Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Silvergrove Nursing Home Limited
Name of provider:	Silvergrove Nursing Home Limited
Address of centre:	Main Street, Clonee, Meath
Type of inspection:	Unannounced
Date of inspection:	03 August 2018
Centre ID:	OSV-0000162
Fieldwork ID:	MON-0024590

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Silvergrove Nursing Home is a family owned business, located close to the village of Clonee, Co. Meath. The centre is a purpose built, single-storey facility with 21 single and seven twin bedrooms. The service offers long-term, respite and convalescence care to male and female residents over 18 years. The centre admits residents of varying degrees of dependency from low to maximum. The staff team includes nurses and healthcare assistants and offers 24-hour nursing care. There is also access to a range of allied healthcare professionals.

The following information outlines some additional data on this centre.

Current registration end date:	06/10/2019
Number of residents on the date of inspection:	20

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
03 August 2018	10:00hrs to 16:30hrs	Mary O'Donnell	Lead
03 August 2018	10:00hrs to 16:30hrs	Sheila Doyle	Support

Views of people who use the service

Residents were positive about the care and support they receive in the centre. Residents appeared to be content and they reported they felt safe in the centre, and that staff were very kind and approachable. Those who spoke with inspectors said they enjoyed sitting in the day room at the front where they can watch the traffic and see people come the go. They expressed satisfaction with the range of activities and felt the visiting arrangements were good to support them keeping in touch with family and friends. Inspectors were told of the choice that was offered about their daily lives, when they got up and retired at night, the food provided, and where they choose to sit during the day. One resident had just returned from a holiday abroad. Residents felt their privacy and dignity was respected, with staff being courteous, and seeking permission before they entered bedrooms or delivering any care or support required.

Capacity and capability

This was an unannounced inspection triggered following the receipt of information which raised concerns about staffing, safeguarding and management of the designated centre. While the concerns raised were not substantiated, the findings of this inspection were that the registered provider had not ensured that there were appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

Poor regulatory compliance has been an issue in this centre for some time. In June 2018 the Office of the Chief Inspector issued a notice of proposal to cancel the registration of this centre on foot of repeated failures to address identified regulatory non-compliances. In response the registered provider submitted a plan detailing how they would definitively address these regulatory non-compliances. This inspection afforded an opportunity to assess progress to date. Compliance with nine regulations which underpin capacity and capability was assessed with four of these were found to be non-compliant.

The centre was nicely decorated and well-maintained, both internally and externally. In addition inspectors noted that there were adequate supplies of food, bed linen and towels, and toiletries for residents and personal protective equipment for staff. Since the previous inspection the provider had taken steps to ensure that all staff were vetted by An Garda Síochána.

Since the last inspection, changes were made to the management team. This team now consisted of the registered provider representative who attends the centre in that capacity two days a week, a new person-in-charge and an assistant director of nursing who worked three days a week. However, additional management supports, described in representation made to the Office of the Chief Inspector, were not found to be in place.

On the day of the inspection, the structure in place did not demonstrate the managerial capacity and coherence required to underpin the radical reform required. The role of the person-in-charge was now filled by a person originally hired to supplement the team as a management consultant resulting in role confusion. Inspectors found that the person in charge was still engaged in many aspects of her original role which was negatively impacting on her role as person in charge.

Inspectors were not assured that there were sufficient staff available to meet the needs of residents and to deliver the service described in the centre's statement of purpose. Staff absenteeism was an ongoing issue and the provider was working to recruit new staff and reduce their reliance on agency staff. Observations during the inspection and feedback from staff indicated that a staffing review was warranted to ensure that there were sufficient staff on duty to meet the needs of residents and to ensure that a safe standard of care was delivered to residents. The provider had made resources available for staff training.

The systems put in place to review the quality of care delivered, did not provide assurances the service provided is safe, appropriate, consistent and effectively monitored. Similar to the findings of three previous inspections, there was no system of planned audits in place. While some ad hoc, audits had taken place since the last inspection, the management team did not ensure that the actions identified were implemented or sustained.

In conclusion, the findings of this inspection are that there is insufficient progress in ensuring that there are appropriate systems and processes in place to underpin the safe delivery and oversight of this service.

Registration Regulation 6: Changes to information supplied for registration purposes

The provider had submitted timely notifications and supporting documentation, to inform HIQA of the change of person in charge and that a person participating in management was no longer in that role.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and had the relevant qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

Inspectors were not assured that there were sufficient staff to meet the needs of residents including nursing staff. The provider representative stated that there was a recruitment drive in progress to fill vacancies and to create a pool of regular relief staff to replace staff on planned and unplanned leave. In the interim, efforts were being made to reduce the use of agency staff and use part-time staff to cover shifts when required. This provided continuity of care to residents by staff who knew the residents well. There was usually one nurse on duty four days per week. There were inherent risks, as one nurse could not safely administer medications, provide nursing care and supervise care delivered to residents. For example inspectors observed that the nurse was interrupted on several occasions while doing the morning medication round, to meet visiting health professionals and support health care staff when requested. The medication round took over 2.5 hours. Inspectors also found instances where the care delivered was not in line with residents' plans.

Inspectors observed a warm, friendly relationship between the staff and residents and residents were well groomed. However, staff reported that staffing levels were not adequate and they were rushed when providing care. This impacted on residents as the staff were not available to supervise some resident's meals and had limited time to engage socially with residents. On the day of inspection, the staff member allocated to activities was reallocated to catering duty to cover an unplanned absence.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff told inspectors about the range of training opportunities to support them in carrying out their role in the centre. This included recent training on nutrition and how to support people with swallowing difficulties, behaviours that challenge and a briefing on data protection legislation. Records to confirm the number of attendees at training events could not be provided on the day of inspection.

Staff were not appropriately supervised to ensure that care delivered was in line with the residents' care plans, or that staff training was being put into practice.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents and, apart from one entry where the date of admission was omitted, the document held the required information specified in Schedule 3.

Judgment: Substantially compliant

Regulation 21: Records

Complete records as set out in schedule 2, 3, & 4 were not available for inspection. For example, the current statement of purpose was not available and staff training records could not be located.

Two of the three staff files reviewed by inspectors held the documents as set out in Schedule 2 including Garda vetting disclosures. One file did not contain a second written reference.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider did not ensure that sufficient resources (staffing) were in place to ensure the effective delivery of case in accordance with the statement of purpose.
There are management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively managed.

Judgment: Not compliant

Regulation 31: Notification of incidents

There was a comprehensive log of all accidents and incidents that took place in the centre. HIQA was notified as required every quarter, and written notifications were received within three days of accidents and incidents as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A synopsis of the policy was displayed clearly to reflect the name of the new complaints officer and the process to follow. Where complaints had been made, they were followed up on, and actions were taken to make the identified improvements. Complaints were audited on a monthly basis.

Judgment: Compliant

Quality and safety

The supervision of residents care required review in order to ensure that residents consistently received a high standard of care.

Nurses were not consistently available to supervise the care delivered and inspectors found instances where care provision was not in line with care plans which could potentially impact on the care and welfare of residents. Additional areas for improvement included:

- the timely review of care plans as residents' needs changed
- the level of detail recorded in some care plans needed improvement to ensure residents' needs were understood fully, and care was provided to meet that need
- staffing levels and staffing arrangements required review to ensure that care plans were implemented, timely assistance provided and the social needs of residents were met
- improvement was required in clinical supervision of issues such as catheter care.

A review of residents' care records and feedback indicated that in the main, residents health-care including medical and allied health care needs were being met in a timely way and care provided reflected residents' preferences.

Care records reviewed were found to reflect the residents' individual preferences, information about their life before moving to the centre and a health history. Many of the care plans reviewed were of a good standard and clearly set out the residents' needs, care interventions, treatment required, the equipment needed. There were also social care plans setting out the types of activities and daytime occupation they were interested in. Of the records reviewed, additional detail was required in some to ensure staff had a clear picture of each resident's needs, and

could respond appropriately. For example, a resident at risk of a pressure ulcer, did not have a care plan to address the risk or to detail the settings of the pressure relieving mattress. The pressure relieving mattresses in place for some residents were not at the correct setting for the residents' weight.

In practice, staff were not sufficiently responsive to changes such as reduced intake of food to trigger a response to prevent unintended weight loss. An audit in April 2018 identified that almost 50% of residents were at high nutritional risk. The action plan to address this was not implemented; with the majority of residents who were scheduled for weekly weights only weighed monthly. In addition the supervision of and assistance provided to residents who took meals in their bedrooms also required improvement.

The design of the premises enabled residents to spend time in private and communal areas. Access to the well maintained garden was via a key code lock. Staff explained that some residents could remember the code but others would require staff assistance to go outside. The system could also be operated to override the key code. There was suitable seating provided in the patio and inspectors noted that none of the residents were sitting outside, although the day was warm and sunny.

Information was accessible for residents in the centre, with public notice boards and access to the residents' guide and other documents about the service including contact details for a named independent advocate. Residents had access to television, radio and newspapers were delivered to residents on a daily basis. Residents rooms were personalised with photographs and other personal possessions.

Regulation 11: Visits

The provider ensured that there was open visiting apart from mealtimes. There were a variety of private and communal areas available to meet with visitors

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a varied nutritious diet and a choice of menu was offered at mealtimes. Since the previous inspection, the provider had sourced information about specialist diets which was available to catering and care staff. Inspectors were satisfied that residents with special dietary requirements were provided with the appropriate diet. Staff had recently attended training on swallowing difficulties and

inspectors observed that the training was being implemented in practice.

However, timely assistance was not provided at lunchtime and staff were not available to support residents in their rooms who required supervision or assistance.

Many residents stayed in the day room for meals. It was unclear if this was through residents' choice or just habit. These residents did not enjoy the same social aspect of dining as those who went to the dining room, nor were any place settings, trays or condiments in use.

Judgment: Not compliant

Regulation 26: Risk management

The provider had recently taken steps to strengthen the risk management system and had engaged an external health and safety consultant. An action plan was drafted and plans were in place to review safety procedures and revise the safety policy. A safety committee had been formed and a health and safety representative appointed. There was documentary evidence of monthly safety walkabouts to identify risks and actions were put in place to control risks where they were identified. This was a work in progress.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, there were systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. The communal areas and bedrooms were found to be clean and there was a good standard of general hygiene in the centre. The practices described by staff were adequate to ensure prevention of cross contamination. Hand sanitising gels situated through out were regularly used by staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration was observed and inspectors found that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the medication administration records following administration to residents, in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais.

However, because there was only one nurse on duty, the medication round took 2.5 hours to complete and medications were administered much later than the prescribed times. This presented a potential risk to residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents were assessed prior to admission to ensure their needs could be met in the centre. Care plans were developed on admission and reviewed at regular intervals to ensure residents' needs were being met. While good examples were seen of care plans with clear detail about how residents' needs were to be met, some were seen where the detail was not sufficient to guide the staff and may risk residents' needs not being fully met. Care plans were not consistently revised to reflect the changing needs of the residents and systems to ensure that care plans were implemented needed to be strengthened. This has been a consistent finding on recent inspections.

Judgment: Not compliant

Regulation 6: Health care

There was good access to a range of health care professionals relevant to residents' needs. Multidisciplinary services in the community were accessible to residents and they also had access to the outreach team from the local hospital which included a geriatrician. There was also access to a general practitioner arranged in the centre, or residents were able to select one of their choice.

However, inspectors saw that evidence-based nursing care was not consistently recorded. For example, inspectors saw that the catheter care was not in line with best practice guidelines.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Overall, there were good supports and positive outcomes for residents with responsive behaviour. Staff had received training recently and they described some effective strategies used in practice to support residents with anxiety and responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding procedure in place and staff were clear on the steps to take if they witnessed, suspected or had abuse reported to them. There was regular training in the centre and the person in charge had arranged for two yearly refresher training for staff. None of the staff or residents who spoke with inspectors had witnessed or heard any reports of abuse or personally experienced abuse by a staff member.

The registered provider representative told inspectors that they were not currently pension agents for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported as individuals, long-standing staff in this small centre knew the residents well including information on their life, experiences, and preferences, to ensure care provided was person-centred. Staff were trained and equipment provided to facilitate activities and social engagement. However opportunities for residents to participate in meaningful occupation and recreation were diminished whenever activity staff were called on to replace staff who had unplanned absence.

There was evidence that residents and or their representatives were consulted with and their wishes were respected by staff. Residents' right to choice and control over their daily life was also facilitated in terms of times of rising and returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Notices were posted informing residents and visitors that CCTV recording was in place in the centre.

Undignified practices were observed which did not support a person centred approach to care. These included:

- the use of communal toiletries which were kept in shower rooms. Inspectors did note that most residents did have their own supply so it was unclear why this practice was happening
- the use of a black sack when returning the property of a deceased residents
- some residents who required assistance with eating, had their meal in the day room without the use of a dining table. This arrangement did not promote independence and the opportunity to socialise and chat at mealtimes

was not available to these residents
- some unmarked clothing, such as hip protectors, were in communal use.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Silvergrove Nursing Home Limited OSV-0000162

Inspection ID: MON-0024590

Date of inspection: 03/08/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Following the inspection a complete review of the staffing was conducted within the centre. Bearing in mind the layout of the building and the assessed needs of each resident, a proposed increase to staffing of the following will be implemented: 1 x Additional Registered Nurse 8am-2pm 2 x Additional HealthCare Assistant 8am-8pm Recruitment is now ongoing to fill these positions with implementation completed by October 8th, 2018. The Provider Nominee is committed to ensuring full compliance within the centre and has sought assistance for the PIC from external service providers to ensure compliance is achieved without distraction from her role in the day to day running of the Nursing Home. The Director of Nursing (DON) and Assistant Director of Nursing (ADON) will commence staff appraisals within the home and take this opportunity to review and examine the training needs of all staff. Staff appraisals are expected to commence week beginning September 9th and finish on 31st November 2018. Formal meetings with the Provider Nominee are taking place weekly and staffing will be reviewed and all progress in relation to recruitment discussed. Formal supervision will commence within the home whereby the PIC and ADON support the clinical staff on the floors to ensure any poor practices engaged in are identified, discussed and staff are retrained where appropriate.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and	

staff development:

A review of the training matrix has taken place post inspection.
All staff in Silvergrove Nursing Home are fully up to date on mandatory training and all staff have access to appropriate training.

The Person in Charge has completed a comprehensive review of the training needs in Silvergrove Nursing Home in conjunction with the Registered Provider. Further discussion with staff during their appraisals will also highlight any deficits which will be addressed immediately.

Training for staff on:
'Dysphagia and MUST Training' took place on 10th July 2018.
'Nutrition in Elderly and Falls and Nutrition' took place on 28th March, 2018
'Dysphagia and Nutrition' took place on 15th February, 2018.
' Responsive Behaviour and Dementia Training': 3rd and 24th July, 2018
'Medication Management'': 10th July 2015
'Spinal Bowel Care': 13th June, 2018

Evidence of attendance at these training courses was not available at the time of inspection. Same is enclosed with this action plan (Appendix 1).

In the interim the PIC has scheduled a training workshop in care planning for October 15th, 2018 and Catheter Training has been scheduled for September 16th, 2018

Responsibility for the recording of all training has been redefined within the administrator's role. An up to date Training Matrix will be supplied to the PIC within 48 hours of any training that takes place. The identified training needs of staff will be discussed weekly with the Registered Provider Representative to ensure all needs are addressed and met.

Regulation 19: Directory of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 19: Directory of residents:

A resident's directory is maintained within the Nursing Home to ensure compliance with paragraph (3) of Schedule 3. Following the inspection, the directory was audited to ensure full compliance. Moving forward this audit will be completed on a monthly basis. Oversight and review of this audit will be conducted by the PIC to ensure compliance is maintained. A Copy of this audit accompanies the action plan (Appendix 2)

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

The Statement of Purpose has been reviewed and updated to reflect the issues raised, noted, and discussed at the time of Inspection. A copy of the updated Statement of Purpose accompanies this action plan (Appendix 3)

A full and comprehensive audit will be conducted by the PIC and administrator on all staff files to ensure compliance. This audit will be completed and actioned by September 30th, 2018.

The Training Matrix is now up to date and available for inspection.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management.

As discussed at the time of inspection, the Registered Provider remains fully aware of their role and function in terms of providing adequate management systems to ensure sufficient oversight in relation to all aspects of care within Silvergrove and to ensure its compliance and demonstrate their commitment to the Nursing Home.

Weekly Governance and Management Meetings between the Provider Nominee and the PIC will continue weekly. These meetings will include a detailed discussion on staffing, staffing deficits, recruitment, supervison and care planning.
Where the audits conducted identifiy any significant trends, any training requirement for staff, or identfy areas for improvment of the quality of services provided to our residents, these will be disucssed and action plans to address the issues will be put in place.

Staff appraisals will commence within the home conducted by the PIC and ADON to ensure staff are fully aware of their roles and responsibilities. The appraisals will also be used as an opportunity to identify any training needs of staff.

Newly recruited staff will have a planned and organised induction ensuring their introduction to the Nursing Home clearly identifies to them their roles and responsibilities, the needs of the residents and the policies and procedures by which they are expected to comply with to ensure the safety and appropriate delivery of care to all the residents.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Silvergrove Nursing Home has in place a comprehensive set of policies relating to the clinical care of all residents. These policies are currently under review to ensure best practice within the Nursing Home. All Staff within the Nursing Home have been reminded of the importance of documenting food and fluid intake of each resident. There is a reminder to all staff on a daily basis at both handovers, and additionally fluid and food intake are totalled nightly by the day nurses at the end of their shift for the previous 24 hours. Where shortfalls are noted this is discussed with the Health Care Assistants attending to that resident. Staff have also been reminded of the appropriate ways in which to assist residents with mealtimes. Observation and supervison at mealtimes by the PIC and ADON ensure that any poor practices noted are dealt with

immediately.

Following the inspection and observations noted a review of the dining arrangements was conducted taking into consideration the assessed nutritional needs of each resident. The allocation of the additional clinical staff on a daily basis to support those residents that require additional supports and assistance at mealtimes in this area.

Where residents chose to be in their room at mealtimes this will be clearly noted on their careplans. All residents are afforded choice regarding mealtimes and where they would prefer to dine. The catering team and PIC have met regarding the preparation of the dining areas to ensure mealtimes are an engaging event with the appropriate requirements on hand to ensure the dining experience is a pleasurable one. The PIC will continue to meet with the Catering Team weekly to ensure all isues are appropriately addressed.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The inspectors noted that significant improvement had taken place in this area and work remained ongoing. At present safety policies are being reviewed and the Safety Statement is being amended to reflect the improvements noted in this area.

The Safety committee continues to meet monthly and all issues noted are documented and addressed. Oversight for completion of all issues raised remains with the PIC and RPR. All issues noted and arising will be discussed at weekly Governance and Management meetings between RPR and PIC. Where trends and/or patterns are identified/noted these will be addressed through the Safety Committee meetings.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Increases to nursing staff on the floor daily would eliminate distractions to the nurses during medication administration. Currently, nurses do wear DO NOT DISTURB aprons.

Post inspection nurses are NOT available to take telephone calls and enquiries during the medication rounds. Instructions are in place to ensure all contact with the nurse is eliminated and redirected to the PIC or the ADON.

The pharmacy provider and GP have been requested to complete a review of the medications being administered and the allocated timelines for each resident. The PIC will audit each staff nurse and their practices to ensure best and safe practices are being used by all staff.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The PIC maintains complete oversight on all care plans. The PIC is in the process of developing an audit tool to ensure care plans are specific to and tailored to the needs of each resident.

A comprehensive review of all care plans has taken place by the PIC, and all clinical staff are fully aware of the changes required to ensure the careplans are fully reflective of the expressed and required needs of all our residents.

Silvergrove operates a named nurse process whereby each nurse has responsibility to ensure appropriate careplans are reviewed to reflect changing needs of residents. The PIC and ADON will continue to review all careplans noting where deficits are ensuring they are corrected and updated as required and in line with the Nursing Homes policies and best practice.

Care planning training has been scheduled for all nursing staff to ensure they are fully aware of their recording and documentation responsibilities.

The PIC will also discuss care-planning with all nursing staff during appraisals to ensure where possible all nursing staff have the adequate skills required to record, maintain, review and evaluate all aspects of care. Where supports are required these will be put in place and/or training provided as required.

The implementation of the computerised nursing system will ensure there is a standardised approach to care planning which is consistent across all staff whilst allowing for an individualised and person centred care plan to be formulated for each resident.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The practice of leaving toiletries in the showers has ceased within the Nursing Home. All residents had and continue to have their own supply of toiletries.

The practice in relation to return of resident's personal belongings has been reviewed and updated in the Nursing Home Policies. All personal items belonging to a deceased resident are respectfully returned to the family in white bags, with purple ties, specifically for that use.

A review of the available seating in the dining room has been conducted and plans are in place to ensure all residents have the appropriate facilitates at mealtimes. In the interim, Silvergrove have introduced two lunch sittings and residents can chose at which time they prefer to dine. This allows for more resident choice and a more pleasant dining experience.

Residents requiring hip protectors have individualized hip protectors, and the items have been labeled. No clothing or hip protectors are shared amongst residents.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	October 8th, 2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	October 15th, 2018
Regulation	The person in charge shall	Not	Yellow	October 8th,

18(1)(c)(i)	ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Compliant		2018
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	October 15th, 2018
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	Completed- 31st August 2018
Regulation 21(1)	The registered provider shall 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.	Not Compliant	Yellow	Completed- August 31st, 2018
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	August 31stth, 2018
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Yellow	October 8th, 2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	October 8th, 2018

	appropriate, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	September 30th, 2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	September 30th, 2018
Regulation 29(5)	The person in charge shall 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.	Not Compliant	Orange	September 30h, 2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	November 15th, 2018
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in	Not Compliant	Yellow	November 15th, 2018

	accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	October 8th, 2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	Completed-August 17th, 2018