Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Silvergrove Nursing Home
Centre ID:	0162
Centre address:	Main Street Clonee, Co Meath
Telephone number:	01-8253115
Email address:	silvergrovenursinghome@eircom.net
Type of centre:	☐ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Silvergrove Nursing Home Ltd
Person authorised to act on behalf of the provider:	Dr Mary Boyd
Person in charge:	Ann Crofts
Date of inspection:	18 June 2013 and 2 July 2013
Time inspection took place:	**Day 1 - Start:** 19:30 hrs **Completion:** 22:40 hrs **Day 2 - Start:** 11:05 hrs **Completion:** 18:40 hrs
Lead inspector:	Leone Ewings
Support inspector(s):	Nuala Rafferty (Day 1)
Type of inspection	☐ **announced** ☒ **unannounced**
Number of residents on the date of inspection:	31 + 1 in hospital
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which all of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☒ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☒ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	☒
Outcome 2: Contract for the Provision of Services	☒
Outcome 3: Suitable Person in Charge	☒
Outcome 4: Records and documentation to be kept at a designated centres	☒
Outcome 5: Absence of the person in charge	☒
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: Notification of Incidents	☒
Outcome 10: Reviewing and improving the quality and safety of care	☒
Outcome 11: Health and Social Care Needs	☒
Outcome 12: Safe and Suitable Premises	☒
Outcome 13: Complaints procedures	☒
Outcome 14: End of Life Care	☒
Outcome 15: Food and Nutrition	☒
Outcome 16: Residents' Rights, Dignity and Consultation	☒
Outcome 17: Residents' clothing and personal property and possessions	☒
Outcome 18: Suitable Staffing	☒

This monitoring inspection was unannounced and took place over two days. An application for change of provider entity to a limited company had been received by the Authority dated 17 May 2013. However, the provider entity had not changed as of 2 July 2013, and is due to take place later this year.

The present provider and person in charge have a good record of compliance and undertaking improvements where identified. As part of the inspection the inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The person in charge was present in the centre on both days of inspection, and was informed that the Authority had received unsolicited information regarding increased dependencies and staffing difficulties.

Further to the observations of care practices and interactions with residents and staff on the evening of the first day of inspection. Areas of non-compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. In particular the provider and person in charge were required to take immediate action to address the following risks to residents:

- inadequate staffing
- risks related to open external fire doors and wedging open of internal fire doors.

The provider and person in charge were issued an immediate action to review staffing and fire safety risks identified on the first day of the inspection. The provider and person in charge responded within the short timeframe of 24 hours given by the Authority. Evidence of additional staffing was submitted and measures to improve fire safety and security of the premises addressed by the management team within the timeframe.

On the second day of the inspection, the inspector reviewed this evidence and ensure that the immediate measures were effective. In addition further to the completion of this inspection, the provider is required to review nine outcomes not met and that are reflected in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

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

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the statement of purpose submitted and found that it described the services and facilities provided in the centre and that the information was substantially in accordance with Schedule 1 of the Regulations.

A good standard of information on life at the designated centre, services available and community links was evident in the written statement of purpose and throughout the centre. Residents and their representatives confirmed this to inspectors.

The written statement of purpose also reflected the most recent registration certificate dated 11 May 2011. However, the conditions of registration specified in the registration certificate were not detailed in full. Improvements to fire safety had been noted to have been implemented to the doors of residents' bedrooms on day two of the inspection, and details of the emergency plan were not clearly outlined in the statement of purpose. The inspector recommends that information about automatic door closing devices is added to the statement of purpose and function to inform and guide residents and relatives.

Outcome 2
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the contracts of care during this inspection. The provider had submitted revised contracts that reflected the proposed change of provider entity of the provider to a limited company. The administrator at the centre had responsibility for maintaining the contract of care on behalf of the provider. All of the sample contracts seen on inspection were existing contracts which clearly outlined the fees and any additional costs to be charged. The contracts of care reviewed and correspondence confirmed that the fees were clearly stated. The inspector had discussed the need to issue revised contracts of care with the provider prior to the

inspection. However, at the time of the inspection the inspector was informed that the change to the new provider entity had not yet taken place as of 2 July 2013.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge, Ann Crofts, was on duty and in charge as rostered on the second day of the inspection. She also attended the out of hours component of the inspection and took and actioned feedback on service provision and engaged with the inspection process well. She has been the person in charge since 2005. She has extensive nursing experience and has worked with older people for many years. She works full-time and she has completed a certificate in gerontology and manual handling qualifications, and meets legislative requirements. She is supported by a part-time assistant director of nursing who deputise for the person in charge in her absence. The person in charge has line management responsibilities for the nursing, care staff, catering and household staff.

The person in charge provided information and documents to the inspector in a timely manner. She said that the staff team were well supported by the centre administrators who helped with the organisation and maintenance of records required. The person in charge could describe the legal responsibilities of the person in charge in relation to notifications, the assessment and provision of adequate staff to meet the needs of the service in line with the statement of purpose and function. In addition she was involved with the provision of education and training to ensure staff were competent for their roles and responsibilities. The residents clearly identified the person in charge in conversation with inspectors as someone who deals with any issues with service provision that may occur on a day-to-day basis.

The person in charge has completed quarterly notifications and three day notifications in a timely manner, and is aware of all requirements to notify the Authority.

Outcome 4
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff

and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

Overall, the standard of documentation was found to be adequate and kept up to date. Assessment and care plans were detailed and clearly outlined the resident's health and social care needs and was person centred.

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance ☐ Improvements required * ☒

The Residents' Guide did not meet legislative requirements as it did not contain a copy of the last inspection report or a copy of the standardised contract of care and required review by the provider.

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☐

General Records (Schedule 4)

Substantial compliance ☒ Improvements required * ☐

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required * ☐

Directory of Residents

Substantial compliance ☒ Improvements required * ☐

Staffing Records

Substantial compliance ☒ Improvements required * ☐

Medical Records

Substantial compliance ☒ Improvements required * ☐

Insurance Cover

Substantial compliance ☒ Improvements required * ☐

Outcome 5
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge has not been absent for more than twenty eight days which required notification to the Authority. The person in charge was aware of her reporting requirements and submitted appropriate notifications. The assistant director of nursing takes charge in the absence of the person in charge. The deputy works on a part-time basis, and the identified registered nurse on duty takes charge for out of hours.

Theme: Safe care and support
Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused. Residents told the inspectors they felt safe, well cared for, and that their privacy and dignity was respected.

The inspector found that all of the staff spoken with on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse. There were records to indicate that staff had received training on identifying and responding to elder abuse. Garda Síochána vetting was in place for staff employed by the provider. This was evidenced by a review of staff files. Staff recruited for the centre had received training on elder abuse and when this area was discussed displayed knowledge of the different forms of abuse, and the correct reporting procedures. The policy on responding to elder abuse had been kept under review by the person in charge. The Authority had received no reports/allegations of abuse since the date of the last inspection.

Residents spoken with confirmed that they felt safe in the centre. The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. The person in charge had established links with the senior case worker for elder abuse in the Health Services Executive (HSE). The inspector reviewed systems in place to safeguard resident's money and personal possessions and property. A sample of resident accounts were viewed by the inspector and a high standard of record keeping was evident, on the resident account which operated for a small number of residents who used this system.

The inspector noted that all staff demonstrated a good standard of appropriate communication and respect for all residents at all times. Advocacy contacts and involvement of a named advocate in the centre was evident.

Outcome 7
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

An up to date health and safety policy and safety statement was in place. The risk management policy outlined how to undertake a risk assessment and identified that a risk management committee was in place and included its membership and roles and responsibilities. A policy was in place to guide staff in the event of any incident of violence, aggression, self harm and assault.

Improvements were identified and required immediate action with regard to risk management and fire safety. On the first evening of the inspection an open fire door was found to be unsecured to the rear of the building and readily accessible from low fenced area of garden from the side access of premises. No scheduled evening checks took place on external doors of the premises to facilitate security of residents and staff. The staff on duty on the evening of first day of the inspection addressed this issue when it was brought to their attention. However, no established measures were in place to check the premises for security each evening. The provider and person in charge received an immediate action letter with regard to the risks identified and took immediate action to address the identified risk. Documented checks of the doors took place each morning, but not at the end of each day. This was implemented as part of checks which took place of the building each evening when doors and security checks took place.

Emergency evacuation arrangements and individual risk assessments to facilitate evacuation in case of fire were not found to be in place for each resident with appropriate equipment provision. The inspectors noted that door widths did not facilitate evacuation of beds from bedrooms, and not all beds had emergency evacuation sheets in situ in case of emergency. In addition, doorstops/wedges were noted in place to keep doors open on a fire door outside the smoking room, and in multiple resident bedrooms where bedrooms were occupied. The provider was found to have fully addressed this risk in a robust manner by provision of automatic door closers which were directly connected to the fire alarm system to reduce the need for door stops. No door stops were found to be in use on the second day of inspection. Individual risk assessment and individualised care plans were submitted to the Authority for review as an immediate response to identifying this risk on inspection in

conjunction with revised dependency assessments. Appropriate emergency assistive equipment was available for use and emergency procedures updated to reflect the use of automatic door releases and assistive equipment. Staff spoken with on inspection were fully aware of the emergency procedures and had attended mandatory fire safety and evacuation training.

There was a visitor's log in place to monitor the movement of persons in and out of the building. There was a missing person policy which included clear procedures to guide staff should a resident be reported as missing. Closed circuit television (CCTV) was found to be operating for front door area, and externally for security purposes.

Outcome 8
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed medication management practice and found substantial compliance in this outcome. Nursing staff were knowledgeable about medication and administration practices inclusive of any storage and crushing of medication. The provider and person in charge had ensured full implementation of the policy and procedures on medication management.

The inspector reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of unused or out-of-date medications. There were clear guidelines in place for staff administering medication to residents that supported safe practice.

The pre-admission procedures allowed for information to be obtained about residents' current medication, the prescribing by the general practitioner (GP), and subsequent dispensing by the pharmacy provider.

The pharmacy delivered medication and staff were provided with support from the pharmacy provider. Overall the administration of medication observed by the inspector was found to be safe and in line with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidance to nurses and midwives.

The centre had a medication variance report form in place for recording medication errors, near misses and omissions. The inspector was informed that a small number

of medication variations had been reported since the date of the last inspection, and managed accordingly. A record of returns was maintained. At each shift change the MDA medications were checked and counted. The inspector found record keeping was to a good standard in this area and in line with best practice. Staff confirmed that they had received a medication management updates. The clinical documentation to support any decisions to administer "as required" psychotropic medication, and the effects of such medication was clearly documented and evident to support all decisions made by nursing staff to administer on any occasion.

Outcome 9
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed a record of all incidents that had occurred in the designated centre since the last inspection date and cross referenced these with the notifications received from the centre. Further to the inspection, quarterly notifications were submitted appropriately by the person in charge in a timely manner. The person in charge updated the inspector with regard to management and review post incident, and the risk management policy and procedure was found to be followed in all cases.

The inspector reviewed the notifications submitted to the Authority along with the records of incidents and accidents held at the designated centre. An adequate standard of documented care delivery and follow up was found by inspectors with regard to accident and incident management. Completed incident and accident forms were found to be audited by the person in charge and the clinical nurse manager. The outcome of the audit included review of each individual accident, incident and near miss and analysis of the times accident and incidents took place.

Theme: Effective care and support
The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre invites feedback and acts on any improvements suggested by residents or relatives. The residents committee meeting takes place and has the involvement of an independent advocate. The activities coordinator facilitates on-site and outdoor activities and trips. For example, several residents recently attended a meal and concert for Bealtaine Festival. Inspectors spoke with residents who were satisfied with the activities and information available to them pre admission and following admission.

The inspector found that the systems in place to review the quality and safety of care were not sufficiently robust or comprehensive to identify poor care practices, implement improvements to ensure a culture of learning, quality assurance and continuous improvement.

The inspector was not satisfied that monitoring and audit of clinical care and quality of life was developed enough to evidence the centres' mission objective outlined in the statement of purpose and function. The audit and evaluation of the overall quality of life for all residents was not fully documented in a detailed way to improve and plan for care. The inspector discussed the ongoing quality of life monitoring with the person in charge which was required ongoing to meet the requirements of the Regulations.

Outcome 11
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan

Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Overall the care and welfare of all residents was found to be adequate with appropriate healthcare provision and access to peripatetic services. Arrangements for GP services and on call cover for out-of-hours GP were found to be in place. Residents confirmed that their GP visited regularly and they had been facilitated to maintain their own GP where possible.

The admission, assessment and care planning process for residents were reviewed with the person in charge. Overall, the inspector found that the standard of written documentation was good and reflected the changing health and social care needs of the resident.

The centre had a policy in place for the admission, temporary absence and discharge of residents. Pre-admission assessments had been completed by the person in charge or her deputy to ensure the needs of the potential resident can be met. The admission policy included details of information required before any decision to admit had been made by the person in charge. The person in charge confirmed that emergency admissions did not generally take place. The inspector was satisfied that the governance of admissions and discharges was to a good standard. However, the assessed dependency of each resident using a validated tool was not evident for each resident on the pre-admission records.

The inspector reviewed a sample of resident assessment and care plans. Care plans included a mobility, nutrition, health needs, continence, skin care, sensory and communication, personal hygiene and dressing and psychosocial wellbeing. Risk assessments to be completed include falls, manual handling, MUST, continence, Waterlow Scale for predicting pressure sore risk, pain scale, restraint assessments, mobility assessment, and mini mental state examination (MMSE). The documentation relating to restraints in use, for example, bedrails was found to be adequately documented. However, the overall record of any physical or other restraints in use was not fully maintained by the person in charge.

The dependency of residents on this inspection had increased since the date of the last inspection on 17 May 2012. As part of the inspection the person in charge reviewed and updated each resident's dependency and submitted to the Authority with regard to staffing review undertaken as part of Outcome 18.

This review confirmed regular input from the GP, psychiatry of old age, dietician, speech and language, dental, chiropody and community palliative care team which is based at the premises. The inspector was satisfied that the written care plans accurately reflected the assessed needs of the resident, and the preferences and likes and dislikes of each resident were clearly documented. Care plan review was central to the ongoing care delivery of each resident. The nursing staff also meet with each resident or their representative to discuss satisfaction with care and service delivery on a quarterly basis, or more frequently if required. Relatives and residents confirmed that this meeting took place and was recorded. However, some residents had reported temporary issues with accessing staff to implement their care plans particularly in the evenings, where increased waiting times to go to bed had become a problem. The person in charge undertook to put in place additional staff whilst an assessment of staffing requirements took place in the form of a written review as referred to in Outcome 18.

The provider and person in charge stated that residents at the centre have access to all of the allied health professionals within the HSE and additional private provision including a speech and language therapist, dietician, occupational therapy, community mental health, dental and chiropody services.

Outcome 12
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre is a purpose built 35 bed centre situated in Clonee village, County Meath. It has been in operation since 1999. The centre is located set back from the main street in the village within walking distance of all local amenities.

The centre has 35 beds providing services to persons predominantly over the age of 65 years requiring long-term, respite, convalescence, dementia care and mental health difficulties. Admissions take place with regard to the admissions policy and an

individual assessment takes place. Admission criteria is clearly outlined in the statement of purpose and function.

The centre has 21 single rooms ensuite bedrooms, 19 of which has an ensuite toilet and wash-hand basin. Each of the seven twin rooms contain wash-hand basin/vanity unit built in with wardrobe space. There are two sitting rooms and an additional day dining space to the rear of the centre overlooking the garden. A visitors' room is available to residents and their relatives. The main kitchen is situated off the dining room. A large laundry, smoking room, staff room and cleaning room and sluice rooms are in place.

Seven two-bedded rooms are in use at the centre. Inspectors observed that the minimum amount of usable floor space was evident for moving and handling having purposes with due regard for the dependency of residents occupying twin rooms. The use of the current twin rooms will not meet the requirements of the Authority's Standards by 2015. However, based on the observations of the inspectors of the assessed care needs of the residents and storage of assistive equipment requirements and beds placed against the walls of the twin rooms the physical design, size and layout of each twin room requires review with regard to meeting the Standards and the individual needs of any proposed occupant.

Theme: Person-centred care and support
Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that the complaints policy was fully implemented at the time of the inspection. There was a written complaints procedure on display. Residents and staff were aware of the complaint's policy and procedure. The person in charge is the complaint's officer and she deals with any unresolved complaints. There had been no written complaints since the date of the last inspection. One

verbal complaint related to dissatisfaction with management of one episode of challenging behaviour which had taken place in a communal area of the centre. The records of the investigation were reviewed prior to the inspection and found to be adequate. All residents with behaviours which challenged staff were reviewed during the staff with regard to care plans in place, staff training and management of individual environmental and physiological issues which impacted on behaviours which challenge. The inspector met with a number of residents in communal areas during the inspection the residents expressed satisfaction with life and care at the centre.

The inspector found that the actions taken to investigate and resolve complaints were recorded and that for complaints, there was a commentary that described if the complainant was satisfied with the way the complaint had been managed separate to the resident records.

Outcome 14
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed end of life care arrangements and found an adequate level of awareness and a good standard of documentation regarding resident's wishes for end of life care. A written end of life policy was available to inform and guide staff.

Established links to the Meath palliative care service were in place. Access to specialist advice and review was available from palliative medicine and clinical nurse specialists from the HSE, with regard to symptom control and support for resident, family and staff at the designated centre. Additional support was available from the outreach team from Connolly Hospital.

Links were in place with a number of different faiths to meet the spiritual needs of residents. Mass was available during the inspection. A single room could be provided to meet the needs of the resident for privacy and dignity if available. Open visiting was in place to support relatives and friends of residents. The person in charge told the inspector that on site accommodation was not available for relatives, but local accommodation could be sourced to assist visiting relatives if required.

Outcome 15
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The findings of the inspection were that the provider was substantially compliant with the regulations around food and nutrition. Improvements to the premises kitchen facilities had taken place since the time of the last inspection. The person in charge informed the inspector that the findings from the last environmental health inspection in October 2012 had been addressed in full. An internal kitchen audit took place on 26 February 2013 and improvements were put in place as a result of the results of this audit.

The inspector observed lunch time service in the two dining rooms. Overall, residents told inspectors they enjoyed the food and the choices available to them. Residents confirmed the food served to them was hot and tasty. The dining room was appropriately furnished and welcoming. Inspectors saw the table settings included condiments and appropriate place settings, with napkins. A cold water dispenser was available. A detailed menu was displayed in the dining room identifying the menu choices for the day. Staff assisted in serving meals and ensuring residents obtained their preferred food choices. Appropriate assistance was offered with eating their meals to residents located in the back day/dining room and mealtimes were organised in two sittings.

Staff spoke with residents and were knowledgeable about their likes and dislikes and always offered choice. The inspector was satisfied the mealtime experience was enjoyed by residents who took their meals in the dining room. A smaller number of residents took their meals in their own rooms. Appropriate assistance was offered to residents who required assistance with mealtimes in their own rooms by staff who knew their individual needs.

There was a policy in place to guide and inform staff on the procedures to ensure residents' nutritional and hydration needs were met. Documentation reviewed by the inspector indicated that each resident's weight was checked on a monthly basis or more regularly if required. Nutrition assessments were used to identify residents at risk and monitor progress with nutritional supplementation.The menus included a choice of main meal and dessert at lunch and tea time. The same menu choice was available for residents on a modified consistency diet.

Outcome 16
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents told inspectors that social activities were important to them and confirmed that they enjoyed a variety of activity in a group or one to one basis. The inspector saw several examples that demonstrated that residents were facilitated and encouraged to communicate. A residents committee meeting takes place regularly and was a forum for residents to make suggestions and feedback through an advocacy facilitator. A sealed suggestions box was also available at the reception area.

Practice was observed during activity sessions where a range of interests are facilitated. A seven day programme was in place with a staff member facilitating activities at the centre. One resident confirmed she enjoyed the music sessions and bingo. Residents with cognitive difficulties were also included in the weekly activity programme. Residents confirmed that they were treated with respect and dignity and said that they felt valued. They described staff as interested in their well being and keen to assist them. The person in charge said that she saw residents most days and encouraged them to share their views or any issues of concern. The inspector observed that interactions between staff and residents were friendly and positive.

During the day, residents were able to move around the centre freely and visitors were welcomed throughout the day at times that suited residents. A private visitor's room also was readily available for any meetings and accessible to all near the front door.

The residents were facilitated to keep up to date with current affairs. Newspapers are delivered daily. Notices and information to inform residents was displayed in large print. Access to Skype, computer and telephone was in place.

Feedback from residents during the out of hours inspection indicated that temporary staffing difficulties as a result of increased resident dependency assessment. On the second day of the inspection residents reported improvements in the implementation of care plans around resident's wishes and preferences around their personal evening routine. The inspector recommends that quality of life and standards of privacy and dignity are reviewed in a structured and meaningful way with each resident when care delivery is evaluated at the three-monthly review, or sooner if required.

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

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Overall the inspection findings were positive. Residents and their representatives gave good feedback regarding care of their personal property and possessions which was seen as an important aspect of daily care. Adequate hanging and storage space was available to all residents. However, the inspector visited the laundry and reviewed the 21 pieces of unmarked clothing in the laundry which had not been returned it to the appropriate resident/s in a timely manner. The person in charge identified issues with residents and relatives marking the clothing so it was easily identifiable after laundering.

Residents' privacy and dignity was seen to be respected on both days of the inspection.

Theme: Workforce
The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were concerned that skill mix and staffing levels did not meet the assessed needs of the 31 residents on the first day of the inspection which was conducted out of hours. Improvements were required relating to assessment of dependency using the validated tool in use, and provision of appropriate staffing. The staff were observed working well as a team. However, workload was found to under assessed on the first day of the inspection and presented a potential risk with regard to appropriate supervision and care delivery. For example, the care plans for a number of residents stated the wishes of residents of when they wished to go to bed, and a number of residents were observed waiting to go to bed, and reported delays over the last few evenings. The person in charge and her deputy attended the unannounced inspection on the first evening of the inspection and engaged with the inspection process. The staffing levels were found not to be adequate to meet the assessed needs of the residents. Inspectors observed that staff were unable to fully implement care as planned and residents did not receive the care delivery as plan with regard to personal choice of what time they wished to go to bed in the evenings in all cases. A small number of residents confirmed to inspectors this had commenced recently following some new admissions of residents to the centre.

The quality and standards of personal and continence care was not appropriate or adequate at all times. Staff were observed moving quickly around the centre. Communication and staff handover for night care assistants coming on duty was not found to be adequate to facilitate and inform practice and update with regard to changing needs of each resident at the designated centre.

Because of the risk identified with staffing and supervision the provider, and the person in charge were required to take immediate action. The issue was addressed by the immediate provision of an additional care assistant from 6pm to 12 midnight to assist with the workload. The person in charge undertook to review resident dependency and staffing provision.

The handover procedures to night staff were observed by inspectors and found to be adequate from a nursing perspective. However, verbal handover did not include the care assistants who came on night duty without any relevant up to date information about the residents. Communication between staff was not found to be optimal, and the registered nurse was engaged with administration of medication for extended time period following handover at 8pm until approximately 11pm. The inspectors recommended that handover procedures and communication were also reviewed by the person in charge and the provider.

Improvements were evident on the second day of the inspection, additional staff, improved handover procedures and communication had taken place. The additional staff were also required to check external doors were safely secured each evening. Automatic self closing door devices connected to the fire alarm system had been commissioned and were in use. The person in charge gave the inspector a written staffing needs analysis for review, which reflected additional nursing and care assistant hours based on 32 residents and revised assessed dependency levels.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and the assistant director of nursing to report on the inspectors' findings, which highlighted both good practice and where improvements were needed. This feedback took place on both days of the inspection in order for the person in charge to action the findings in a timely manner. The provider was informed on 19 June 2013 of the findings of the inspection and advised of the issue of the immediate action letter by the Authority.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

12 July 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre Name:	Silvergrove Nursing Home
Centre ID:	0162
Date of inspection:	18 June 2013 and 2 July 2013
Date of response:	15 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not contain details of conditions of registration specified by the Chief Inspector at the time of registration.

Improvements to fire safety should be clearly outlined in the statement of purpose and function to residents and relatives.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Action required: Review and update fire safety arrangements and inform residents and relatives about newly installed automatic door closing equipment.
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The statement of purpose and function has been updated to include the conditions of registration. Fire safety details have also been updated to include information regarding fire door checks, resident evacuation care plans and the existence of fire door release systems. A notice has been put up in the nursing home advising staff and residents of the existence of the fire door release systems and also advising of the working procedure of same.	15 August 2013

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: The contracts of care did not reflect the new provider entity as stated in the statement of purpose and function.
Action required: Put in place revised contracts of care which reflect the revised provider entity outlined in the statement of purpose and function received by the Authority on 7 June 2013.
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The new entity will operate from 1 September 2013. All residents/next of kin have been advised of the change of structure. They have also been advised that amended contracts of care will be issued during the month of September 2013.	30 September 2013

Outcome 4: Records and documentation to be kept at a designated centre

The provider is failing to comply with a regulatory requirement in the following respect: The Residents' Guide was not fully compliant with the legislative requirements in that the last inspection report and the standard form of contract for provision of services and facilities to residents was not included in the document submitted for review by the Authority.	
Action required: Produce a Residents' Guide which includes; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report.	
Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Residents' Guide now includes the contract of care detailing the full services and facilities provided to the residents. A copy of the most recent inspection report has also been attached to the Residents' Guide.	12 August 2013

Theme: Safe care and support

Timeframes are set by the Chief Inspector due to the immediacy of the actions required.

Outcome 7: Health and safety and risk management

The person in charge has failed to comply with a regulatory requirement in the following respect:

An open fire door was found to be unsecured and readily accessible from low fenced area of garden from side access of premises. No scheduled evening checks took place on external doors of the premises to facilitate security of residents and staff.

Evacuation arrangements and individual risk assessments to facilitate evacuation in case of fire were not in place for each resident with appropriate equipment in place. Doorstops/wedges were noted in place to keep doors open on a fire door and in multiple resident bedrooms where bedrooms were occupied.

Action required:

Review arrangements for the security and safety of residents and the risk of the open door to the rear of the centre which could be accessed from the side road of the premises.

Action required:

Submit a copy of each residents individual risk assessment for evacuation in the event of fire and safe placement arrangements.

Action required:

Review fire precautions and the use of doorstops and / or wedges on doors within the designated centre.

Reference:

Health Act 2007
Regulation 32: Fire Precautions and Records
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All night staff have be instructed to ensure all fire doors are locked as per regulations and a check sheet has been put in place to be signed off every night. Individual evacuation risk assessments are being carried out at present taking into account physical mobility and cognitive ability, these will be completed tomorrow afternoon. All staff have been instructed to close all internal fire doors and not to prop open with anything. A representative of Apex Fire Ltd. Is calling tomorrow to advise on most suitable fire door release systems.	Response required 17:00hrs 19 June 2013 Immediate 20 June 2013 Immediate

Fire door checks are carried out every morning and evening and signed and recorded by staff. All residents now have an individual evacuation risk assessment and care plan as part of their personal care plan. Appropriate evacuation aids are in operation. Internal doors including all bedroom doors are now fitted with emergency release systems. All door stops/wedges have been removed.	Complete and ongoing Complete and ongoing Completed Completed

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

The provider / person in charge is failing to comply with a regulatory requirement in the following respect:

The systems in place to review the quality and safety of care were not sufficiently robust or comprehensive to identify poor care practices, implement improvements to ensure a culture of learning, quality assurance and continuous improvement.

The information form quality improvement initiatives were not formulated into a report in accordance with Regulation 35 (Review of the Quality and Safety of Care and Quality of Life).

Action required:

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, and the designated centre.

Action required:

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Reference:

Health Act, 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: An improved weekly quality assurance audit is now in place to	Complete and

assist in identifying areas that are of a good standard and those that may need improvement. A new quality assurance questionnaire has been incorporated into the resident's three monthly reviews and will be audited to ensure continuous evaluation, learning and life quality improving culture within the nursing home.	ongoing 31 October 2013

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect: Inspectors observed that the minimum amount of usable floor space was evident for moving and handling having purposes with due regard for the dependency of residents occupying twin rooms. The use of the current twin rooms will not meet the requirements of the Authority's Standards by 2015.
Action required: Review individual resident requirements for space and privacy and dignity having due regard to the assessed needs of each resident occupying a shared twin room.
Action required: Submit to the Authority a written plan to address aspects of the use of the shared twin rooms and a plan that clearly states the purpose and function of shared rooms at the designated centre.
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The use of current twin rooms is being re-assessed and some changes have been made to improve the suitability of the rooms to individual residents needs. A written plan is being formulated at present and will address the use of existing twin rooms to ensure they comply with Regulation 19 and Standard 25.	 Complete and ongoing November 2013

Theme: Person-centred care and support

Outcome 16: Residents' rights, dignity and consultation

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

Some practices did not protect the dignity and privacy of residents, including:

- staffing levels did not allow for the implementation of the resident care plan in the timeframes agreed with the resident
- care staff coming on duty were not aware of up to date relevant resident information and dependency to facilitate care needs
- residents with maximum and high dependency shared twin rooms with minimum spatial requirements.

Action required:

Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There has been an immediate increase in late evening staffing, and extra care assistant has been employed on late evening shift to improve rights, dignity and privacy of residents. Night care assistants now attend full handover from day staff. Review of resident's dependency levels have been carried out and use of extra aids/equipment is taken into consideration when allocating rooms. Some residents have been re-allocated to more suitable rooms in line with Regulation 10 and Standards 4 and 7.	 Complete Complete Complete and ongoing

Outcome 17: Residents' clothing and personal property and possessions

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

The arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents was found to be inadequate, with significant amount of unmarked clothing found in the laundry.

Action required: Review current arrangements in place to identify resident clothing to ensure clothing is returned to each resident in a timely manner, and prevents loss of resident clothing.
Action required: Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes.
Reference: Health Act, 2007 Regulation 13: Clothing Standard 4: Privacy and Dignity

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All residents' clothes have been marked and a new policy is in place for immediate identifying /marking of residents clothes. There already exists adequate storage facilities for use by individual residents as observed and noted on the draft inspection.	 Complete and ongoing Complete

Theme: Workforce

Timeframes are set by the Chief Inspector due to the immediacy of the actions required.

Outcome 18: Suitable staffing

The person in charge has failed to comply with a regulatory requirement in the following respect: The staffing levels were found not to be adequate to meet the assessed needs of the residents. Staff were unable to fully implement care as planned and residents did not receive the care delivery as plan with regard to personal choice of what time they wished to go to bed in the evenings in all cases. The quality and standards of personal and continence care was not appropriate or adequate at all times. Communication and staff handover for night care assistants coming on duty was not

found to be adequate to facilitate and inform practice and update with regard to changing needs of each resident at the designated centre.	
Action required: Increase staffing levels forthwith in order to fully implement resident assessed needs.	
Action required: Review dependency levels of each resident using a validated dependency assessment tool, and submit revised up to date dependency by 24 June 2013.	
Action required: The person in charge shall ensure there is at all times the numbers of staff and skill mix of staff appropriate to the assessed needs of the residents, and the size and layout of the designated centre.	
Action required: Review staffing levels and ensure that they are adequate to meet the assessed needs of each resident in a timely manner, and supervise and monitor standards of practice.	
Action required: Review communication and handover practices for night care assistants to ensure resident requirements are clearly communicated at the start of any night shift.	
Reference: Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Extra health care assistant has been rostered to cover 18:00 to 12:00 to ensure standards of care are being met. This will also accommodate the night care assistants to attend for the full night handover report. Immediate review of residents dependency levels have been commenced and will be completed by 24 June 2013 Changes in staffing levels have been implemented following an update of staffing needs analysis.	Initial response required 17:00hrs 19 June 2013 Detailed additional responses as specified by 17:00 hours 24 June 2013 Immediate

Dependency levels of all residents were updated and revised using a validated dependency tool.	Complete
As per staffing needs analysis the current updated ratio of staff mix and numbers is reflected in good quality of care of our residents.	Complete and ongoing
Our weekly quality assurance audit has been updated and a resident survey commenced which is incorporated in the residents care plan, these will assist in ensuring continuous evaluation, learning and maintenance of a life quality improving culture.	Complete and ongoing