



# 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:	23 February 2024
Centre ID:	OSV-0000178
Fieldwork ID:	MON-0039613

## 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:	44
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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
Friday 23 February 2024	09:25hrs to 15:15hrs	Karen McMahon	Lead

## What residents told us and what inspectors observed

From the inspector's observations and from what residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. Feedback from residents, who the inspector spoke with, was that the staff were 'super', and that residents' choices were respected. Throughout the day, the atmosphere in the centre was relaxed and calm. Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well. Residents were observed to be well presented in neat dress.

On the day of the inspection the inspector was met by the receptionist who guided them through the sign in procedure. After a brief introductory meeting, with the person in charge and assistant director of nursing, the person in charge escorted the inspector on a tour of the premises. 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. All the rooms had a cosy and homely feel to them and were unique to each of the residents residing in them. 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. These rooms were seen to be clean, bright, comfortable and tastefully decorated, suited to the purpose of their use. There was also a conservatory on the ground floor that looked out on to the enclosed garden space. Overall the premises was clean and well maintained, however the floor covering on the ground floor dining room was visibly unclean and had staining on it.

There was an enclosed garden outside for residents' use. A covered smoking area was located here with call bell facilities and fire safety equipment. There were paths around the garden to allow residents with mobility aids to move without restriction around the grounds. The garden had trees and plants to enhance the overall look of the garden.

On the second floor there was a pet budgie for the residents called George. The budgie was housed in an appropriate bird cage and residents, who were able, assisted with the day to day care needs of the bird. The residents were observed to

enjoy the bird in the centre and staff reported that many residents brought their grandchildren to see George when they were visiting and it was an enjoyable interaction for them.

On the day of inspection the centre was experiencing a possible noravirus outbreak. Due to this a number of residents were isolating in their rooms and communal activities were restricted to prevent further spread of the virus. The inspector noted activity information and schedules displayed around the centre to inform residents of activities, when they were not in outbreak, and a small number of residents were observed participating in activities on the day of inspection. 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.

Menus were displayed on the tables in the dining facilities. There were two meal choices available for dinner and a hot and cold meal option available for tea-time. Snacks were available throughout the day. Due to the current viral outbreak most residents received meals in their rooms on the day of the inspection, so the dining experience on that day was not reflective of the everyday dining experience for residents.

The inspector spoke with a few residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. One resident told the inspector " I love it here, my room is great, the bed is cosy and the staff are so lovely". Another resident told the inspector they "enjoy" living in the centre.

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 was a well-managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspector observed a high quality service being delivered to residents. There were effective management systems in this centre, and the management team was proactive in responding to issues as they arose.

This was a one day unannounced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013 (as amended).

St Pappin's Nusing 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 a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion if not already completed.

A comprehensive annual review of the quality of the service in 2022 had been completed by the registered provider, and there was evidence of consultation with residents and their families. The person in charge was currently preparing the annual review for 2023 and recent resident survey's had been completed to inform this report.

Notifications of incidents were recorded and reported as per the regulations. Three-day notifications and quarterly notifications were being appropriately reported and submitted within the regulation's time frame. The complaints policy and procedure had recently been updated to reflect recent regulatory changes and there was an appropriate system, to log complaints made.

The registered provider had prepared a statement of purpose which contained all of the information set out in Schedule 1. However, on the day of the inspection, the inspector found that the oratory, as described in the statement of purpose, was not available for resident's use. The oratory is located off a stairwell in the centre and had to be opened by a key as it was locked on the day of inspection. Two large boxes of clinical supplies as well as a training mannequin were found to be stored in here and the room was not suited to communal use by the residents.

### Regulation 19: Directory of residents

There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incident and accident records confirmed that all incidents had been reported to the Chief Inspector as required under the regulations within the specified time periods.

Judgment: Compliant

### Regulation 34: Complaints procedure

Evidence was seen by inspectors that procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. The inspector observed that the staff treated residents with respect and kindness throughout the inspection.

Staff were observed to appropriately communicate with residents who had communication difficulties. They afforded time to the resident to express themselves and did not hurry them. A review of the resident's records showed that when a



resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

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 access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Residents had access to advocacy services and notices were displayed around the centre identifying how to contact advocates.

The registered provider had prepared a residents guide in respect of the designated centre which contained all of the required information in line with regulatory requirements.

The inspector identified some areas of good practice in the prevention and control of infection. For example, care plans had sufficient detail to enable person centred care and safe practices, infection prevention and control training and audits were up to-date. The inspector observed staff attending to residents who were isolated due to the current viral outbreak in the centre. Personal protective equipment was accessible outside each room and staff were observed to put it on appropriately. There was appropriate signage outside affected resident's bedrooms to alert staff to the infection risk and ensure they follow infection prevention control precautions.

Overall the centre was found to be clean and well maintained. The design and layout of the centre were generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. However, inspectors saw that some action was required in relation to premises as outlined under Regulation 17: Premises.

## Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely in the centre. They had access to specialist equipment and services including ophthalmology and audiology. Residents individual needs were clearly documented in care plans.

Judgment: Compliant

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors in so far as is reasonably practicable.

Judgment: Compliant

## Regulation 17: Premises

The following issues were identified that were not in line with the registered provider's statement of purpose and which did not meet schedule 6 requirements;

- Not all areas of the premises were kept in a good state of repair. For example: the flooring in ground floor dining room.
- Inappropriate storage in the upstairs bathroom and the oratory.

Judgment: Substantially compliant

## Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure, advocacy services and visiting arrangements.

Judgment: Compliant

## Regulation 27: Infection control

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care.

Judgment: Compliant

## Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, and television. There was independent advocacy services available to residents.

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
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0039613

Date of inspection: 23/02/2024

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• The RPR team with the PIC have prepared a capex plan of works for 2024. Flooring that is in poor condition will be replaced as required.</li><li>• The PIC and RPR team have completed a review of current storage available in the home. Designated storage areas have been identified and staff informed. This will be reviewed on a regular basis both by the PIC and RPR team.</li></ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024