



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:	05 May 2021
Centre ID:	OSV-0000178
Fieldwork ID:	MON-0032909

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 Ballymunt and the registered provider is Silver Stream Healthcare Limited. The centre can accommodate 54 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:	30
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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 5 May 2021	09:25hrs to 17:40hrs	Deirdre O'Hara	Lead
Wednesday 5 May 2021	09:25hrs to 17:40hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were happy with the care they received within the centre and were observed to be content in the company of staff. Overall, inspectors observed a relaxed and happy environment.

The inspection was unannounced. Inspectors followed the centre's infection control protocol for coming into the centre during COVID-19. This included hand sanitising, donning personal protective equipment (PPE), recording temperatures and a questionnaire.

Visitors to the centre were checked for symptoms of infection before they could enter the centre and were assisted with the safe donning and doffing of protective clothing and hand hygiene techniques.

St Pappins is located over two floors, with an enclosed courtyard and access to the first floor was by means of a lift. Communal space was seen to be plentiful and well lit. Inspectors saw records of plans to refurbish the first floor to improve the lives of residents by providing an area along the corridor called 'memory lane'. They had also engaged with a sound specialist to reduce the sound levels on the mezzanine floor.

Many of the walls on the corridors had artwork produced by the residents and had focal points of interest for residents, such as a bird cage with budgies and a fish tank, where residents were seen to sit and relax beside them. There were murals of shop fronts on corridors such as a vegetable shop, hardware store, a street lamp and post box and a public house, with seating nearby for resident use.

Communal areas were nicely decorated and comfortably furnished. There was a communal sitting room on each floor with a television, radio and a music system available for residents. The sitting rooms provided comfortable seating for residents. There was also a family room on the ground floor which was used for visiting.

Bedrooms were warm and comfortable and provided adequate wardrobe and lockable drawer space for residents to store their clothes and personal possessions. Residents were encouraged to personalize their bedrooms with pictures and photographs to reflect their life, hobbies and interests. A number of bedrooms included memory prompts such as wedding and family photographs.

The activities coordinator told inspectors that they had recently started an initiative whereby resident's families submitted photographs of personal significance from which they had created a video collage that was later watched by the resident on a large TV.

There was a person-centred atmosphere in the centre. Residents said that the staff

were kind and helpful and assisted them when asked. Inspectors saw that the interaction between residents and staff was gentle and respectful, and their engagement with residents showed that they knew them well.

Residents were seen to move freely throughout the centre and had easy access to a garden with wide paved paths for those with mobility aids. Inspectors observed that residents in the centre were treated with dignity and respect. They overheard caring and courteous conversations between staff and residents about the interests and activities enjoyed by the residents.

Inspectors saw that a wide range of group and 1:1 activities were available to residents such as games, exercises, art, movies and hand massage. Inspectors observed residents actively participate in completing a crossword puzzle with the activities co-ordinator in a sitting room. Residents' spoken with said that they enjoyed weekly bingo sessions with prizes for the winners. Religious services were available remotely and screened on TV.

Residents views on the running of the centre were sought and welcomed by means of resident questionnaires, surveys and resident meetings.

Residents could choose to have their meals in dining rooms, sitting rooms or in their bedrooms. Inspectors observed staff offer aprons to residents while dining to protect their clothing and to assist residents with their meals in a patient and kind manner. Residents said they enjoyed the food offered, however those residents who were taking textured diets did not have choice a mealtimes. One resident said that they would prefer more spiced food and records showed that this was being addressed by the centre.

There was inappropriate storage in assisted bathrooms and large amounts of boxed PPE in the dining room which impacted on the ambiance of the dining experience for residents.

The inspector spoke with staff who confirmed they were aware of the complaints procedure. Residents who spoke with inspectors said that any concerns or complaints they had were dealt with and they were confident to highlight issues to staff members.

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

There were effective management systems in this centre, ensuring good quality care was being delivered to the residents. The management team were proactive in response to issues as they arose, and improvements required from the previous

inspection had mostly been addressed and rectified. There was a clearly defined management structure in place, and staff were aware of their roles and responsibilities.

This was unannounced inspection to monitor compliance with regulations. St. Pappins is operated by Silverstream Healthcare Ltd. The governance structure of the centre includes the person in charge, assistant director of nursing, supported by the clinical governance manager and quality and compliance officer. Additionally, there was a team of a clinical nurse managers, nurses, care assistants, activity coordinator, administration, housekeeping, maintenance and kitchen staff.

The service had an outbreak of COVID-19 which was first notified to the chief inspector in January 2021. During this time 30 residents and 35 members of staff had tested positive for COVID-19, and sadly 14 residents passed away. The outbreak was declared over by public health at the end of February 2021. The provider kept the chief inspector apprised of the situation and had sought support from relevant parties to mitigate the impact on the service.

The person in charge was involved with day-to-day oversight of the running of the centre, where staff reported that they were easily accessible outside of this time. The person in charge were seen to be well known to staff and residents. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of health care associated infection in the centre.

There was a robust schedule of audits in place including audit of falls, incidents and restraints which were completed on a regular basis. The results of audits were clear and a person was identified to disseminate the information to staff or action a response. Findings were used to improve the lived experience of residents.

An annual review for 2020 was in draft format and was awaiting sign off by the provider. While the resident views had been sought in surveys seen and used to complete the review, no surveys from family members had been carried out. The person in charge assured inspectors that family surveys would be included in this year's annual review. However, any concerns or issues identified by family members were seen to be used to improve the lived experience for residents.

There were sufficient resources available to provide a good standard of care. While there were sufficient staff to provide for the clinical assessed needs of residents, there was only one cleaner on duty at weekends. This had been identified by clinical management and the request for additional cleaning staff was with the provider for approval. It was confirmed in correspondence the day after the inspection that this request had been approved.

Staff were provided with the required training to care for resident's needs. Staff also had access to training in dementia care and medication management. Regular meetings were held by senior management to enhance the quality and monitoring of care given. Plans that identified any areas for improvement during the audit process were seen to be actioned.

There was a policy in place to manage complaints. A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. Residents had access to an appeal process in accordance with the regulatory requirements. Inspectors reviewed a sample verbal and written complaints and found that complaints were recorded and each complaint was investigated. Improvements were implemented as and when it was identified.

Regulation 15: Staffing

There were sufficient numbers of staff, and an appropriate skill mix available within the staff group to meet the needs of the residents. The person in charge ensured that the worked roster for staff was up-to-date and accurate.

There were at least two registered nurses in the centre at all times. Records held in respect of three staff seen, complied with schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was up to date in all required areas. Staff had access to a comprehensive induction programme across the nursing home group. Seven staff were trained to take swabs for the detection of COVID-19 infection.

Judgment: Compliant

Regulation 23: Governance and management

There was a well established governance and management structure in place. The registered provider had good systems in place to oversee the service and ensure safe quality care was delivered. The annual review had been completed and was awaiting sign off by management.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were seen to be managed in line with the centres own complaints procedures. The complaints policy was displayed prominently in the centre. Both verbal and written complaints were used to improve the services, uphold human rights and lives of the residents.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence based care and support. Residents appeared happy with the care, the daily social experience, food and accommodation. They were found to be involved in the development of their care plans and in their health care choices.

Bedrooms were warm and comfortable and provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions.

There was significant improvements made in completing a comprehensive assessment of residents' needs for social activities and engagement since the last inspection. Care planning documentation was available for each resident in the centre and was seen to be individualized. In the sample of care plans seen, the inspectors found that they were person centred, regularly reviewed and met the residents' needs. However, one wound care plan required development to guide staff in the specific care needed. There was evidence of ongoing consultation with the residents and their families, when appropriate, in relation to their care plans.

Residents were provided with regular access to a general practitioner (GP) and other allied health professionals. Some residents had chosen to retain the services of their own GP and this was facilitated by the person in charge, while others had chose to be cared for by the centres' GP. Input was seen in care plans reviewed from consultants, the physiotherapist, the tissue viability nurse, the dietitian and the speech and language therapist. Inspectors saw evidence that the centre maintained regular contact with hospitals during times when residents were admitted and that updates from hospital staff were recorded in daily care notes.

The person in charge told inspectors that she kept up to date with best practice and developments in COVID-19 national guidelines through regular review of the relevant websites and a fortnightly webinar run by the HSE.

It was evident during the inspection that the registered provider took all reasonable measures to protect residents from abuse. The centre had clear policies and procedures in place for the prevention of and responding to allegations of abuse. Relevant policies had been reviewed within the last three years. The person in charge informed inspectors that she had recently attended a webinar on Trust in Care and planned to incorporate her learning into a review of the centre's

Safeguarding Vulnerable Adults Policy.

The provider had a secure arrangement in place to safely store resident valuables and valued possessions. Residents had easy access to them when they wanted and records showed that this process was regularly audited.

There was good evidence that residents were kept informed and consulted regarding the running of the centre and their views were welcomed. Residents had access to an advocacy service and inspectors saw that the advocate regularly met with residents in need of the service and that the person in charge actively encouraged and facilitated these meetings.

Residents could choose where they ate their meals and could choose to partake in a range of daily activities facilitated by a dedicated activities coordinator and staff. Food choices were available to some residents but not to all. This will be further discussed under regulation 18 Food and Nutrition. Refreshments and snacks were on offer to residents throughout the day.

The centre was found to be warm, comfortable and visually clean throughout. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day. However, improvements were required with regard to appropriate storage and positioning of TVs for resident use.

While there were areas that required review discussed under regulation 27: Infection prevention and control approaches had been implemented to effectively manage and control a potential outbreak in the centre. These included but were not limited to;

- Implementation of transmission based precautions for residents where required.
- Ample supplies of PPE available.
- Staff were observed to use PPE in line with national guidelines.
- There was increased cleaning and disinfection of the centre.
- A seasonal influenza and COVID-19 vaccination program had taken place with vaccines available to both residents and staff.

On the day of the inspection the centre was at 76.8% COVID-19 vaccination levels. The centre's management team had risk assessed that at this level each resident could safely receive one indoor visit per week. There were no restrictions on the number of window visits. Indoor visits were accommodated in a comfortable dedicated visitors room on the ground floor of the centre and compassionate visits were accommodated in residents' bedrooms. The inspectors were informed that visiting arrangements would be reviewed and brought in line with the Health Prevention and Surveillance Guidance when 80% vaccination levels within the centre were reached. Inspectors reviewed a letter sent to residents' families updating them on the current visiting arrangements and the rationale for same.

Inspectors were told that, throughout the COVID-19 pandemic, the centre had facilitated video calls between residents and their families. These calls were

displayed on a large mobile screen unit, allowing them to be taken in private by residents. The person in charge informed inspectors that she had communicated with families throughout the pandemic by group email, phone calls and letter. Staff reported that families were appreciative of all efforts and inspectors saw thank you notes from families indicating same.

Regulation 13: End of life

Inspectors reviewed end of life care plans which showed that residents had been given the opportunity to discuss and plan for their end of life care and preferences.

Judgment: Compliant

Regulation 17: Premises

While the premises was of sound construction, improvements were required in the following areas which impacted on quality and the safety of residents.

- A review of the inappropriate storage of equipment in assisted bathrooms and en-suites.
- A review of storage of large quantities of PPE in boxes in the dining room on the first floor, which could impact on the dining experience for residents and the atmosphere when residents used this room.
- Wall paper was damaged around the sink area on one corridor.
- There was no bedpan washer on the ground floor, where staff emptied urinal/bedpan content and manually rinsed them before bringing to the next floor for mechanical decontamination. This poses a risk of cross contamination.
- In one shared room there was one TV for residents and the TV could not be viewed by residents when they were in bed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors reviewed nutritional assessments and care plans for residents that had been completed with input by the dietitian.

Residents on normal diets had a choice of food at mealtimes and such choices were respected. Two findings at the last inspection not been addressed. For example residents on a textured diet were not offered a choice at meal times. Pictorial menus were not available to assist residents who were not able to understand the written

format in their dining choices. Inspectors noted that the provision of pictorial menus was listed as a quality improvement project in the draft Annual Review Report 2020.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under regulation 26(1). There was an up-to-date risk register in place.

While the Safety Statement was last reviewed in September 2019, there was an up-to-date plan in place to respond to major emergencies such as COVID-19.

Judgment: Compliant

Regulation 27: Infection control

While many good infection prevention and control practices and procedures were in place as detailed previously in this report, the inspectors observed that improvement was required in the following areas:

- Staff hand hygiene practices required review as six staff were seen to wear watches, three staff wore stoned rings and one staff wore a bracelet, which meant that they could not effectively clean their hands.
- There were no hand towels, hand soap at the hand hygiene sink in the laundry.
- There was no alcohol based hand rub in one sluice.
- There was no splash back in the laundry and the wall was damaged and could not be effectively cleaned.
- While there was a sink with a hose attachment used for hair washing in one assisted bathroom there was no hand hygiene sink for resident use.
- There was communal use of lifting hoist slings which could result in cross infection.
- Out of three insulin pens seen two were not labelled with resident names.
- There was risk of cross contamination where cleaning solutions were stored at the back of the sluice hopper.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans seen, the inspectors found that the appropriate assessments had been completed. The care plans were person centred, regularly reviewed and met the residents' needs. There was evidence of ongoing consultation with the residents and their families, when appropriate, in relation to their care plans.

Judgment: Compliant

Regulation 6: Health care

Care plans reviewed by inspectors showed that residents had regular access to a general practitioner and to allied health professionals.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date safeguarding policy in available. All staff had received training in safeguarding vulnerable adults and staff spoken with were knowledgeable about how to manage safeguarding concerns.

A lockable storage space was available in each residents' bedroom and a system in place to safely store resident's valuables by the provider.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity were respected by staff and they were supported to make choices on how they wanted to live within the home. Meaningful activities for residents were provided by a dedicated activities coordinator.

Various residents' committees met regularly to discuss the running of the centre and were chaired by an independent advocate. Residents had access an independent advocacy service when needed.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0032909

Date of inspection: 05/05/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A review of the inappropriate storage of equipment in assisted bathroom and en-suites has been resolved. All PPE stored in dining room removed. Wallpaper around one sink on corridor repaired. Bedpan washer ordered and to be fitted in ground floor sluice room. The TV in one shared bedroom has been re adjusted so all residents can view it.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: All residents on a textured diet now have a choice at mealtimes. The picture menu for residents who were not able to understand the written menu is now in place.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Staff meetings have taken place and daily reviews and hand hygiene audits in place to ensure that staff hygiene practices are compliant. Hand towels and hand soap at the hand hygiene sink in the laundry in place. Alcohol based hand rub in place in sluice rooms. Splash back in place in laundry and wall repaired. Additional sink that is suitable</p>	

hand washing in place in assisted bathroom. Each resident that requires a hoist has a dedicated sling. Insulin pens are named for each individual residents use. A dedicated cleaning solutions storage area in now in use.

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(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	21/07/2021
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	15/06/2021
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.	Substantially Compliant	Yellow	15/06/2021

