Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Pappin's Nursing Home
Name of provider:	Silver Stream Health Care Limited
Address of centre:	Ballymun Road, Ballymun, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	13 May 2026
Centre ID:	OSV-0000178
Fieldwork ID:	MON-0049995

About the designated centre

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

St. Pappin's Nursing Home is located in the heart of Ballymun, and the registered provider is Silver Stream Healthcare Limited. The centre can accommodate 51 residents, both male and female, over the age of 18. Residents are accommodated in bedrooms, ranging from single rooms to three-bedded or four-bedded rooms. Other facilities include recreational spaces and a large enclosed garden, which offers residents the opportunity to enjoy the outdoors in a safe and secure environment. A range of care options is available to suit the personal care needs of residents. The range of long-stay, short-stay, and focused care options ensures residents receive as much or as little support and assistance as they wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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:

Date	Times of Inspection	Inspector	Role
Wednesday 13 May 2026	08:05hrs to 16:45hrs	Bernadette McDonald	Lead
Wednesday 13 May 2026	08:05hrs to 16:45hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Inspectors greeted and chatted with a number of residents and spoke in more detail with ten residents to identify their experiences living in St Pappins Nursing Home. Overall, residents were very positive about how they spent their days in the centre, and were highly complimentary of the staff. Residents reported feeling safe in the centre and expressed satisfaction at how the centre was run. These residents appeared appropriately dressed and well-groomed. Inspectors spoke with three visitors who gave positive feedback on the care provided to their relative.

Inspectors completed a walk around initially, followed by an introductory meeting with the person in charge and the assistant director of nursing (ADON). During the walk around, inspectors observed staff attending to residents in a courteous and respectful manner while supporting them. Most residents were observed having their breakfast in their bedrooms, and others attended the day room for their breakfast.

The centre was split over two floors with a mix of single and multi-occupancy bedrooms. The front of the building was an old church that had been converted and extended by a newer building. There were still some visible features of the church throughout the centre, and a large mezzanine area had been created on the second floor to take advantage of the high church ceiling. This created a large, unique communal area for residents' use.

Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions from home. There were two twin rooms, two triple rooms and three four-bedded rooms in the centre. These rooms were laid out to ensure the residents living in these rooms had their privacy and dignity maintained at all times. There was also appropriate individual storage for residents' personal possessions in these rooms.

Each floor has a variety of small and large communal areas for use, including dining facilities and sitting rooms. The ground floor dining room was out of use, due to ongoing works in the centre, and residents were dining in the day room on the ground floor as a result. These rooms were seen to be clean, bright, comfortable and tastefully decorated, and they were suited to the purpose of their use. There was also a conservatory on the ground floor that looked out onto the enclosed garden space.

While the centre provided a homely environment for residents, during the walk around of the centre, inspectors noted that a number of bathrooms had damage to walls, tiles and the boxing around toilets. The centre was tidy and organised; however, there was significant wear in some areas, including the walls and skirting throughout the centre, the flooring on the ground floor, the carpets in the mezzanine area, and the second-floor staff area. In addition to damaged flooring in

the staff area, the kitchenette had damaged surfaces around the kitchen and a cracked sink in the toilet area. The windows were not clean, and had bird excrement on them in many areas. All of these issues impact on effective cleaning practices for infection prevention and control purposes. This is discussed further under Regulation 17: Premises and Regulation 27: Infection Control.

There was an enclosed garden outside for residents' use. On the day of the inspection, there was litter scattered around all sides of the centre, including personal protective equipment (PPE) and cleaning products. The paths and areas of the car park were covered in green moss and weeds. There were seating areas; however, examples were seen where there was bird excrement covering the area. There were paths around the garden, but uneven patio slabs posed a risk to residents who wanted to move without restriction around the grounds.

A covered smoking area was located in the enclosed garden with call bell facilities and fire safety equipment; however, the majority of residents seen smoking on the day of inspection did not use this area and instead smoked in another seating area without safety precautions in close proximity. These findings are further discussed under Regulation 28: Fire precautions.

The inspectors noted activity information and schedules displayed around the centre to inform residents of activities. The schedule of activities was a varied programme that included a knitting club, flower arranging, trips to shops and coffee shops, mass, arts and crafts and bingo, to name a few. There was also information on advocacy services and relevant medical and screening services displayed, for residents' information. While there was an activities schedule, the one activities coordinator was supporting a team visiting to provide vaccinations for residents on the day of the inspection, leaving residents with no organised social engagement.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the findings of this inspection were that St Pappin's Nursing Home provided good care to the residents living there; nonetheless, governance and management issues were identified relating to the premises and associated infection control concerns, and these are discussed throughout the report.

This unannounced inspection was carried out by two inspectors over one day to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on actions taken to address areas of sub-compliance found

on the previous inspection in December 2025, and also followed up on solicited and unsolicited information received by the office of the Chief Inspector since the last inspection.

St Pappin's Nursing home is a designated centre for older people registered and operated by Silverstream Health Care Limited. There was an established management team with clear roles and responsibilities, and clear deputising arrangements were in place when the person in charge was absent.

There was an ongoing mandatory and professional development staff training programme in the centre. The training matrix provided to inspectors recorded overall high levels of staff attendance at mandatory training, including fire training, infection prevention and control and safeguarding training. There was a staff training schedule in place for the year to ensure all training was kept up-to-date.

The provider had multiple management systems to monitor the quality and safety of service provision. A risk register was used to monitor and manage known risks in the centre. The provider had oversight of incidents, and there was evidence of tracking and trending incidents such as falls. The provider had an audit schedule covering multiple areas such as staff training, safeguarding, cleanliness, laundry, IPC and medication management. The provider monitored key performance indicators relating to areas, including nutrition, restrictive practices, and complaints. Each of these oversight systems had a time-bound action plan recorded where a risk was identified, with a named person responsible for each action. Notwithstanding these multiple assurance systems, some actions were required to improve these oversight mechanisms to effectively identify deficits and risks in service provision and drive quality improvement.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2025. The inspectors saw evidence of the consultation with residents and families reflected in the review. With this review, the registered provider had also identified areas requiring quality improvement.

There were sufficient staff seen supporting residents, with personal care in the mornings and during mealtimes. However, the activities staff was not available due to other duties on the morning of the inspection. From a review of the roster, it was noted that there was only one cleaner rostered, six days of the week, in the morning and afternoon. In relation to maintenance personnel, the arrangements were that one maintenance person was rostered to work one day a week and that this role is supported by the internal Silver Stream technical support team, which includes carpentry, plumbing and electrical services. The negative impact of this level of resourcing for a large centre, provided over two floors, could be seen in the centre, as described in this report.

Residents were provided with a contract of care on admission to the centre. The inspectors reviewed a sample of six residents' contracts. Contracts seen were signed by the resident and/or their representative, where appropriate. The contracts outlined the terms on which the resident would reside in the centre, the services to be provided under the Nursing Home Support Scheme, and the fees to be charged

for Nursing Home Support Scheme services. However, inspectors observed that two of the contracts did not identify the room occupancy type. This will be discussed under Regulation 24: Contract for the provision of services.

Regulation 15: Staffing

While there were sufficient staff to support the residents' care needs, the issues identified in relation to the cleaning, decor, and outside spaces showed that the number of staff allocated to those roles was insufficient for the size and layout of the building.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety, which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies.

Judgment: Compliant

Regulation 23: Governance and management

Although staffing levels were appropriate to meet residents' needs, the staff resources available were not in line with those set out in the statement of purpose against which the provider was registered to operate. For example, the cleaning staff's whole-time equivalent (WTE) as per the statement of purpose states that there are three staff members who provide around 60 hours or one and a half full-time roles of housekeeping per week; however, the roster showed only one housekeeping staff member was on duty six days a week.

While the provider had management systems to monitor the quality and safety of service provision, these governance and oversight arrangements did not fully ensure the service operated in line with the regulations, as evidenced by the findings below:

- There were insufficient resources to ensure the designated centres were maintained to an appropriate standard, for example, damage to decor in the centre, and outside grounds were not well maintained.

- The auditing system was not fully effective in identifying risks and driving quality improvement. For example, an Infection control audit identified areas for improvement in the cleanliness of the centre, but on the day of inspection, these improvements were not visible.
- The provider's assurance systems had not been fully effective in identifying deficits and risks concerning premises, infection control, and fire precautions, as found on the inspection day and set out in this report.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care for the provision of service was reviewed by inspectors. The services to be provided and the individual fees payable by the residents for the provision of care were clearly specified in the contracts. Two contracts reviewed did not identify the room occupancy.

Judgment: Substantially compliant

Quality and safety

Overall, residents' health and support needs were being met by a team of staff who knew them well. While residents were supported well, action was required to ensure the premises were well presented and that effective infection prevention and control measures were in place.

Residents were generally complimentary regarding food, snacks, and drinks. Food was prepared and cooked on site. Choice was offered at all mealtimes, and food was available at reasonable times throughout the day and evening. Residents had access to fresh drinking water and other refreshments at mealtimes and throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. There was evidence of written communication between the nursing and catering teams to ensure that the dietary needs of each resident, as prescribed by healthcare or dietetic staff, were met.

The inspectors found that residents' rights were promoted in the centre. Staff were respectful and courteous towards residents. Privacy and dignity were respected by a team of staff who were focused on meeting residents' needs. Some staff had worked in the centre for a long time, and it was evident they had a good relationship with residents. The centre had regular Roman Catholic religious services

on-site, which residents could attend if they wished. There was access to radio, television and newspapers throughout the centre.

Residents could communicate freely, having access to telephones and internet services throughout the centre.While there was an activities programme on display around the centre, during the inspection, there were no activities taking place in the morning. Some residents were in the Mezzanine area, there were puzzles and books available, and there was music playing; however, other than staff chatting with residents, there was no organised activity taking place. Later in the afternoon, there was a game of bingo. Residents who spoke with inspectors were looking forward to playing and loved the prizes that were there to win.

Staff demonstrated a good knowledge of residents' assessed needs. Care plan documentation reviewed was found to be person-centred and suitably detailed to guide staff in providing good quality, safe care aligned to residents' needs and preferences. The inspectors reviewed a variety of assessments and care plans, including mobility, social and recreational, wound care and basic care plans. Care plans were updated every four months or when the residents' care needs changed.

Residents had access to a general practitioner (GP) who attended the centre regularly. The centre had a referral system in place for health and social care practitioners, such as dieticians, speech and language therapists and tissue viability nurses, for when such services were required.

Residents had the opportunity to be consulted about and to participate in the organisation of the designated centre through regular residents' meetings and completing residents' questionnaires. There were also meetings with family representatives and surveys of family members to ascertain their views on service improvement. Residents also had access to independent advocacy services.

Residents were smoking in a non-designated area, outside the visitors' room. Although there were ashtrays in this area, there were many cigarette buts on the floor. During the day, there were periods of rain, and residents were seen smoking under the porch next to this area, which was part of the main building. The ceiling in this area was not designed to be fireproof. There was a separate staff smoking area on the other side of the centre. It was noted that cardboard had been used to cover the seats, which introduced a flammable item into the area. These risks had not been identified or addressed by the provider.

Regulation 17: Premises

Overall, the premises, including the outside grounds, were not well maintained. In areas where the premises did not meet the requirements of Schedule 6, for example:

- The inspectors observed multiple call-bells that were not within the reach of residents in their beds, meaning these residents could not summon assistance if required.
- There were significant areas of wear and tear, such as the ground floor flooring, damage to doors, damage to walls and skirting along corridors and in bedrooms, damage to boxing around a number of toilets, and in the staff area on the second floor.
- The external grounds were poorly maintained, with uneven surfaces, overgrown flower beds, and raised planters that were unstable.
- The external grounds were significantly littered, and the bins were seen to be overflowing in the waste storage area.
- There were examples of inappropriate storage of equipment in communal bathrooms, for example, one bathroom had linen trolleys, walking frames and a commode stored in it. This makes the areas inaccessible to residents and a risk of trips/falls for residents.
- Three ground-floor windows did not have window restrictors in place. This posed a safety risk of egress for residents or a risk of intruders entering the home.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents reported that they enjoyed the food provided to them in the centre. A choice was offered at all mealtimes, with residents' specific dietary requirements being catered for. Portions were seen to be sufficient for residents and in line with their preferences. A chef and kitchen assistant prepared and cooked meals on site. They served the meals to the residents in the dining area, and so were able to receive feedback on a regular basis.

The meals were served hot and in the consistency outlined in the residents' individualised nutritional care plan. There was also a range of drinks served throughout the day, and jugs of water available in communal areas and bedrooms. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving hospital to enable the

safe transfer of care. This information was seen to include vaccine history and multi-drug resistant organism (MDRO) colonisation status. Upon the residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed in the residents' records. Transfers to the hospital were discussed, planned and agreed upon with the resident and, where appropriate, their representative.

Judgment: Compliant

Regulation 27: Infection control

Further actions were required to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018). There were ineffective management systems to monitor the quality of infection prevention and control measures, including equipment and environmental hygiene.

The cleaning staff worked in the morning and afternoons, six days a week, which meant there were no staff available in the evenings and one day at the weekend, to ensure the centre remained clean. Other examples included the following:

- Housekeeping trolleys on the day of inspection were visibly dirty. This meant that equipment used to clean surfaces may be contaminated and increase the risk of infection spread.
- The underside of two raised toilet seats was visibly unclean.
- Shower drains were seen to be unclean in two communal bathrooms.
- The staff area on the second floor was unclean and posed a risk of cross-contamination from staff using this area and then working alongside residents.
- A number of walking aids, such as zimmer frames, were observed to be unclean.
- Standard precautions as set out in the care plan were not in place in practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Residents were not using the allocated smoking area and instead smoked outside the visitors' room. When it was raining, residents were seen to be smoking under a covered area by the door to the visitors' room. Both of these areas were fire exit routes. While there was appropriate equipment in the allocated smoking shelter, it

was not available in the area being used. These risks had not been identified by the registered provider.

In addition, two examples were seen where the fire exits were not clear of obstruction, and one example where the exit route path had a buildup of moss and other foliage that could affect those needing to use the path.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when the care plans were revised.

Judgment: Compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical review. Residents also had access to a range of community-based and outpatient healthcare providers, including chiropodists, opticians, speech and language therapists, dietitians, occupational therapists, tissue viability nurses, and palliative care services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had a training programme in place for staff to acquire up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour.

Residents predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans and other documentation to guide staff. The reviewed documentation was person-centred and described the behaviours, potential triggers, and de-escalation techniques to guide

staff in delivering safe care. Inspectors also observed that residents exhibiting responsive behaviours were supported compassionately and respectfully by staff.

The centre's restraint usage was in accordance with national policy published by the Department of Health.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Siochana (police) vetting before commencing employment in the centre.

Safeguarding training was provided online and face-to-face to staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

From the records seen, it was clear that the person in charge had provided a robust and person-centred response when investigating and responding to allegations of abuse concerning residents.

While the provider did not hold small amounts of cash in safekeeping for residents, it acted as a pension agent for 17 residents living in the centre. Records reviewed found that these pensions were paid into a separate residents' client account to safeguard residents' finances. The provider had a transparent system in place for recording lodgements and withdrawals of residents' personal monies from their accounts.

Judgment: Compliant

Regulation 9: Residents' rights

Residents’ rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff, and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups were on display in the centre.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Pappin's Nursing Home OSV-0000178

Inspection ID: MON-0049995

Date of inspection: 13/05/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
The registered provider and person in charge have reviewed the staffing resources in the centre, with specific focus on housekeeping and maintenance arrangements, having regard to the size and layout of the building.

Housekeeping in St Pappin's Nursing Home is externally provided by Apleona Ireland. The current Statement of Purpose identifies three dedicated housekeeping staff allocated to provide 58.9 hours per week, equivalent to 1.47 WTE.
The registered provider confirms that housekeeping resources will continue to be provided in line with the current registered Statement of Purpose. The core housekeeping roster provides cleaning cover seven days per week, with one housekeeping staff rostered Monday to Friday and one housekeeping staff rostered Saturday and Sunday. The third dedicated housekeeping staff forms part of the allocated housekeeping team and provides planned continuity of service, including cover for annual leave, sick leave, training, other planned or unplanned absence, and service continuity requirements.
The provider will ensure that the weekly housekeeping allocation continues to provide 58.9 hours per week across the designated housekeeping team. The daily housekeeping roster will clearly identify the number of housekeeping staff on duty each day and the hours provided, to evidence that the cleaning needs of the centre, registered for 51 residents over two floors, are met.

The housekeeping schedule has been reviewed to ensure cleaning duties are clearly allocated across both floors of the centre. This includes residents' bedrooms, communal areas, bathrooms, staff areas, high-touch points, shared equipment, housekeeping trolleys and identified infection prevention and control priority areas.

The person in charge is satisfied that the current housekeeping allocation is sufficient to meet the cleaning needs of the centre, which is registered for 51 residents over two floors. This is supported by the centre's recent internal and external audit findings,which demonstrate good compliance with cleaning and infection prevention and control

standards.

The maintenance arrangements have also been reviewed. A planned maintenance schedule has been implemented and reviewed weekly by the person in charge and monthly by the Facilities Manager. This will include internal repairs, external grounds, flooring, bathrooms, accessibility, storage areas and fire exit routes.

The person in charge will complete a weekly review of housekeeping and maintenance resources for three months to ensure the arrangements are effective and sufficient. Any identified gaps will be escalated to the RPR team and addressed through the centre's governance action plan.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The registered provider and person in charge have reviewed the governance and management arrangements in St Pappin's Nursing Home.

The provider will ensure that the staffing resources in the centre reflect the assessed needs of residents, the size and layout of the building, and the resources outlined in the Statement of Purpose. The housekeeping roster has been reviewed and is aligned with the required WTE allocation. The Statement of Purpose has been reviewed and remains current. No changes have been made to the housekeeping WTE set out in the Statement of Purpose.

A centre-specific compliance action tracker has been developed following the inspection findings. This tracker includes all actions relating to premises, housekeeping, maintenance, infection prevention and control, contracts of care and fire precautions. Each action has a named person responsible, a target completion date, evidence required for closure, and a review date.

The provider's assurance systems have been strengthened as follows:
Daily environmental walkarounds will be completed by the nurse in charge, with immediate risks escalated to the person in charge.

Weekly governance walkarounds will be completed by the PIC or ADON, with focus on premises, cleanliness, equipment hygiene, storage, fire exits, external grounds and residents' access to call-bells.

The Findings and actions from audits, walkarounds, facilities reviews and committee

meetings will be incorporated into the revised RPR report. This report will include focused audit analysis, direct oversight and quality improvement plans, as part of the provider's quality and safety governance structure.

The person in charge will review the centre's risk register to ensure risks relating to premises, infection prevention and control, smoking arrangements, external grounds, housekeeping resources and maintenance are accurately recorded, risk-rated and monitored until all actions are completed.

Progress against the compliance action tracker will be reviewed at local governance meetings and escalated to the RPR team where actions are delayed, repeated or not sustained in practice.
RPR team will maintain oversight of the compliance tracker, audit findings, delayed actions and recurring risks. This oversight will take place through clinical and governance meetings, site visits and facilities reviews.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
The registered provider and person in charge have reviewed the findings relating to contracts of care. All current contracts of care will be audited to ensure each contract clearly identifies the bedroom provided to the resident and the number of other occupants, where applicable.

The two contracts identified during the inspection have been reviewed and amended to include the room occupancy details. The amendments have been discussed with the resident and/or their representative, as appropriate, and signed copies are saved in the resident's records.

The person in charge or administrator will complete a monthly audit of new and amended contracts for three months to confirm sustained compliance.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The registered provider and person in charge have reviewed the findings relating to the premises and external grounds.

Immediate review has been completed to ensure all residents have access to their call-bells while in bed or seated. Where needed, locations have been revised. Call-bell accessibility will be included in the daily walkarounds and will be checked during care delivery, safety checks and bedrail checks, where applicable.

A maintenance programme will address identified areas of wear and damage, including flooring, doors, walls, skirting, bathroom walls and tiles, boxing around toilets, staff areas, the kitchenette surfaces and the cracked sink in the staff toilet area. Works will be prioritised according to risk, resident access, infection prevention and control requirements, and fire safety.

The three ground-floor windows identified as not having restrictors have been reviewed and fitted with appropriate window restrictors.

All communal bathrooms will be reviewed to ensure they remain accessible to residents and are not used for inappropriate storage. Equipment, linen trolleys, walking frames and commodes have been removed from bathrooms and stored in designated storage areas. Daily checks will monitor that bathrooms remain accessible and free from trip hazards.

The external grounds will be cleaned and maintained. This will include removal of litter, review of waste storage and bin collection arrangements, power-washing of paths where required, removal of moss and weeds, repair or replacement of uneven patio slabs, review of raised planters, cleaning of outdoor seating, and cleaning of windows affected by bird excrement.

A planned external grounds maintenance schedule will be implemented and reviewed by the person in charge and maintenance team. The provider will monitor progress through the monthly Facilities Reviews until all actions are completed.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The registered provider and person in charge have reviewed the infection prevention and control findings and have strengthened the systems in place for environmental hygiene, equipment cleaning, staff facilities and monitoring of standard precautions.

A full deep clean of the identified areas has been completed. This included communal bathrooms, shower drains, raised toilet seats, housekeeping trolleys, walking aids, staff areas and high-touch surfaces. Housekeeping trolleys will be cleaned at the end of each

shift, and this will be recorded on the housekeeping cleaning schedule.

Cleaning schedules have been reviewed and revised to clearly identify the required cleaning frequency and the staff member responsible. This includes communal bathrooms, staff areas, shower drains, raised toilet seats, shared equipment, housekeeping trolleys and high-touch points.

Clinical staff are also responsible for maintaining clinical areas and residents' equipment in a clean condition. The relevant schedules have been reviewed and adjusted to reflect this responsibility. Any damaged or difficulty to clean equipment will be escalated for repair or replacement.

The person in charge and ADON will review the cleaning schedules weekly for three months and monthly thereafter to ensure the required practices are embedded and sustained.

The staff area on the second floor has been included in the daily cleaning schedule. Staff will be reminded that staff facilities must be maintained in a clean and safe condition to reduce the risk of cross-contamination.

Staff safety huddles will continue to include a focus on infection prevention and control. This will support staff to ensure that guidance set out in residents' care plans is implemented in practice.

IPC refresher education will be provided to housekeeping, nursing, care and maintenance staff. This will include equipment cleaning, standard precautions, safe storage, management of cleaning equipment, and escalation of IPC risks.

Follow-up and oversight of audits have been strengthened through the implementation of a revised RPR report. This will include focused audit analysis, direct oversight of actions, and review of quality improvement plans to ensure improvements are completed and sustained.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider and person in charge have reviewed the fire safety findings relating to smoking arrangements, fire exit routes, obstruction of exits, external escape routes and flammable materials.

The smoking risk assessment has been reviewed. Residents who smoke will be supported to use the designated smoking area, which has appropriate fire safety precautions, call-bell facilities and suitable firefighting equipment. The area outside the visitors' room and

the covered porch area will no longer be used as smoking areas, as these areas form part of fire exit routes.

Ashtrays will be removed from non-designated smoking areas. Clear signage will be displayed to direct residents, visitors and staff to the designated smoking area. Residents who smoke will have their smoking risk assessments and care plans reviewed, and staff will provide supervision and reminders in line with residents' assessed needs and rights.

All fire exits and escape routes will be checked daily to ensure they remain clear and accessible. This will include internal exits and external escape routes. The external route affected by moss and foliage has been cleared and added to the planned grounds maintenance schedule.

The fire safety audit will be updated to include smoking arrangements, availability of firefighting equipment in the designated smoking area, fire exit obstruction, external escape routes, external surfaces, storage of combustible materials and staff smoking arrangements.

Staff will receive a briefing on the revised smoking arrangements, the requirement to keep fire exits clear, and the escalation process where residents or staff do not follow the fire safety controls in place.

The person in charge will monitor compliance through daily walkarounds and monthly audits. Findings will be reviewed at the monthly Facilities Reviews with the Estates & facilities Manager.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20/07/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	20/07/2026

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	20/07/2026
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	31/07/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are	Substantially Compliant	Yellow	31/08/2026

	implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2026