



# 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:	16 November 2022
Centre ID:	OSV-0000178
Fieldwork ID:	MON-0038173

## 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 are available to suit the personal care needs of residents. The range of long stay, short stay and focused care options ensure 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:	40
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 16 November 2022	08:25hrs to 18:15hrs	Margo O'Neill	Lead
Wednesday 16 November 2022	08:25hrs to 18:15hrs	Deirdre O'Hara	Support

## What residents told us and what inspectors observed

This inspection took place in St Pappin's Nursing Home in Ballymun over the course of a day during which time inspectors spent time observing and speaking to residents, their visitors and staff. Residents reported they were satisfied with the service and the staff working in the centre. Inspectors observed that residents appeared comfortable and relaxed throughout the inspection.

St Pappin's Nursing home is a three storey building with 51 registered beds. The centre is located close to Ballymun village in North Dublin and is comprised of a de-consecrated church and a new adjoining building. Inspectors found the centre was warm and well ventilated and were informed that the communal spaces and rooms throughout the centre had just received a fresh coat of paint. The accommodation comprises of three four-bedded bedrooms, two three-bedded bedrooms, two twin-occupancy bedrooms and 29 single bedrooms. All single bedrooms have en-suite facilities. Some of the multi-occupancy bedrooms had en-suite bathroom facilities.

Inspector observed that residents' bedrooms were clean and comfortable. Many residents had personalised their rooms with photos, cushions and throws, items of memorabilia or keep-sakes. Residents who spoke to inspectors reported they were satisfied with their bedrooms and those who were accommodated in multi-occupancy bedrooms said they enjoyed the company of their fellow residents. Residents also said they were very satisfied with the standard of cleanliness in their bedrooms and communal areas. They said that their room was cleaned every day and one resident said that "staff were always washing their hands".

Most multi-occupancy bedrooms were configured to ensure residents' right to autonomy. For example, each resident could enter and exit their bedrooms without entering other residents' private space. Inspectors noted however that privacy curtains in multi-occupancy bedrooms required reconfiguration as not all bed spaces within privacy curtains were large enough to contain a bed, table, chair, locker and storage space. This impacted on residents' right to privacy when assessing their possessions or clothes or to just sit and have some quiet time at their bedside in privacy.

Two of the three four-bedded bedrooms had been reconfigured and redesigned using dementia design principles since the last inspection. These had been enhanced by creating four pod areas, each containing a bed, chair, locker, table and most with some storage for clothing and personal possessions. One of these bedrooms however required some minor reconfigurations to ensure that all residents in the room had sufficient space to enter and leave the bedroom without infringing on the resident who was accommodated in the bed located closest to the door.

All communal bathrooms were found to have sufficient space to allow residents to undertake their personal care activities independently and comfortably with assistance. However some communal bathrooms were in need of attention to ensure

they were maintained to a good standard. For example; inspectors observed that some bathrooms had cracked and missing tiles on the walls, small holes in walls, flooring that was observed to peel away from the wall where it had been attached and cracked or rusted bath or shower chairs.

There were a number of living rooms and dining areas where residents took their meals, spent time and participated in activities. Two living rooms, the centre's mezzanine, a large living and dining space in the atrium of the original church had also been redesigned since the last inspection using dementia design principles. These were found to be calm and relaxing, with appropriate furniture and layout to support residents and to enhance residents' mobility and independence. Throughout the inspection residents were observed sitting in these areas of the centre, relaxing with drinks, spending time with their visitors or completing activities like jigsaws or knitting.

Overall, the general environment and residents' bedrooms and communal areas inspected were clean and well decorated with a few exceptions observed in ancillary rooms, such as, the cleaner's rooms, the kitchen floor and damaged shelving in treatment/nurses rooms. Two cleaners' rooms were not clean. Items were seen to be stored in the sinks of one cleaners' room and the surface of a janitorial sink in the kitchen cleaning room was damaged. Another cleaners' room was carpeted and unclean. Cleaning chemicals were made up and stored in sluice rooms. This impacted on effective infection prevention and control and cleaning.

While the centre provided a homely environment for residents, there were a few infrastructural issues that impacted effective infection prevention and control. For example; there were sinks available for staff to clean their hands, however, three available sinks did not comply with current recommended specifications for clinical hand hygiene sinks, in the treatment room and on the corridors.

Inspectors noted that a number of rooms and service areas throughout the centre were being used for storage. For example; the centre's oratory was no longer accessible as it contained boxes stacked from floor to ceiling. Inspectors noted too that there were boxes stacked and stored in stairwells which were fire escape routes. The centre's attic space was also full of items potentially posing a fire safety risk. Inspectors asked for this to be addressed during the inspection.

Inspectors observed too that used linen hampers, clean linen and medical equipment were seen to be stored in communal bathrooms. Some areas were cluttered, with resident hoist slings stored on hoists in two store rooms. Stores of personal protective equipment (PPE) were inappropriately stored in a temporary exposed structure, external to the centre. These practices increased the risk of cross contamination and risk of infection for residents.

Residents had access to an enclosed courtyard garden area. This garden area contained safe paths for residents to use to take in some fresh air. There was some seating areas with chairs so residents and their families could sit and enjoy the outdoors. Overall the outdoor area was observed to be maintained to a good standard.

This area also contained the centre's designated smoking area; inspectors noted that although there was a fire blanket in place no fire extinguisher was located close by. Inspectors also noted some small burn holes in one armchair in this area that required attention.

Residents appeared to be familiar with staff and those who spoke with inspectors were very positive about the staff working in the centre saying that they were 'great'. All residents were relaxed and seen to enjoy being in the company of staff. For example; staff were seen to spend time supporting residents with creating Christmas decorations, jigsaws and having a chat and light-hearted fun. Interactions observed by inspectors between staff and residents were respectful and staff were observed to offer choice and patient assistance to residents.

Residents were observed to receive visitors throughout the day of inspection. Visitors who spoke with inspectors were positive regarding all aspects of the service and complimentary of the staff, reporting that they always received a 'warm welcome'.

Visitors and residents reported that if they had any concerns or issues that they would speak to the person in charge and reported that their concerns had always been addressed in a satisfactory manner, being made to feel heard during the process.

There was an activity programme in place Monday to Sunday that included baking, art and crafts, mass and live music sessions. There was one dedicated activity staff member employed full time to coordinate and provide an occupational and recreational activities programme for residents. They worked Monday to Friday and at weekends there was one staff member allocated to facilitate activities on each floor.

There was a dedicated salon for residents to attend in the centre and a hairdresser attended the centre once every fortnight to facilitate residents having their hair cut or styled.

Meals were served in the centre's dining rooms, one of which was in the mezzanine level of the original church. This room had large vaulted ceilings and beautiful stained glass windows for residents to look at when spending time in this room. Inspectors observed that there was a relaxed and social atmosphere during meal times and there was sufficient numbers of staff available to assist residents. Staff provided unhurried and dignified support and offered choice to residents regarding the food and drinks on offer. There were two hot option on offer at each meal time for all residents, including those who required the consistency of their diet to be altered. Pictorial menus were also available for residents should this be required.

There was good hand hygiene practice observed throughout the day of inspection, however, inspectors observed many occasions where staff did not wear face masks appropriately. For example; staff were seen to touch the front of their face masks or wear them below their nose or chin during the inspection. This may result in onward transmission of infections to residents.

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 the quality and safety of the service being delivered.

## Capacity and capability

This inspection was carried out to monitor compliance with the regulations and to inform the upcoming renewal of registration for St Pappin's Nursing Home. A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review.

During the inspection inspectors followed up on concerns received by the Chief inspector since the last inspection related to end of life care and inadequate storage. Inspectors identified that further action was required to ensure that adequate storage facilities and appropriate storage practices in the centre were addressed. Outstanding actions identified on the last inspection in May 2021 were also followed up by inspectors and found that although some improvements had been made, further action was required to come into compliance in the following areas; fire precautions, premises, infection control, governance and management, statement of purpose and residents' rights.

The registered provider for St Pappin's Nursing Home is the Silver Stream Health Care Limited. The nursing home is part of a larger nursing home group, Silver Stream Health Care Group and there is a senior management team in place to provide management support at group level.

The person in charge is responsible for the day to day operations in the centre and holds weekly meetings with a senior manager to discuss quality and clinical governance. Regular quarterly meetings also occurred with the persons in charge of the other centres in the group in order to share learning. A new assistant director of nursing had been recently appointed to the service. Their role was to provide support to the person in charge.

Inspectors found that although there were management systems in place, action was required to ensure that these systems were effective to identify all areas of risk and to ensure these risks were effectively mitigated. For example; the management systems in place did not ensure that a number of fire safety risks were identified, managed and effectively mitigated. This is detailed further under Regulation 28; Fire precautions. Following this inspection, an urgent compliance plan was issued regarding fire precautions to seek immediate assurances regarding risks observed on inspection.

Oversight of Infection Prevention and Control required strengthening. Inspectors were informed that cleaning services had been outsourced to an external contractor on 28 October 2022 and there were adequate resources to meet the cleaning needs of the centre on the day of inspection. However, there were no cleaning schedules



available to guide staff and to monitor and ensure that all areas in the centre had been cleaned.

Various meetings took place to monitor infection prevention and control in the centre, such as weekly management and regular staff meetings, where audits, quality indicators and aspects of infection prevention and control were discussed. While environmental hygiene audit tools were used, they did not reflect findings during this inspection. These findings are detailed under Regulation 27: Infection control.

There was an annual review of the quality and safety of the service for 2021. This report was informed by feedback from residents and their families to inform changes in the service. A quality improvement plan had been developed for 2022.

Inspectors observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of the 40 residents living in St Pappin's Nursing Home. A clinical nurse manager worked Monday to Sunday providing clinical oversight to the the service. There was a minimum of two registered nurse on duty Monday to Sunday from 8:00hrs to 20:00hrs. A minimum of seven health care assistants worked Monday to Sunday from 8:00hrs to 20:00hrs. The centre's rosters required updating however as inspectors identified that here were no records of rosters for cleaning staff available during the inspection to show the staff working in the centre or whether the roster was actually worked.

At the time of the inspection there were no staff vacancies and inspectors were informed that all staff working in the centre had a vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to commencing employment in St Pappin's Nursing Home.

A written statement of purpose was in place. This required minor further amendments to ensure that it contained all relevant detail about the service. Inspectors were provided with all Schedule 5 policies and procedures and found that these had been updated at intervals not exceeding three years.

#### Registration Regulation 4: Application for registration or renewal of registration

An application was received by the Chief Inspector as part of the renewal of registration of the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place

with regard to the assessed individual and collective needs of the 40 residents living in St Pappin's Nursing Home at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors identified that some management systems were not effective in order to ensure the service provided is safe, appropriate consistent and effectively monitored. The following required attention:

- Inspectors were not assured that there was adequate oversight of fire safety in the centre, this is detailed under Regulation 28, Fire Precautions. During the inspection inspectors observed a number of areas to contain a significant number of combustible items. An urgent compliance plan was issued to the registered provider. Assurances were received from the registered provider following the inspection that all of these areas had been cleared.
- Management systems for the oversight for the maintenance of the premises was found to be ineffective. This is further detailed under Regulation 17, Premises.
- Inspectors found that the provider had not taken all the necessary steps to ensure compliance with Regulation 27, Infection control and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection control governance, guidelines, oversight and monitoring systems. Findings in this regard are further discussed under Regulation 27.

Judgment: Not compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place in the centre. Inspectors identified the following required updating:

- Clear details regarding the outsourcing of household duties and the number of staff delegated to these tasks in the centre.
- Details regarding the supervision arrangements for providers of specific therapeutic techniques required outlining.
- Addition of details regarding the external services building.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

All required policies and procedures as set out in Schedule 5 were available to inspectors and had been updated at intervals not exceeding three years.

Judgment: Compliant

## Quality and safety

There was a good standard of care and support being delivered to residents living in St Pappin's Nursing Home, however, further action was required under Regulation 28, Fire Precautions, Regulation 9, Residents' rights, Regulation 17, Premises and Regulation 27, Infection Control.

Inspectors were informed that many areas in the centre had recently been painted and redecorated using dementia inclusive design principles such as the living rooms and the large mezzanine level day room. Most areas of the premises was maintained to a good standard internally and externally; however inspectors observed that the centre's communal bathrooms, clinical rooms and some other service areas required attention to ensure they were maintained to a good standard. Furthermore inspectors identify that there was insufficient storage in the centre and this was impacting on storage practices. This is detailed further under Regulation 17, Premises.

Inspectors were not assured that all reasonable measures were in place to ensure that residents living in St Pappin's Nursing Home were safe and protected from the risk of fire. For example there was inappropriate storage in areas such as the attic space which was found to be full of combustible items potentially posing a fire safety risk. Inspectors verbally requested that this was addressed on the day of the inspection and issued an urgent compliance plan following the inspection. Assurances were received that these issues had been addressed within an agreed time frame. This is discussed further under Regulation 28, Fire Precautions.

There was signage located throughout the centre which informed residents, staff and visitors of protocols to follow to reduce infection, such as hand hygiene. There were ample supplies of personal protective equipment (PPE) available. Appropriate use of PPE was observed during the course of the inspection, with a few exceptions. A small number of staff were seen to wear their face mask incorrectly and could result in onward transmission of droplet or airborne infections

The provider was using a transfer form when transferring residents to hospital if they became unwell. This form included detail on infection prevention and control. This ensures that the receiving facility was aware of infection control precautions

needed. The pre-admission records used did not include information with regard to influenza or pneumonia vaccinations. The provider assured the inspector that this would be addressed.

There was a successful, well-managed vaccination programme in the centre. All of the residents who were eligible, had received their COVID-19 booster and influenza vaccines. While staff had good knowledge on how to manage blood and body fluid spills and sharps injuries, safety engineered needles were not available to staff. This increased the risk of needle stick injuries in the centre.

The household staff who spoke with inspectors demonstrated the colour-coding systems in place and the appropriate separation of clean and unclean items during cleaning processes. There was a cleaning schedule for resident equipment and completed cleaning records were kept at the back of toilet doors. However, there were no cleaning records to show that soft furnishings and other rooms had been routinely or periodically cleaned and safe for further use.

The provider had made a number of improvements since the last inspection to improve the quality and safety of care for residents. This included, some new bedroom furniture, the refurbishment of some multi-occupancy rooms and repainting of communal areas. This positively impacted the lived experience for residents. A bedpan washer had been installed in the ground floor sluice room and a hand-wash sink was fitted on each floor. However, these sinks and the sink in the nurses room, did not comply with current recommended specifications for clinical hand hygiene sinks.

Infection prevention and control guidelines covered aspects of standard and transmission-based precautions and the care and management of residents with some infections, however, it did not provide guidance to staff with regard to vaccinations and some multi-drug resistant organisms (MDROs) such as, carbapenem resistant Enterobacteriaceae (CRE) and Vancomycin Resistant Enterococci (VRE).

Antibiotic use was monitored each week on an individual resident basis. However, the centre's overall antimicrobial use and MDRO's and infection rates was not monitored to progress the quality of antibiotic stewardship within the centre. For example, antibiotic use and infections were not tracked to inform quality improvement initiatives. Antimicrobial prescribing guidelines were not available in the centre to provide information to help prevent the development of current and future bacterial resistance and resistant infections.

Inspectors were informed that staff had received education and training in infection control through e-learning modules. Inspectors were told that the provider intended to enhance infection control practice by providing face-to-face training to staff by the new assistant director of nursing, who was qualified to do so. The findings of this inspection found that further training and supervision was required on standard infection control precautions, including safe sharps management, the correct wearing of PPE and environmental hygiene practices.

There was a comprehensive programme of activities on offer in the centre. This was

coordinated by one staff member who facilitated the activity programme to meet the occupational and recreational needs of residents Monday to Friday. Residents had access to television, papers and telephones to ensure they were informed regarding current affairs and connected to their community. Inspectors observed that not all multi-occupancy bedrooms supported residents' right to privacy however, this is discussed further under Regulation 9, Residents' rights.

There were individual assessments and care plans in place for each resident to inform staff of their individual care needs. These were found to be updated every four months or as required. Inspectors reviewed a sample of resident care records and found that these included details of residents' wishes and preferences regarding how staff should meet their end of life care needs and arrangements. Advanced healthcare directives records were in place for residents. Staff were provided with training in end of life care and the person in charge informed inspectors that there was further training planned for early 2023 for staff, in the area of end of life care.

Inspectors were informed that there was open visiting in place based on compassionate grounds for families and relatives, should families wish to stay with a resident at this important time. There were also facilities available to residents' families, such as a family room and tea and coffee making facilities in the centre's reception area. All efforts were made to ensure that residents were moved to single bedrooms when residents required end of life care; where this was not possible a procedure was available to inform staff how to proceed when managing a resident at end of life in a multi-occupancy bedroom.

### Regulation 13: End of life

From a sample of resident care records inspectors found that these included details of residents' wishes and preferences regarding their end of life care. Open visiting was in place based on compassionate grounds for families and relatives, who wished to stay with a resident while on their end of life journey.

Judgment: Compliant

### Regulation 17: Premises

Inspectors identified the following issues which required attention:

- There was inadequate storage facilities in the centre which was resulting in inappropriate and unsafe storage practices. For example; inspectors observed that the centre's attic space, oratory, gas boiler room, some communal bathrooms and stairwells all had significant quantities of items such as boxes of personal protective equipment, boxes of hand gel, boxes of paper and vacuum cleaners stored in them. In the oratory items were stored on the

ground and stacked to the ceiling making the room inaccessible. The centre's management informed inspectors that this issue had been identified and a skip had been acquired in order to clear some of these items from the centre. This process began during the inspection.

- Some areas in the centre such as the centre's communal bathrooms, clinical rooms and some other service areas required attention to ensure they were maintained to a good standard. For example inspectors observed that floor covering was peeling away from the walls, chipped and cracked tiles, and that services like extractor fans required replacement.
- Inspectors were not assured that the layout of all multi-occupancy bedrooms provided adequate floor space, within the privacy curtains, for residents to undertake activities or access to personal storage space in private.
- In one four-bedded bedroom, the layout required review to ensure that all residents residing in the room had sufficient space to enter and exit the room without impinging on the private space of any of the other residents.

Judgment: Not compliant

## Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Surveillance of antibiotic use, infections and colonisation was not always used to inform antimicrobial stewardship measures. This meant that information could not be used to track and trend MDROs to ensure that early identification of infection or colonisation, so that the provider could implement preventative measures, to prevent onward transmission.
- There were no guidelines available on the care of residents with colonised with VRE. As a result staff did not have these guidelines available to them on how to prevent and control the spread of VRE.
- There were no periodic and deep-cleaning schedules for environmental cleaning to outline clear responsibilities of staff, roster of duties and the frequency of cleaning required. This may result in areas around the centre not being cleaned.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was shown by:

- Cleaning chemicals were made up and stored in sluice rooms. Some items of cleaning equipment were also stored in one sluice room which may result in cross contamination. This was a finding from the last inspection
- clinical hand hygiene sinks did not meet nationally recommended standards
- surfaces and finishes such as flooring, cupboards, walls and catering trollies were damaged in some areas around the centre and would not facilitate

effective cleaning. For example: the surface of the janitorial sink in the kitchen cleaning room and shelving in the treatment rooms were damaged

- the edges of flooring in a small number of bathrooms had peeled away from the wall and flooring in the kitchen was damaged and unclean and flooring in one cleaning room was not impermeable. This did not align with centres infection control policy.
- there was inappropriate storage of supplies and equipment in communal bathrooms such as intravenous stands, used and clean laundry, commodes and weighing scales. PPE and alcohol based hand rub were observed to be stored in a temporary structure on the grounds of the centre, which was open to ingress of birds or rodents. This posed a risk of cross infection.

The provider had not ensured that all precautions to ensure practices for effective infection control was part of routine delivery of care to protect people from preventable health care-associated infections. This was shown by:

- Inspectors were informed by six staff members that the contents of commodes and bedpans were manually decanted into residents' toilets or the sluice sink prior to being placed in the bedpan washer for decontamination. This practice could result in an increase environmental contamination and cross infection
- one sharps bin inspected did not have the temporary closure mechanism engaged when it was not in use and two bins were not signed when they were opened and assembled. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them
- continence wear was observed to be stored in open packets or out of their packets on linen trolleys, which could result in cross-contamination
- sterile dressings were not used in accordance with single use instructions, they were stored with un-opened dressings and could result in them being re-used.

Judgment: Not compliant

## Regulation 28: Fire precautions

Inspectors were not assured that all reasonable measures were in place to ensure that residents were safe and protected from the risk of fire. The following issues were identified:

- Inadequate storage facilities and inappropriate storage practices in high risk areas such as the centre's attic space, gas boiler room and stairwells of fire escape routes required urgent action. On the day of inspection inspectors observed these areas to contain a significant number of items piled high on top of each other. An urgent compliance plan was issued to the registered provider and once identified management began removing items from these areas during the inspection. Further assurances were received from the

registered provider following the inspection that all of these areas had been cleared.

- Inspectors noted gaps in oversight regarding the ongoing monitoring of fire safety equipment and escape routes. For example; there was gaps in daily and weekly checks of fire equipment. There was no written records of visual checks on fire doors to ensure they closed fully when released.
- A number of fire doors which inspectors released failed to close fully, this posed a risk to containment of fire and smoke.
- There was ongoing simulated evacuation drills undertaken in the centre on a regular basis. One written record to simulate an evacuation of the centre's largest compartment indicated it had taken approximately 7 minutes to evacuate 9 residents with night time staffing levels. There were no further records to demonstrate that this had been repeated in order to reduce the time and to inform further improvement.
- The centre's designated smoking area required attention. Inspectors observed that there was no fire extinguisher in close proximity and there were items of inappropriate furniture, such as a laminated armchair, which had a number of visible burn marks.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A sample of care records were reviewed by inspectors and found to contain a range of completed validated assessment tools used to identify residents' care needs. Care plans were developed using these assessments and updated every four months or as required. Records indicated that residents and their families or nominated support person were involved with these care plan and assessment reviews.

Judgment: Compliant

### Regulation 9: Residents' rights

Not all multi-occupancy bedrooms supported residents' right to privacy. Inspectors observed that in many multi-occupancy bedrooms, which were dimensionally large, the space available to residents within the confines of the privacy curtains was limited. Furthermore not all multi-occupancy rooms were configured with personal storage for residents within the private curtain space. This limited residents right to undertake activities or access to personal storage space in private.

Judgment: Substantially compliant





## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0038173

Date of inspection: 16/11/2022

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <p>The following is now in place to ensure adequate oversight of fire safety :</p> <ul style="list-style-type: none"> <li>• Further to assurances given on 18 November 2022, storage requirements for the centre and necessary stock have been reviewed and reduced to prevent inadequate storage.</li> <li>• Additional areas for example boiler room, ESB plant room, Pump Room, Oratory, has been introduced to the daily maintenance staff check list to ensure compliance with the fire safety regulations. 13/01/2023.</li> <li>• The PIC completes a weekly home maintenance review with the home’s maintenance personnel. Following the review a plan is agreed to identify what can be completed with the home maintenance personnel and what work would require additional support. The work requiring further interventions would be conveyed to the Group Facilities Manager and Chief Operating Officer for actioning. All which is followed up on a weekly basis with the Director of Clinical Governance, Quality and Risk (DCGQR). 13/01/2023</li> <li>• The PIC and DCGQR have agreed a audit schedule for IP&amp;C, this has commenced. These audits will be reviewed in person monthly by the DCGQR. Our IP&amp;C policies have been reviewed and updated to reflect the national standards.</li> </ul> <p>The monitoring systems have been strengthened to ensure learnings and outcome improvements. 13/01/2023.</p>	
Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- The Statement of Purpose was updated to include details of the outsourcing of household duties, the supervision arrangements for providers of specific therapeutic techniques and also the external services which. The Statement of Purpose was sent to the Inspector post inspection. 13/12/2022.

Regulation 17: Premises

Not Compliant

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

To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- All identified areas where in appropriate storage was in place is now clear. The areas are monitored daily to ensure no further storage is placed in those areas. 17/11/2022.
- A schedule of works was agreed and commenced on all areas that required attention. A new extractor fan is scheduled to be fitted week commencing 31st January 2023.
- The multi-occupancy rooms identified at inspection will be reconfigured to ensure they provide adequate floor space, within the privacy curtains for each resident. Relevant contractors have been engaged with to review the layout of the multi-occupancy rooms identified on day of inspection and will provide an adequate solution. Anticipate works beginning of Quarter 2 with time frame of 2-3 months for completion subject of lead time for materials. Target Date : 31/08/2023.
- The curtains in the 4 bedded multi- occupancy will also be reviewed by relevant contractor and we would also anticipate works to begin Quarter 2 with a timeframe of 2-3 months for completion subject to lead time for materials. Target Date : 31/08/2023.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- The PIC and DCGQR now survey the of antibiotics, infections and colonisation. We are now tracking and trending MDROs to ensure that early identification of infection or

colonisation, so that we can implement preventative measures, to prevent onward transmission. 05/01/2023

- VRE Policy is in place and disseminated to staff. 30/11/2022
- The cleaning schedule has been updated and implemented with daily attributes and responsibilities for housekeeping staff. Records of deep cleaning and regular cleaning are being updated daily.

Audits are implemented and carried out on a monthly basis. A detailed roster for the household has been agreed and working. 08/12/2022

- Cleaning chemicals are now stored in an identified storage area. 30/11/2022.
- Relevant contractors been engaged to carry out the replacement of 4 Clinical hand hygiene sinks to meet nationally recommended standards'

Work are scheduled to start end of Quarter 1 subject to lead time for materials with expected closing date of 2-3 months. Target Date : 31/08/2023.

- Repairs of premises and equipment has been carried out in house and outsourced for project work.

Our in house maintenance personnel completed the following work : catering trollies replaced, replaced and painted cupboards as required, shelving in the treatment room was repaired, flooring repaired for small areas of the communal bathrooms.

- Contractors have been engaged to replace the janitorial sink in the kitchen cleaning room, flooring for cleaners storeroom and flooring for kitchen cleaners store room.

Target Date : 31/07/2023

- The edges of flooring in a number of bathrooms have been repaired.
- Contractors have been engaged to review and submit a proposal for repairing / replacing the flooring in the kitchen as part of our ongoing facility improvement plans for 2023/2024.
- All inappropriate storage of supplies and equipment have been removed from communal bathrooms.
- A permanent storage structure is going to be part of our ongoing facility improvement plans for 2023/2024 this will replace the temporary structure.
- Staff have all been retrained in the use of all sluice rooms and reinforced that is the only place that contents are to be disposed of. 30/11/2022.
- Sharps bin replaced. 30/11/2022
- Staff have been trained re the correct storage of continence wear. 30/11/2022.
- Sterile dressings are one use only. 30/11/2022

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
To ensure compliance the registered provider will have the following in place and implemented and actioned as required:

- All identified areas where in appropriate storage was in place is now clear. The areas are monitored daily to ensure no further storage is placed in those areas. 17/11/ 2022
- Fire escapes monitoring : Daily reviews taking place of all escape routes and PIC reviewing on a regular basis to ensure compliance.

- Fire doors are now fully compliant: information sent to the inspector post inspection. 18/11/2022
- Fire drills are continuing to ensure a timely evacuation for residents.
- Fire extinguisher and adequate furniture has been provided to the smoking shelter. 12/12/2022.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance the registered provider and PIC will have the following in place and implemented and actioned as required

- All multi occupancy bedrooms identified by the inspectors will be reconfigured to ensure privacy and personal space are maintained. Contractors have been engaged with consideration given that the dividers are bespoke and installed accordingly. Target Date : 31/08/2023.

## 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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	17/11/2022
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	31/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	13/01/2023



	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/2022
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.	Not Compliant	Red	18/11/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	18/11/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/12/2022
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	31/08/2023

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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