Some chose the option to lock their bedroom door while others had the coded safe within their bedroom.

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. The identification system used for resident clothing was discussed with staff and the current arrangement was to be reviewed. Residents and relatives were satisfied with the arrangements in place.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

During this inspection staffing levels, skill set and supervision arrangements were adequate to meet the needs of residents.

The inspector examined the staff duty rota, communicated with residents, relatives and staff and found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Staff who communicated with the inspector confirmed that they were supported to carry out their work by the provider and person in charge. On the first day of the inspection the activity levels and dependency needs of residents was high, some staff remained in work after their shift ended to help respond to the needs of residents. As the result an additional care staff member was rostered to work on day two between 5pm and 10pm. During feedback assurances were given that this additional resource would be maintained as and when required.

The inspector found staff to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. Residents and representatives praised the staff team and spoke highly of the person in charge's leadership and management skills.

There was evidence that staff had participated in training relevant to their role and responsibility and demonstrated their knowledge in a number of areas. Training had been completed in safeguarding, restraint, falls prevention and management, manual handling, assessment, care planning and record keeping, cardio pulmonary resuscitation, dementia and responsive behaviour, hand hygiene and infection-control, dysphagia and weight loss, communication and meal time experience, health and safety and fire safety. All rostered nurses had attended medication management training that included use of psychotropic medication and management of epilepsy medicines. Training in wound management was also provided since the previous inspection in February 2016.

A recruitment procedure was described and the policy was in place in accordance with the Regulations. A sample of staff files was examined and found to contain all of the relevant documents. A record was maintained of staff nurses' current registration details with the professional body.

The inspector saw that arrangements for supervision and development of staff were in place. These included induction training, probationary period, an annual appraisal system, communication meetings and observation of care practices.

There were no volunteers working in the centre.

Judgment:
Compliant

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:	16/06/2016
Date of response:	27/06/2016

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 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:

Recording of clinical practice to ensure a high standard of evidence based nursing care in accordance with professional guidelines and schedule 3 (4) (c) required improvement. Summation in nursing records such as use of the term 'family' should be avoided to ensure all relevant details including the actual name of the person informed or involved in decisions or in care plans is specified and recorded.

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

1. Action Required:

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

We have reviewed our current practice in this regard and staff have been notified of documentation completion requirements going forward. The PIC & A/DON will ensure best practice in documentation is implemented and practiced.

Proposed Timescale: 24/06/2016

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:

An identified risk observed on inspection whereby a staff member had unlocked a fire exit to gain entry to the centre and failed to lock the door once inside placing a resident with limited safety awareness at risk.

2. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The exit door in question (Block 3) will be keypad coded. Initial installation assessment carried out on 24/6/2016 with the requirement to have keypad installed within 1 week specified to locksmith.

Proposed Timescale: 01/07/2016