Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Silvergrove Nursing Home Limited</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Silvergrove Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Main Street, Clonee, Meath</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17 September 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000162</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027553</td>
</tr>
</tbody>
</table>
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.

| Number of residents on the date of inspection: | 23 |
How we inspect

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

As part of our inspection, where possible, we:

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

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

1. **Capacity and capability of the service:**

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

2. **Quality and safety of the service:**

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

   A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 17 September 2019</td>
<td>09:00hrs to 18:00hrs</td>
<td>Sheila McKevitt</td>
<td>Lead</td>
</tr>
<tr>
<td>Tuesday 17 September 2019</td>
<td>09:00hrs to 18:00hrs</td>
<td>Ann Wallace</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Residents spoke positively about their life in the centre. They said they felt safe living there.

They told inspectors the food was good they got a choice and it was served to them hot. They also said they had access to snacks and drinks between meals.

Residents said that staff were kind, attentive and always answered their call-bell promptly. They said the choice of activities had improved a lot and they were given the choice whether to participate or not. Inspectors observed residents' actively engaged in activities which they were clearly enjoying. They also told inspectors how much they enjoyed the trips that had been organised outside of the centre.

Relatives were observed being welcomed into the centre and chatting with their relative in private.

Capacity and capability

Significant repeated regulatory non-compliance has been an issue in this designated centre over a prolonged period of time. In light of the risk to the care and welfare of the residents living there, the Chief Inspector issued a notice of proposed decision to cancel the registration of this centre in June 2018. In response the provider undertook to take the necessary action to significantly improve the care of the residents, however a follow-up inspection in October 2018 found that the situation had deteriorated further and the registered provider had not implemented their own action plan to ensure a safe and effective service was provided to residents. As a result, the Chief Inspector issued a notice of decision to cancel the registration of this centre in October 2018 which the provider appealed in the district court. The hearing of this appeal has yet to proceed. The provider sought a judicial review of some of the decisions and actions taken by the Chief Inspector in the High Court.

In July 2019, the High Court refused the reliefs sought by the registered provider in the judicial review and held in favour of the Chief Inspector and HIQA. The registered provider has discretion to appeal this decision to the Court of Appeal. The notice of decision to cancel the registration of the designated centre will be stayed until all proceedings before the courts are determined.

Whilst the decision of the Chief Inspector to cancel the registration of this centre awaits determination by the Courts, inspectors of social services have inspected this centre on multiple occasions to ensure the ongoing care and safety of residents. In addition the provider is required to submit a monthly report on actions under way to
improve the care and safety of residents and to address identified risks.

While, there was evidence of improvements, inspectors were concerned at how sustainable this improvement could be without sufficient support for the person in charge. Inspectors were not satisfied that the person in charge had adequate support from the provider through the operations manager as committed to by the provider. While the operations manager visited the centre, it was not evident that their role included supporting the person in charge in fulfilling their duties. For example, the management meetings were held with the operations manager and the consultant and did not always include the person in charge.

The provider, had through their last compliance plan, outlined the governance and management structure for the designated centre. However, on the day of the inspection it was not clear who was in charge of the centre in the absence of the person in charge. Inspectors were told that the staff nurse was in charge of the centre on the day of the inspection as the person in charge was attending a course. The inspectors observed that this nurse was busy with nursing duties and was not engaged with managing the centre on that day. There was also a person who was described as a consultant by the provider, who appeared to be actively engaged in the management of the centre as evidenced from governance meeting minutes reviewed by the inspectors. In addition, Inspectors observed the nurse who was supposed to be in charge refer to this person on a number of occasions during the day. It was not clear what role this person held within the centre. They were rostered for two days a week and were involved in the quality improvement programme. Inspectors were concerned given the history of non-compliance in this centre, about the lack of clarity on the day to day management arrangements in the centre when the person in charge is not on duty.

Notwithstanding the improvements required in the governance arrangements the inspectors found a number of improvements in regulatory compliance. These improvements had a positive impact on residents and included the following:

- Sufficient resources were now in place for the effective delivery of care with the staffing levels and skill mix appropriate to meet the needs of the 23 residents. Those employed since the last inspection were settled into their posts. Some, such as the new activities staff had a very positive impact on residents' well being. The use of agency staff had been reduced with the increase of permanent staff which had a positive impact on the standard of care provided to residents
- Staff had received training in a number of different areas of practice since the last inspection. All staff had mandatory training in place and most had received updates in 2019. Staff who spoke to inspectors were knowledgeable about how to safeguard residents and what to do in the event of the fire alarm sounding.
- Auditing systems had been developed and implemented to ensure the service was safe and continuously monitored. The results of the audits conducted since the last inspection showed improvements in some areas of care such as medication management.
- An annual review for 2018 had been completed which included residents
views on the service.

**Regulation 14: Persons in charge**

The person in charge was full time. He had implemented positive changes since the last inspection. He had the necessary qualifications and experience and was well regarded by residents, relatives and staff. He was in the process of completing a course in the provision of contemporary palliative care for residents.

Judgment: Compliant

**Regulation 15: Staffing**

Staffing levels and skill-mix were appropriate to meet the needs of the 23 residents living in the centre on the day of the inspection. The assistant director of nursing post remained vacant but there were no other staff vacancies.

Response times to answering residents' call-bells were prompt as per monthly call-bell audits.

Judgment: Compliant

**Regulation 16: Training and staff development**

All staff had completed mandatory training in the safeguarding of residents, manual handling practices and fire evacuation practices. A high number had also completed training in dementia awareness, management of behaviours that challenge and infection control.

All registered nurses had completed a competency assessment in medication management and cardio-pulmonary resuscitation.

Staff had an annual appraisal completed by the person in charge in September 2019.

Judgment: Compliant

**Regulation 19: Directory of residents**
A directory of residents had been established but not maintained. It contained some but not all the information outlined in schedule three for each of the 23 residents living in the centre. For example, it did not reflect when residents had been transferred in and out of hospital or details of next-of-kin. This is a repeated non compliance found on previous inspections which the provider had previously committed to addressing.

Judgment: Not compliant

**Regulation 22: Insurance**

The provider had a contract of insurance against injury to residents and other risks including loss or damage to a resident's property. The current certificate of insurance was on display in the centre.

Judgment: Compliant

**Regulation 23: Governance and management**

Although the registered provider had made changes to strengthen the management structure the inspectors found that further clarity was required to ensure these changes were implemented on a daily basis in order to ensure the improvements made were sustained.

There was a lack of clarity as to who was in charge on the day of the inspection while the person in charge attended a course. The person identified was a nurse however this person referred to a person referred to as a consultant and who worked two days a week in the centre for guidance during the inspection.

The consultant's involvement in the governance of the centre was not included in the statement of purpose nor was this person identified as a person participating in the management of the centre and thus added to the lack of clarity regarding their role in the centre created confusion around the actual governance processes and communication structure in the centre.

In addition improvements required were evident in the following findings:

- Where audits conducted in the centre identified areas for improvement it was not clear who was informed or what actions were taken to ensure the required improvements were implemented in practice.
- The providers quality improvement plan for 2019 related to the management of complaints only. It did not reflect other required improvements or planned improvements which inspectors were informed about on this inspection.
- The directory of residents was not maintained to the required standard despite the provider committing to addressing this issue following the last two inspections.

Judgment: Not compliant

**Regulation 24: Contract for the provision of services**

A sample of contracts of care were reviewed. Each of those reviewed were signed by the resident or their next-of-kin. The fees charged to the resident were clear and additional fees were included. The room occupied by the resident was outlined, however other occupants if any were not included.

Judgment: Substantially compliant

**Regulation 3: Statement of purpose**

The statement of purpose was updated in September 2019 and a copy was available to residents in the centre. It reflected the services and facilities available in the centre for the current registration period.

Judgment: Compliant

**Regulation 30: Volunteers**

Inspectors found that there were two entertainers attending the centre as part of the entertainment programme. Although inspectors were satisfied that the entertainers were supervised at all times when they were in the designated centre, evidence as to whether they were vetted in line with the relevant legislation was not available for inspection.

This was clarified by the provider following the inspection and evidence of the required Gardai vetting disclosure for both persons was submitted to the Chief Inspector following the inspection.

Judgment: Compliant

**Regulation 31: Notification of incidents**
Three day and quarterly notifications required by legislation had been submitted to the office of the Chief Inspector in a timely manner.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule five were available for review. They had all been reviewed in 2019. The staff had access to an updated version of each of the policies.

Judgment: Compliant

### Quality and safety

Overall, inspectors found that the quality of care being delivered to residents had improved and residents were receiving a high standard of evidence-based nursing care. Their nursing assessments and care plans reflected a person centred approach to care. It was evident from reviewing documents that residents were involved in their care plan and in making decisions about how they lead their lives.

The healthcare needs of residents were met. They had a good level of access to their general practitioner and all members of the allied healthcare team when and as required. Residents had access to required vaccinations such as flu vaccinations and had access to the National Screening programmes.

The centre had implemented the Irish Hospice Foundation CEOL 'Compassionate End-of-Life' programme. Residents had person centred end-of-life care plans in place which reflected their personal choices about their end of life. These included their cultural and spiritual preferences. The general practitioner, the local palliative care team and staff provided holistic end-of-life care to residents.

The management of wounds was good, there was evidence that residents who had been transferred from the acute sector with chronic wounds had healed after a period of time in the centre. Pressure area care provided was good with no new pressure ulcers developed in the centre. Residents' nutritional needs were closely monitored those with identified weight issues such as weight loss had been provided with additional supplements and enhanced dietary plan to enable weight gain and were being closely monitored.

Medication management had improved significantly since the last inspection. All registered nurses had completed Health Service Executive (HSE) Land training in
medication management and had completed a medication management competency assessment. They had also received training on the medication management policy. The medication management process had been audited by both the pharmacist and management team. Medication errors were recorded, however it was not clear what actions had been taken to prevent their re-occurrence or what the learning outcomes were, if any.

Residents were protected from cross infection by the good infection control practices in place. Personal protective equipment was available to staff throughout the centre. All staff had received updated training in infection control and staff spoken with had a clear knowledge of how to care for those residents with a known infection.

Residents visitors received a warm welcome in the centre. There was no restrictions and a number of quite areas where they could receive visitors in private. Residents and their relatives were invited to the residents meetings where they discussed a variety of issues which affected their quality of life in their home. They were also provided with feedback on issues brought to the attention of management at previous meetings.

The changes to the activities schedule and the additional resources put into this area of care had a real positive impact on the quality of life for residents living in the centre. The centre was now a lively place to live with something going on for residents throughout the day, seven days per week. The new activities coordinator had assisted residents to complete a "key to me" document and this information was used to plan the activities schedule. This change meant that meaningful activities were now available to residents, including those residents who choice to spend time alone in their bedroom. Outings had taken place throughout the summer to areas of interest chosen by residents and others were planned. Inspectors were left in no doubt that residents truly enjoyed these trips out of the centre. The feedback from residents was all positive.

Inspectors saw evidence the the emergency lights were being serviced on an annual basis, the records to reflect the service completed were available for review. Some new issues were identified with emergency fire exits which could have an negative impact on residents, if they could not be evacuated promptly and safely. In addition, a stimulated fire evacuation had not been practiced with staff.

The interior of the nursing home had been improved in appearance since the last inspection. Some communal rooms and corridors had been redecorated. They were bright and had items that were both homely and stimulating on the walls. Residents had access to an adequate amount of communal space. This included two dining rooms and two sitting room spaces, both in use by residents at various times throughout the day.

Bedroom accommodation comprised of 21 single bedrooms and seven twin bedrooms. The single bedrooms, some of which had en suite facilities met the needs of residents. However the seven twin rooms would not meet the legislative requirements if occupied by two residents as they would not provide sufficient individual space for each resident. If privacy screens were hanging it was
clear that there was no space for a chair or additional furniture or any other equipment behind each resident’s privacy screen. If a resident in one of these twin bedrooms had to use additional equipment such as a hoist its use would inevitably invade the other resident’s private space.

There were an adequate number of private and communal showers to meet the needs of residents’ however some of the communal showers did not have grab rails in the shower area.

Residents had access to an exterior courtyard. However, its upkeep required review to ensure the safety of residents when using it.

**Regulation 11: Visits**

Arrangements were in place for residents to receive visitors in private. There were no restrictions on residents receiving visitors however mealtimes were protected. There was a visitors sign in book at the front door.

Judgment: Compliant

**Regulation 12: Personal possessions**

Residents had access to and were facilitated to retain control over their property. Their clothing was laundered and returned promptly to them. They had access to a lockable storage area in their bedroom and the current residents all had access to their own wardrobe, chest of drawers and bedside locker.

Judgment: Compliant

**Regulation 13: End of life**

End-of-life plans were in place for residents. Their preferences for end-of-life care were recorded in their end-of-life care plan and in their medical file. The resident, their general practitioner and in some cases their families had been involved in these discussions. Residents had access to services which ensured their religious and cultural needs were met when they reached this stage of their life.

Judgment: Compliant
Regulation 17: Premises

Positive improvements had been made to the premises. The centre had been painted and the interior walls decorated in a homely, bright and interesting manner.

The premises viewed did not reflect the narrative outlined in the statement of purpose submitted with the application to renew registration.

On the day of inspection five of the seven rooms described as twin rooms were functioning as single bedrooms with just one bed in the room and had no privacy screening to function as a twin bedroom. Inspectors were of the opinion that if these rooms were to accommodate two residents there would not be enough space for each of the resident's to have a;

- Bed
- Bedside locker
- Chest of drawers
- Wardrobe
- Bedside table
- Chair

within their private bed space. Inspectors found that these twin bedrooms were not suitable to be used or registered as twin bedrooms due to the lack of privacy and dignity they afforded to potential occupants. In discussion, the registered provider representative told inspectors that these rooms had not been used as twin bedrooms for some period of time.

Some of the communal shower rooms did not have grab rails in the shower area.

The safe and secure outside courtyard was accessible to residents from a number of areas including the large communal sitting room. Inspectors viewed it and noted that it was not maintained to an acceptable standard. For example, the wooden benches were unstable, the paving was not clean, the hedgerow was not maintained and the potted plants not attended to.

Judgment: Not compliant

Regulation 20: Information for residents

A guide was available to residents which reflected the services and facilities available to them in the centre and the arrangements for visits. The terms and conditions of relating to their stay were included however the weekly additional service charge was not included. The complaints procedure did not reflect the name of the person responsible for investigating complaints.
<table>
<thead>
<tr>
<th>Regulation 25: Temporary absence or discharge of residents</th>
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<tbody>
<tr>
<td>Residents that were temporarily transferred from the centre had all required documentation sent with them including a medical referral letter and a nursing transfer letter. Information for those returning back to the service was available on file. Residents' discharges from the centre appeared to be planned and occurred in a timely manner.</td>
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<tr>
<th>Regulation 27: Infection control</th>
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<tbody>
<tr>
<td>Procedures for the management of infection control were implemented in practice. There was a high standard of cleanliness in the centre. Staff spoken with had a good knowledge best practice in the prevention cross infection.</td>
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<table>
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<tr>
<th>Regulation 28: Fire precautions</th>
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</table>
| The emergency lights had been serviced since the last inspection by an appropriately qualified person within the past year and they were being checked weekly by maintenance.  
Staff all had mandatory annual fire training in place. Those spoken with had a clear knowledge of how they would complete an horizontal evacuation, however although fire drills had been practiced on a regular basis with staff an actual stimulated evacuation had not taken place.  
Inspectors noted that there was no emergency exit sign over one of the emergency exit doors on the main corridor. Most of the fire doors had to be opened using a key accessible behind a break glass unit. These doors required review as this practice does not reflect best practice. One of these fire doors was observed to have a bolt at the bottom of the door, however this was removed on the request of inspectors prior to the end of the inspection. Two of these fire doors lead out into the enclosed courtyard with steps leading down to ground level, there was no ramps available at these fire exits for the purpose of evacuating dependent residents in the event of a fire. |
Judgment: Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

Medications were now being administered in accordance with best practice guidance, as directed by the prescriber and in accordance with any advice provided by the resident's pharmacist.

Judgment: Compliant

**Regulation 6: Health care**

Residents healthcare needs were met. They were receiving a high standard of evidence-based nursing care. Each resident had detailed assessments completed and had a care plan in place to reflect each need identified on assessment.

They had access to allied health care professionals without delay. A healthy life-style was promoted through the provision of exercise classes and an healthy eating menu. Access to regular dental, optometry, vaccinations and National screening programmes was also provided.

Judgment: Compliant

**Regulation 9: Residents' rights**

There were opportunities for recreation and activities. Residents including those with dementia appeared to be activity engaged in meaningful activities throughout the day. They were offered choices in all aspects of their day to day life and their choices were being respected.

Judgment: 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
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<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</table>
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. **Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Not Compliant</td>
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Outline how you are going to come into compliance with Regulation 19: Directory of residents:

The Residents Directory has been audited by the Person in Charge and all gaps have been identified and rectified.

The Directory will be audited weekly by the Person in Charge and The Registered Provider Representative. The audit being used is attached as Appendix 1.

All Nursing Staff who are involved in the maintaining the Residents Directory have received training on its proper completion.

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Monthly audits will be carried out by The Person in Charge which will identify improvements for the Centre as appropriate. Issues will be highlighted and closed on completion. Audits will be reviewed by The Registered Provider Representative weekly.
- The quality improvement plan for the Centre has been updated by the Person in Charge and reviewed by the Registered Provider Representative.
- The Centre does not have any volunteers.
- The Provider will take necessary steps with regard to its re-registration application.
- The Statement of purpose has been updated to reflect that Silvergrove Nursing Home is registered to accommodate 35 residents, however is currently operational at accommodating 28 residents.”
- The Directory of Residents has been updated by The Person in Charge and reviewed by
The Register Provider Representative.

<table>
<thead>
<tr>
<th>Regulation 24: Contract for the provision of services</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The Person in Charge and the Registered Provider Representative have reviewed all Contracts of Care for Residents and will action the lacuna identified, by reference to Regulation 24(1) as inserted in 2016. Rooms that have previously been identified as twin rooms are used as single occupancy rooms. All additional furniture has been removed to reflect this. At the time of the unannounced inspection each of the proposed twin rooms were singly occupied. The Contracts of Care reflect the room type for each resident.</td>
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<tr>
<th>Regulation 17: Premises</th>
<th>Not Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: The Statement of Purpose will be updated to reflect that Silvergrove Nursing Home is registered to accommodate 35 residents, however is currently operational at accommodating 28 residents.” All twin rooms throughout The Centre now reflect single occupancy. All additional furniture has been taken out of the twin rooms to reflect single occupancy. The communal showers have been addressed with the appropriate grab rails now in place. A landscaper has been employed to cut the hedgerows. The Registered Provider Representative advised the inspectors on the day of the unannounced inspection that they were speaking with their neighbor in relation to maintaining the hedgerows. (Hedgerows cannot be cut until after September by law.) The paving in the court yard areas was power hosed in July by the Maintenance Man and will be completed again in October. The areas externally have been cleaned and any debris removed. All benches/garden furniture have been attended to.</td>
<td></td>
</tr>
</tbody>
</table>
Outline how you are going to come into compliance with Regulation 20: Information for residents:
The Person in Charge charges an additional service charge of €15 per week to all residents. This fee is included in the weekly cost and is advised to all new residents on initial enquiry and again on admission. This information will be broken down in a more transparent manner.

The Residents Guide has been updated to reflect this charge (already included) in their weekly fees.

The Complaints Procedure displayed in The Centre identifies the name of the person responsible for investigating complaints. The Statement of Purpose reflects that complaints can be made to The Complaints Officer; this statement is also displayed in The Centre.

This information has also been added to the Residents Guide with the appropriate email address also included. The Residents Guide has been enclosed at Appendix 4.

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
An emergency exit sign over the fire door on the main corridor has been put in place.

The Registered Provider Representative is engaging with contractors to cost and plan for the implementation of ramps at exits doors. It is envisaged that ramps will be put into place by the end of December 2019.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(1)</td>
<td>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>29/11/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2019</td>
</tr>
<tr>
<td>Regulation 19(3)</td>
<td>The directory shall include the information specified in paragraph (3) of Schedule 3.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>18/09/2019</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance Status</td>
<td>Color</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
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<tr>
<td>20(2)(b) A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2019</td>
<td></td>
</tr>
<tr>
<td>20(2)(c) A guide prepared under paragraph (a) shall include the procedure respecting complaints.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2019</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>22/11/2019</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>22/11/2019</td>
<td></td>
</tr>
<tr>
<td>23(d) The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/01/2020</td>
<td></td>
</tr>
</tbody>
</table>
to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

| 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 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. | Substantially Compliant | Yellow | 01/11/2019 |
| Regulation 28(2)(iii) | The registered provider shall make adequate arrangements for calling the fire service. | Substantially Compliant | Yellow | 13/12/2019 |