



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

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| 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: | 18 June 2020 |
| Centre ID: | OSV-0000162 |
| Fieldwork ID: | MON-0029675 |

About the designated centre

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

Silvergrove Nursing Home is a family owned business, located close to the village of Clonee, Co. Meath. The centre is a purpose built, single-storey facility with 28 single bedrooms. The service offers long-term, respite and convalescence care to male and female residents over 18 years. The centre admits residents of varying degrees of dependency from low to maximum. The staff team includes nurses and healthcare assistants and offers 24-hour nursing care. There is also access to a range of allied healthcare professionals.

Silvergrove Nursing Home Limited was registered with the Chief Inspector of Social Services as a designated centre on 7th October 2019.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 17 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|--------------|---------|
| Thursday 18 June 2020 | 08:30hrs to 16:30hrs | Ann Wallace | Lead |
| Thursday 18 June 2020 | 08:30hrs to 16:30hrs | Susan Cliffe | Support |
| Thursday 18 June 2020 | 08:30hrs to 16:30hrs | Mary Dunnion | Support |

What residents told us and what inspectors observed

During the inspection inspectors observed that staff were kind and respectful towards the residents that they cared for. Staff knew the individual residents well and were able to tell the inspectors about each residents' past life, family connections and their care needs. However some improvements were required to ensure that all staff used a person centred approach when delivering care and services for the residents. For example inspectors observed that some staff did not check with residents before they offered hot drinks and as a result did not offer the residents a choice of hot drink. Inspectors also observed that some staff did not ask the resident's permission before commencing a care activity. For example a carer did not ask one resident's permission before they applied a cloth apron to protect the resident's clothes at lunch time. In another example a carer did not inform the resident that they were about to move the resident in their chair. This caused the resident to startle when the chair was moved as they were not aware of what was happening.

Visitors were visiting by appointment in line with the current national guidance. Overall the feedback from residents and their families was positive in relation to the care and services provided in the designated centre.

Residents themselves were reluctant to talk about the COVID-19 outbreak with the inspectors. Those residents who did engage understood that something awful had happened in their home and that some residents had died as a result. . Although residents were aware of the measures in place such as social distancing, hand hygiene and the use of personal protective equipment (PPE) some residents told the inspectors that they found it difficult to hear what was being said to them when inspectors and staff were wearing face masks.

On the day of the inspection most of the residents were up and about and using the communal rooms and the garden. However some residents chose to stay in their bedrooms, taking all their meals alone which meant that, despite the staff's best efforts, these residents were without social contact or access to meaningful activities for significant periods of time throughout the day.

For those residents who were up and about inspectors observed staff encouraging residents to keep their social distance in the communal areas and the garden. Communal areas were of sufficient size to safely accommodate the number of residents who were using them. A small group of three residents were observed participating in an arts and crafts activity in the large communal lounge. Other residents sat watching television with sufficient distance between them. One resident told the inspectors that watching television was his favourite past time. He said he was happy to be able to return to the TV lounge when the COVID-19 outbreak was over and he was no longer confined to his bedroom. Residents were also observed enjoying the garden on the day of the inspection. Residents were observed to maintain social distancing guidance and were heard prompting each

other to comply with the two metre distance.

A number of staff who spoke with the inspectors demonstrated empathy with residents during the current restrictions and were observed trying to encourage residents to take part in activities or to go out into the garden for a change of environment. Nursing and care staff described some of the affects of the recent outbreak and the ongoing restrictions on the residents' health and well being such as low mood and reduced appetite. Measures had been put into place such as window visits and in the past week arranged visiting times for named family members in line with the new guidance. However, residents were missing their families and friends and a number of residents were seen to be low in mood and reluctant to engage with others.

Overall residents said that they were comfortable and that the premises met their needs. One resident told the inspectors that she loved her private bedroom and that she had plenty of space to keep all of her belongings, although a lot of items had been put into storage due the current infection control guidance. All bedrooms were single and a number of rooms had en-suite facilities. Residents had access to specialist equipment such as hoists, pressure relief mattresses and profiling beds in order to meet their needs. Residents were particularly pleased with the enclosed garden and their access to outside space. "I love the flowers" one resident told the inspectors.

Capacity and capability

This un-announced risk inspection had been triggered in response to the number of concerns that had been received by the Chief Inspector during and following the COVID-19 outbreak in the designated centre in April 2020.

The provider submitted a notification of an outbreak of COVID-19 in the centre to the Chief Inspector on 3rd April 2020. During the course of the outbreak 14 residents contracted COVID-19 and six residents died with either a positive diagnosis of COVID-19 or a high suspicion of having contracted the virus. During this period the provider had assistance from the HSE Crisis Management Team to access appropriate quantities of personal protective equipment and access to COVID-19 testing and results for staff and residents. In addition the provider required significant assistance to manage and staff the centre.

On the day of the inspection there were 17 residents accommodated in the designated centre. All residents had been tested for COVID-19 and the test results had been received more than 14 days prior to the inspection.

Poor regulatory compliance was a repeated finding of inspections of Silvergrove Nursing Home in 2017 and 2018 resulting in a notice of decision to cancel the registration of the centre. This decision was withdrawn when over 2019 the provider took the required action to ensure the safety and well being of residents and the

HIQA inspection carried out on 17th September 2019 found that 16 regulations out of the 22 inspected were compliant including infection control. This was a significant improvement in regulatory compliance from previous inspections and as a result the Chief Inspector renewed the registration of the designated centre on 7th October 2019.

During this inspection inspectors found that the level of regulatory compliance had deteriorated and that out of the 19 regulations inspected, four regulations were non-compliant, eight regulations were substantially compliant and seven regulations were compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspectors also noted that the person in charge on the day of the inspection was appointed to the role on 05 May 2020 and that she was the third person in the role since March 2020.

As will be detailed throughout this report inspectors found that the provider had not managed to sustain the level of regulatory compliance found on inspection in September 2019. This inspection found shortcomings in compliance with key regulations which underpin safe resident care including infection control, records, staffing, and food and nutrition. Improvements were also required in health care, risk management, end of life care and resident's rights.

The oversight of the service needed to improve in order to ensure that the care and services provided for the residents were safe and appropriate and that the service was consistently monitored. For example:

- Ensuring that there was a clear management structure in place with clear lines of authority and responsibility for all areas of the service.
- Ensuring there were sufficient numbers of staff with the right knowledge and skills to provide a safe and effective service.
- Ensuring that staff vacancies were addressed through the designated centres selection and recruitment processes in a timely manner.
- Ensuring that infection prevention and control procedures were consistently adhered
- Ensuring that staff were appropriately supervised and clearly communicated with at all times.

Regulation 14: Persons in charge

There was a new person in charge who had been in post since 5th May 2020. The person in charge was a registered nurse who worked full time in the designated centre. She held a management qualification and had worked in care of older persons in a residential setting for more than eight years.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels in the centre on the day of the inspection were not sufficient to meet the needs of the residents or to ensure that the centre was cleaned to the required standard. For example

1. On the day of the inspection there were three carers on duty including a senior carer. A fourth carer was providing activities for the residents as the activities team were not on duty and as such was not part of the team delivering direct care to residents. The senior carer was working with the care team in the direct delivery of care and as such was not able to supervise care staff.
2. Lunch for those residents who did not eat in the dining room was delivered off an unheated trolley by the three care staff. Inspectors observed that it took up to 30 minutes for all meals to be delivered to these residents as the carers had to help those residents who required assistance as the meals were delivered. Those residents who were the last to have lunch did not receive a hot lunch. During this time the three carers did receive some support from the fourth carer, however neither the person in charge nor the clinical nurse manager supervise or participate in the meal time experience for the residents.
3. House keeping staff were responsible for cleaning the centre and completing all laundry. From Monday to Friday there two housekeeping staff working from 08.00hrs until 17.00hrs, however this reduced to one staff member for the same hours on Saturdays and Sundays. It was not possible for this number of staff to clean the centre to the required standard and do the required laundry. As a result the centre was not clean in all areas and the cleaning schedules required in the current Infection Prevention and Control guidance were not in place.

Both the provider and the person in charge accepted that the current numbers of staff available in the centre were not in line with the staffing levels set out in their statement of purpose which they attributed to the reduced occupancy of the centre. However an assessment of staffing levels against residents needs had not been carried out.

Judgment: Not compliant

Regulation 16: Training and staff development

Records showed that mandatory training was up to date for all staff prior to the COVID-19 outbreak however going forward there was no comprehensive training

plan in place to bring all staff up to date with their mandatory training requirements. In addition the training matrix was not available on the day of the inspection which meant that the person in charge was not aware of those staff who needed updated training.

Additional infection prevention and control training including hand hygiene and donning and doffing PPE had been completed by staff appropriate to their roles. However three staff who spoke with the inspectors did not demonstrate the required level of knowledge, pertinent to the recognition of the symptoms of COVID-19 or the *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*, required to identify and contain a second outbreak.

The clinical nurse manager was identified in the governance structure as the person with responsibility for the supervision of staff providing care and services to the residents. However on the day of the inspection the clinical nurse manager was the nurse on duty in the designated centre. She informed the inspectors that she had between six and eight hours supernumerary hours each week. This was not in line with the Statement of Purpose which identified one whole time equivalent clinical nurse manager in post in the designated centre. Records showed that the focus of the clinical nurse manager's role was in completing regular audits of key care indicators such as pressure sores, weight loss and care plan rather than the supervision of staff in their roles.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was complete and contained the information required under Schedule 3.

Judgment: Compliant

Regulation 21: Records

A review of residents care records found four entries relating to other residents in one care record and one entry for a female resident in the record of a male resident. Inspectors also noted that agency staff did not sign two residents' care records as required by professional standards and in line with the documentation policy in the centre.

A review of staff files found the following gaps

- two staff files did not contain two written references that included the member of staff's most recent employer.
- one staff file did not contain a record of the GV disclosure in accordance with the National Vetting Bureau.

In addition housekeeping records for deep cleaning schedules did not provide an accurate record of the cleaning that had been completed.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that there were some improvements in the governance and management of the designated centre since the last inspection. However further improvements were required to ensure that there were sufficient resources available to deliver care in accordance with the statement of purpose and that there were robust management systems in place to ensure that the service was safe and appropriate.

In January 2020 the registered provider committed to maintaining an organisational governance and management structure for the designated centre as outlined on page 4 of their statement of purpose and provided to the Chief Inspector on 20 January 2020. This commitment was set out in condition four of the registration of the centre. However on the day of the inspection the management structure in the centre was significantly reduced; specifically the clinical nurse manager (CNM) hours had reduced from 2.5 whole time equivalents to one whole time equivalent with only 20% of that person's role committed to the management of the centre and the supervision of staff.

Therefore the management structure in the centre was not in line with the statement of purpose or condition 4 of the current registration of the designated centre and this reduction in the management resources meant that staff did not have appropriate support and supervision in their work. This is discussed under regulation 16.

The management structure did not clearly identify the lines of authority and accountability for all areas of the care and services. The operations manager, who was also the registered provider representative, took overall responsibility for the running of the service and delegated responsibility to other senior staff as required. However

- inadequate supervision of staff delivering care to residents
- it was not clear who had responsibility for oversight of staff records and as a result inspectors found that staff files had not been audited and some files did not contain all of the required information.

- an up to date staff training matrix was not available on the day of the inspection and as a result the records did not evidence that all staff were up to date with their mandatory training. This was addressed during the inspection and the training matrix was submitted to the inspectors the following day.
- the centre was cluttered with boxes of PPE and other equipment which caused a risk to residents and staff mobilising around the centre and created an infection control risk. These risks had not been identified and addressed by senior staff working in the designated centre and it was not clear to inspectors who had the delegated responsibility and authority to identify and resolve the significant risk posed.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The language used in the contracts for care was not plain English and easily understood and as such does not meet the Customer and Consumer Protection Commission best practice guidance.

Contracts for care did not identify the bedroom that a resident would reside in or the number of residents occupying a room.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Although the statement of purpose (SOP) had been updated to reflect recent changes to the person in charge, inspectors found a number of anomalies;

- Staff hours on roster did not reflect the staffing levels committed to in the SOP
- The management structure in place in the designated centre on the day of the inspection did not reflect the management structure set out in SOP.

The version of the SOP available in the centre on the day of the inspection (dated May 2020) had not been submitted to the Chief Inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which was provided to residents and/or their families on admission to the designated centre. The complaints policy was displayed in the entrance foyer. The policy identified the Director of Nursing (person in charge) as the person who managed complaints in the centre.

The inspectors reviewed the complaints file; two formal complaints had been recorded since the last inspection. One complaint was closed out and the second complaint was still in process. The records showed that the complaints were investigated by the person in charge and a copy of the outcome had been made available to the complainant.

There was a record of the complainant's satisfaction with how the issue had been managed.

Judgment: Compliant

Quality and safety

Overall residents were well cared for by staff who knew them well, however improvements were required to ensure that residents received person centred care which ensured that they were consulted about all aspects of their care and daily routines. In addition the oversight of important areas of care provision such as end of life care and meal times did not ensure that care was delivered to an appropriate standard. Inspectors also found that areas of the premises and items of equipment required refurbishment or replacing and that the premises was cluttered due to a lack of storage facilities. Infection control practices did not meet the required standards in relation to housekeeping practices and hand hygiene.

Each resident had a comprehensive assessment of their needs when they were admitted to the service. Following the assessment a care plan was developed by nursing staff. Care plans showed that residents and where appropriate their families, were involved in the care planning process and ongoing reviews of care. Care was delivered in line with the resident's care plan however improvements were required to ensure that the organisation and delivery of care moved away from an approach focused on tasks and moved towards person centred care.

Residents told the inspectors that they enjoyed their meals and that there was plenty of choice available. The records of resident meetings showed that feedback from residents had been used to develop menus and introduce new items to the menus. The meals were prepared in the centre's kitchen and home baking was available most days. The inspectors observed the lunch time meal and found that the current arrangements did not ensure that meals served to those residents who stayed in their rooms were served hot.

Overall the premises met the needs of the residents; the provider had reduced the

occupancy of the designated centre following the September 2019 inspection. As a result all bedrooms were single occupancy and provided each resident with a comfortable private space and sufficient storage for their personal belongings. Communal areas were spacious and bright although some chairs and cushions showed signs of wear and tear and needed to be replaced.

This inspection found that the premises was cluttered with large boxes of personal protective equipment there was no dedicated storage space for large amounts of equipment. The clutter meant that it was difficult to keep some areas of the premises clean and free of dust. In addition inspectors found that the current housekeeping arrangements were not organised or supervised sufficiently to deliver the required level of cleaning.

Regulation 11: Visits

Visits had restarted in line with relevant guidance and residents were looking forward to meeting with their families again. The person in charge had a process in place for families to book their visits by appointment and to ensure that all visitors adhered to the guidance that was in place to protect the residents.

Judgment: Compliant

Regulation 13: End of life

Inspectors saw that the personal belongings of residents who had recently passed away were stored in black plastic bags, suit cases and in some instances hospice friendly bags. While there was no evidence that those bags which were examined contained any inappropriate items, the manner in which they were stored was not respectful of the residents who had passed away. The bags were in a store room behind and underneath equipment such as an air mattress, a wheelchair and a walking frame.

There was no clear plan in place to contact the families of those residents who had passed away to arrange to return the belongings of their deceased relatives or a policy to guide the management of the belongings of deceased residents.

Management told inspectors that fear of adding to the upset of grieving families contributed to the providers failure to manage the accumulation of residents belongings.

Judgment: Substantially compliant

Regulation 17: Premises

Overall inspectors found that the premises was laid out in line with the statement of purpose and that the designated centre met the needs of the residents who lived there. Residents had their own bedrooms which were comfortably laid out and included adequate storage for their belongings.

The communal areas were bright and spacious and provided adequate space for residents to maintain the current social distancing rules.

The garden area had been tidied since the last inspection; garden furniture had been replaced with new tables and chairs and the grounds were tidy. Residents were seen in and out of the garden throughout the day of the inspection and they told the inspectors how much they enjoyed spending time sitting or walking in the garden. However some improvements were still required to this area;

- One path had been covered with bark chippings and did not provide a safe surface for residents to access this part of the garden.
- The garden was used as a smoking area and the receptacles for used cigarettes were two empty plastic mayonnaise buckets which were unsightly especially for those residents who did not smoke.
- The doors to the garden area did not close fully.

There was a shortage of storage space in the centre for additional equipment such as personal protective equipment and large items such as pressure relief mattresses when they were not in use. There were sufficient bath/shower rooms and toilets for the number of residents accommodated. However some bathrooms were used to store equipment such as hoists and linen trolleys.

Overall the designated centre was well maintained but some areas were showing signs of wear and tear and would benefit for a redecoration/refurbishment plan.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Improvements were required to ensure that there was an adequate number of staff available to assist residents at meal times so as to ensure that meals served to residents in their bedrooms were served hot.

Judgment: Substantially compliant

Regulation 20: Information for residents

The Resident's guide was available in the centre and contained all of the information required under Regulation 20.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections were in place such as

- The centre was cluttered with a large amount of personal protective equipment stored in empty bedrooms, the operation manager's office, bath/shower rooms and in store rooms. There was no system in place to determine the requirement for PPE in the designated centre and for the return of surplus stock. Unlabelled personal products were found on one bathroom.
- Hoist slings were shared between residents. A hoist was stored on one shower room and there was a cloth sling stored with this hoist without a label to identify to which resident the sling belonged. Staff confirmed that it was the practice in the centre to use the same sling for more than one resident as long as the sling was of the correct size. Staff were not clear about what schedule was in place for cleaning the slings that were in regular use.
- The current numbers of housekeeping staff did not ensure that the cleaning schedules required in current guidance could be met at all times. For example
 - the written schedule of daily cleaning had not been updated to include additional cleaning in line with new guidance. The inspectors observed housekeeping staff cleaning areas of high use such as light switches and door handles but this was not included on the written schedule and was not signed off as completed by the member of staff.
- Although housekeeping staff were clear about which cleaning products to use inspectors observed that there were products in wall dispensers in the cleaner's stock cupboard that were no longer in use and that had not been safely disposed of. In addition the housekeeping staff did not have access to the safety information for the products that they were using in line with Control of Substances Hazardous to Health (COSHH) requirements.
- Areas of the centre were not clean. For example;
 - the large sitting room had been deep cleaned on 11th June, however the inspectors found the following the corners and edges of the floor were not clean and there were a number of cobwebs in the corners one of which contained a dead fly
 - there was black dust on the top of the wall mounted TV.

- Some items of furniture showed signs of wear and tear for example;
 - a padded seat had a large area of exposed foam
 - a pressure relief cushion had a number of rips in the protective covering.
- Some staff did not adhere to good hand hygiene practise and were not seen to use hand sanitisers when they moved from one area to another around the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident had an assessment of their needs on admission and a had care plan in place. There was evidence of residents and/or their families being involved in care planning. Nursing staff reviewed care plans every three months or more often if the resident's needs changed and care plans were found to be up to date and to reflect the residents' current needs.

However, some improvements were required to ensure that the care plan record was a true record of the care for each resident. This is addressed under Regulation 21.

Judgment: Compliant

Regulation 6: Health care

Overall the residents received medical and health care in line with their needs. All residents had access to a general practitioner (GP) and were reviewed by their GP regularly. Records showed that the GP visited the designated centre weekly or more often if a resident's condition required medical review.

Some improvements were required in relation to the management of falls in the designated centre to ensure that residents who had recurrent falls were investigated and had access to the wider health and social care team in order to agree a falls management plan and reduce the risk of further incidents.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had comprehensive systems in place to protect residents from abuse however improvements were required to ensure that all new staff had a Garda vetting disclosure in place prior to commencing employment. This is addressed under Regulation 21 records.

Allegations of abuse were notified to HIQA in line with the regulations and local policy. The inspectors reviewed the documentation in relation to concerns that had been reported since the last inspection and found that they had been investigated and managed in line with local policies and national best practice guidance.

Residents told the inspectors that they felt safe and that they could talk to a member of staff if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Resident meetings were held regularly prior to the COVID emergency. Records showed that at the last meeting in January 2020 residents had highlighted areas for improvement in menus and activities. The record showed that the feedback had been reported to the relevant staff teams and that the resident's suggestions had been implemented.

Activities staff were in place across seven days; activities were provided on a one to one and small group basis due to social distancing rules. Activities were found to be person centred and to meet the individual residents preferences for activities and ability to participate.

Although a number of staff were observed to have a person centred approach in their interactions with the residents this was not a consistent approach. Inspectors observed some institutional practices including;

1. One member of staff was observed putting a cloth napkin around a resident to protect the resident's clothing while they had their lunch. The member of staff did not ask permission to apply the napkin and did not give the resident the opportunity to decline wearing it.
2. In another observation the inspector observed a member of staff putting sugar into a cup of tea and presenting it to a resident without offering the resident a choice about what they would like to drink and how they preferred to take their beverage.
3. A further observation saw a resident being moved in their chair without the carer explaining what they intended to do and gaining the resident's permission to carry out the maneuver. The resident did not appear to hear the care staff approach and became startled when the chair was moved.

Independent advocacy services were available for residents however inspectors

found that the service had not been made available to one resident who needed impartial support and advice to sign legal documents such as contracts for care and pension agency forms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Substantially compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Silvergrove Nursing Home Limited OSV-0000162

Inspection ID: MON-0029675

Date of inspection: 18/06/2020

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 |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: In the day of Inspection, the staff rostered and on duty to provide care to 17 residents were one CNM, three care staff supported by two housekeepers, two kitchen staff and the administration staff (to include the RPR) as well as the Person-in-Charge, a senior registered nurse, who was also fulfilling her duties in the Centre on the day. It is acknowledged that following a now historic outbreak of COVID-19 in our Centre in April 2020, a period significantly before the Inspection, nursing and care staff numbers fell in our Centre due to illness, State cocooning requirements and resignations. The Registered Provider acted promptly and engaged HSE public health support which provided wonderful and effective assistance in the form of clinical and nursing resources supports who provided on-the-ground clinical assistance in a private-public partnership in the best interest of our resident under the direction and management of the Registered Provider, curbing the public health challenge in our Centre. We confirm the following the COVID-19 outbreak, the Registered Provider advertised and hired an additional CNM and staff nurse. The CNM commenced employment on 21/07/20 while the new staff nurse started employment on 05/08/20. With the exception of sick leave and planned annual leave, this will allow the CNM to be supernumerary over seven days, increasing clinical supervision. We are in the process of hiring addition HCA's with our interviews process having commenced on 27/07/20. An additional housekeeper has been employed commenced employment on the 07/08/20 in our Centre, subject to successful garda vetting. This will increase the housekeeping team to allow in future two housekeepers on duty each day, whereas currently there are two housekeepers on duty five days per week and one on the two remaining days.</p> | |
| Regulation 16: Training and staff development | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

As a first step, following the Inspection, the Registered Provider has had regard to the fact that in Regulations 16(1)(a) and (b), the Minister for Health has required that:

“The person in charge shall ensure that:

- (a) staff have access to appropriate training,
- (b) staff are appropriately supervised”.

As a second step, the Registered Provider has reviewed the compliance of the Person-in-Charge, following the Inspection, and is fully satisfied that on the day of Inspection all mandatory training was up to date.

Fire training had been booked and scheduled for 24/06/20 which went ahead as planned, additional fire training has also been scheduled for the 12/08/20.

The Registered Provider is also satisfied that training matrices were given to the Inspectors on the day of the Inspection.

While we are assured that all staff employed in the Centre have completed online courses on HSEland.ie on hand hygiene, infection control, donning and doffing PPE , as appropriate to their role, additional training on Infection Control – with focus on public health measures - has been arranged with an external trainer and is scheduled for the 21/08/20. The additional CNM who commenced employment on 21/07/20 and staff nurse who commenced employment on 05/08/20 will enhance further the clinical supervision of staff on duty each day in the Centre.

Regulation 21: Records

Not Compliant

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

The Registered Provider has enhanced its procedures to assuage any concerns held by the Inspectors and these include procedures requiring that all new employees must have successful garda vetting and two references which have been verified prior to commencing employment. Housekeeping records are being reviewed to ensure they include reference to all areas that have been cleaned. All records as set out in Schedules 2, 3, and 4 will be available for inspection by the Chief Inspector or her Inspectors on any future date.

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| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An CNM commenced employment on 21/07/20 and the new staff nurse on 05/08/20.</p> <p>With the exception of sick leave and planned annual leave, this will allow the CNM to be supernumerary over seven days, increasing clinical supervision each day.</p> <p>An audit of staff files was completed post Inspection and we confirm that all staff files are updated and contain all required information, which approach will be maintained.</p> <p>The Registered Provider will review audits by the person in charge every four months. New employees will have all required information in their files.</p> <p>We confirm that staff training records were updated with the most recent trainings and given to the Inspectors on the day of the inspection. Staff training records will be updated following all trainings. PPE is now stored appropriately and safely. The person in charge and the registered provider representative are aware of their roles and areas of responsibility.</p> | |
| Regulation 24: Contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>We will undertake a legal review of all Contracts for Care to ensure that the written terms are easily understood and readily identify the agreed bedroom a in which the resident will reside and the number of residents occupying a room in line with Regulation 24(1) of the Care & Welfare Regulations.</p> | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose is now reflective of staffing levels with the addition of the new CNM who commenced on 21/07/20. The management structure is as reflected in the Statement of Purpose and remains unchanged. Where the Registered Provider wishes to</p> | |

propose any changes to the Statement of Purpose agreed by reference to Condition 1 of our Certificate of Registration, the proposed changes will be submitted to the Chief Inspector for agreement as envisaged by Condition 1 and in line with Regulation 3 of the Care & Welfare Regulations.

Regulation 13: End of life

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: End of life:
The person in charge shall ensure that appropriate arrangements, in accordance with each resident's wishes in so far as they are known and reasonably practical, are made.

We confirm that on the day of Inspection, the personal belongings of two residents who had passed away were located in a storeroom and were stored in hospice friendly bags.

Due to COVID-19 public health restrictions and cocooning family members, some families had chosen not to collect the personal belongings of their deceased.

Following the Inspection, and in an effort to assuage the Inspectors' concerns, the Registered Provider, through the RPR, delivered the belongings to one family whose members were cocooning.

Ongoing efforts were/are made to contact other family members to make arrangements made for collection / delivery of all personal belongings relating to deceased residents of our Centre, respectful of COVID-19 public health measures.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The garden has been landscaped. Residents who smoke now do so in the garden as the indoor smoking venue has been closed due to social distancing and COVID-19 restrictions.

New outdoor smoking bins have been provided for the residents to use.

All PPE is now stored in storage areas. Hoists and linen trolleys are no longer stored in a bathroom. New marmoleum will be laid in five bedrooms.

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| Regulation 18: Food and nutrition | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>We confirm the following the COVID-19 outbreak, the Registered Provider advertised and hired an additional CNM and staff nurse. The CNM commenced employment on 21/07/20 while the new staff nurse started employment on 05/08/20. With the exception of sick leave and planned annual leave, this will allow the CNM to be supernumerary over seven days, increasing clinical supervision. We are in the process of hiring addition HCA's with our interviews process having commenced on 27/07/20.</p> <p>As an additional measure, the person in charge has commenced unannounced checks on the meal time experience for the residents to ensure food is served in a timely manner, findings are documented and action plans put in place, if required.</p> | |
| Regulation 27: Infection control | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>PPE is now stored appropriately and safely.</p> <p>All residents have individual hoist slings and sliding sheets as required.</p> <p>Replacement slings are available when regular laundry of slings.</p> <p>An additional housekeeper has been employed and is due to commence employment in our Centre, subject to successful garda vetting. This will increase the housekeeping team to allow in future two housekeepers on duty each day, whereas currently there are two housekeepers on duty five days per week and one on the two remaining days.</p> <p>The written cleaning schedule will be reviewed and amended to include documented evidence of cleaning in all areas. Following this new and regular cleaning audits will be commenced.</p> <p>The person in charge / CNM will carry out monthly audits on infection control. Unused wall dispensers will be removed. Safety information sheets are available for all cleaning products in use. Chairs, mattresses, pressure relief cushions and any other furniture have been replaced if showing sign of wear.</p> <p>Infection Control training for all staff carried out by an external provider is scheduled for week beginning 21/08/20. New marmoleum will be laid in five bedrooms</p> | |

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| Regulation 6: Health care | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care: Residents who have recurrent falls are identified, reviewed by the GP, including a medication review, an appropriate care plan commenced, use of hip protectors is encouraged and referral to a physiotherapist is made.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Independency advocacy is available for all residents in our Centre.</p> <p>A residents committee meeting is scheduled for the 07/08/20.</p> <p>A new CNM who commenced employment on 22/07/20 and subsequently a staff nurse. These appointments will provide for increased clinical supervision, while promoting a person centered approach to care. The definition and importance of person centered care is highlighted to all staff on a daily basis in handover and again increased clinical supervision and monitoring by the CNM and person in charge will provide assurance that person centered is provided and adhered to.</p> | |

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 |
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| Regulation 13(2) | Following the death of a resident the person in charge shall ensure that appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical, are made. | Substantially Compliant | Yellow | 27/07/2020 |
| 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 | 01/10/2020 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately | Not Compliant | Orange | 01/09/2020 |

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| | supervised. | | | |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 30/09/2020 |
| Regulation 18(1)(c)(i) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served. | Substantially Compliant | Yellow | 01/10/2020 |
| 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. | Substantially Compliant | Yellow | 27/07/2020 |
| 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 | Orange | 27/07/2020 |
| Regulation 21(6) | Records specified in paragraph (1) shall be kept in such manner as to be safe and | Not Compliant | Orange | 27/07/2020 |

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| | accessible. | | | |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | Not Compliant | Orange | 01/09/2020 |
| 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 | Orange | 27/07/2020 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 27/07/2020 |
| Regulation 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms | Substantially Compliant | Yellow | 27/07/2020 |

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| | relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre. | | | |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Not Compliant | Orange | 30/09/2020 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 27/07/2020 |
| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access | Substantially Compliant | Yellow | 27/07/2020 |

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| | to such treatment. | | | |
| 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. | Substantially Compliant | Yellow | 27/07/2020 |
| Regulation 9(3)(f) | A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services. | Substantially Compliant | Yellow | 27/07/2020 |