Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Pappin's Nursing Home
Name of provider:	Silver Stream Health Care Limited
Address of centre:	Ballymun Road, Ballymun, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	30 March 2023
Centre ID:	OSV-0000178
Fieldwork ID:	MON-0039757

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:	49

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 30 March 2023	09:50hrs to 19:00hrs	Frank Barrett	Lead
Thursday 30 March 2023	09:50hrs to 19:00hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

This was an unannounced one day risk inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended). This inspection primarily focused on a review of fire precautions and an inspection of the premises. The centre was registered for 51 residents and there were two vacancies on the day of the inspection.

The centre was located in an urban area close to shopping centres, residential areas, public parks and local transport links. The centre consisted of a de-consecrated church with a new building to the rear. The converted church contained the reception area and two dining rooms. The residents' bedrooms were located over two floors in the new building to the rear of the church. The centre had 29 single bedrooms, two double bedrooms, two triple bedrooms, and three rooms that accommodated four residents each. All single rooms had en-suite bathrooms. Residents in shared bedrooms had access to shared bathrooms. The centre also had a number of communal rooms including a lounge, day room and family room. The third storey of the building contained rooms for use by staff, including the laundry room, staff rooms and a storage room. Outside, residents had access to an enclosed, well-maintained garden that provided a pleasant space for residents to sit out or to take a walk. Raised planting areas were available for residents to engage in gardening. A smoking shelter for residents was also located in the garden.

The centre was warm, welcoming and nicely decorated. The previous inspection of this centre in November 2022 had identified a number of areas that required improvement in relation to shared bedrooms. The person in charge demonstrated areas in the centre where a programme of works was underway to reconfigure spaces and install new privacy curtains. Inspectors noted that residents' bedrooms were personalised with their belongings and photographs. The communal rooms throughout the centre were nicely decorated and very homely. The converted church had a mezzanine level that provided a large, bright, airy space where residents could spend time during the day. The furniture in the shared rooms was clean and in good repair. The person in charge showed inspectors new furniture that had recently been purchased in order to replace damaged armchairs following the most recent inspection. Corridors were nicely decorated with art work and some walls along corridors had been painted to resemble shop fronts. The person in charge reported that the decoration of corridors and communal rooms on the first floor of the building were designed to meet the needs of residents with dementia. This floor had a more muted colour-scheme and had carpet on the floors of the corridors.

Inspectors noted residents engaging in activities in the centre throughout the day. Bingo was underway in the mezzanine dayroom during the afternoon. Other residents were observed spending time in the garden. Residents who spoke to the inspectors reported that they were happy in the centre and one resident said that they particularly enjoyed spending time in the garden. They said that they were

happy with the staff in the centre. Residents appeared comfortable and relaxed throughout the inspection. Staff were observed interacting with residents in a calm and respectful manner. Staff were observed assisting residents on walks in the garden, to day room activities, and to mealtimes in the dining room.

While the centre provided a homely environment for residents, inspectors noted a number of issues that impacted on fire safety. Inspectors noted that a number of fire doors were damaged. Some had gaps around them and others did not close fully. This meant that they would not contain smoke or fire within a particular area. Inspectors noted that some emergency lighting in the centre was on at all times. Some emergency exit signage was flickering. Inspectors also noted issues in relation to storage that impacted on fire safety. Oxygen cylinders were inappropriately stored in a room with an electrical distribution box and other materials. When this was brought to the attention of the person in charge, the oxygen cylinders were immediately removed and placed in an appropriate cage outside the centre before the end of the inspection. Inspectors also noted that an attic space was used to store unused items increasing the risk of the spread of fire. The person in charge began removing these items on the day of inspection and sent assurances to the inspectors that the area was cleared following the inspection.

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.

Capacity and capability

Overall, inspectors found that the provider had taken steps to address a number of issues relating to the maintenance of the premises and to improve fire safety in the centre. However, improvement was required in order to ensure that fire audits were adequate to identify all fire safety issues. Improvement was also needed to clarify the lines of accountability and oversight to ensure that issues that were identified were addressed in a timely fashion.

This inspection was carried out to monitor compliance with the regulations in relation to fire precautions and premises. Inspectors also reviewed the governance and management of these areas. Following an inspection of this centre on 16 November 2022, the provider submitted a compliance plan that outlined the steps that would be taken to come into compliance with the above regulations. Inspectors reviewed the implementation of this plan during this inspection, and found improvements had been made to fire safety concerns in the smoking area, and that work had been completed to facilitate privacy for residents in some multi occupancy rooms.

The registered provider for St Pappin's Nursing home is Silver Stream healthcare ltd. The centre is part of a larger nursing home Silver Stream Health Care Group with a senior management team to provide management support to the group. The person in charge at St Pappin's Nursing home is responsible for the day to day management of the centre and utilises the support of the Clinical Governance and Operations manager of the group. Weekly meetings are held with senior management to discuss quality and clinical governance at the centre.

Inspectors observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of the 49 residents living in St Pappin's Nursing Home. There was a minimum of two registered nurses on duty Monday to Sunday at all times. A minimum of three health care assistants worked on night duty Monday to Sunday, with eight health care assistants working during the day. Management had ensured thorough fire evacuation drills and staff training, that there were sufficient numbers of staff to assist residents in the event of a fire during periods of lower staffing, for example at night time. Personal evacuation plans were in place for each resident with a summary sheet provided at each resident room, however, inspectors found 3 rooms where this summary sheet was not displayed which meant staff would not have easy access to the information, and this may delay an evacuation in the event of a fire.

The provider had identified areas in the centre that required refurbishment and had devised a programme of works to address the issues relating to the upkeep of the premises. This included the repair of areas of wear and tear, the replacement of damaged furniture, and addressing issues relating to the privacy of residents in multi-occupancy rooms. Inspectors noted that the provider had commenced this programme of works and works were underway in a number of areas. There were plans to address the outstanding issues, which are detailed under Regulation 17 premises

The provider had taken proactive steps to address issues relating to fire safety. The provider had created a post for a fire safety officer to manage fire safety within all the centres operated by the provider, and was due to take up the role in the coming weeks.

Management systems in place at the centre relied on daily, weekly, monthly bi-annual and annual checks of fire safety systems, to identify areas of improvement. While these checks were completed, inspectors identified issues that the providers audits had not identified, for example, some fire doors were damaged, and did not close completely on release of the holder. Weekly fire door checks and daily evacuation route checks were not picking up these issues.

The provider had employed the services of a competent fire safety professional to devise a fire safety risk assessment. The document produced outlined varying levels of risk relating to fire safety, and timelines for remedial action. These identified risks were not all actioned by the provider in line with the timelines of the Fire Safety Risk Assessment at the time of the inspection. These issues are detailed further under regulation 28 Fire Precautions.

Regulation 23: Governance and management

While the provider had taken proactive steps to address fire safety concerns at group level by hiring a dedicated member of staff to manage fire safety, on this inspection, inspectors found that the lines of accountability are not adequately defined to identify the person responsible for acting on identified fire safety issues for example:

- emergency lighting quarterly checks identified areas of remedial action however, there was a lack of clarity over the person responsible to rectify the issue.
- Some non compliance from previous inspections were not fully addressed. These are detailed in Regulation 17 Premises and 28 fire precautions below.
- Inspectors found that management systems were not adequate to identify all risks relating to fire safety for example:
  While a fire safety risk assessment had been completed, The provider was not able to give assurances that there was appropriate compartmentation in the building.
- Weekly fire door checks were being carried out, however, staff completing the checks were not recording fire safety issues while completing these checks. This item was identified on the previous inspection in November 2022.

Judgment: Substantially compliant

Quality and safety

Overall, it was found that measures had been put in place to refurbish the premises in line with the compliance plan from the previous inspection of the centre. The provider had taken a number of steps to improve the fire safety in the centre. However, improvement was required in relation to the compartmentalisation of the centre, the fire alarm and emergency lighting systems, and in relation to the inappropriate storage of items in the centre that increased the risk of fire.

Inspectors noted that the centre was generally in good repair and that refurbishment works were in line with the provider's compliance plan submitted from previous inspection in November 2022. The provider had replaced most of the damaged flooring and had plans to complete this project in the near future. The provider had prioritised flooring in areas that were accessed by residents and the

remaining areas that required repair were located in rooms used by staff only, for example, sluice rooms. The person in charge reported that one multi-occupancy room had been reconfigured to improve the privacy of residents. One further bedroom was due to be reconfigured in the near future.

Staff training in relation to fire safety was up to date for all staff. Staff were knowledgeable on the steps that should be taken to safely evacuate residents in the event of a fire. Further information was available to guide staff through detailed personal evacuation plans for residents and a detailed evacuation procedure. The provider was in the process of updating and upgrading the signage in the centre in relation to the fire evacuation procedure. Fire extinguishers were regularly serviced and available at appropriate points in the centre.

Improvement was required in relation to the containment of fire. On the day of inspection, assurances could not be given to inspectors in relation to the integrity all fire compartments in the building. A fire compartment contains a fire for a specific period of time allowing for the safe evacuation of residents to another area of relative safety in the building.

The provider had recently installed door closers on doors throughout the centre. However, assurances could not be provided to inspectors that these were fire doors. This is detailed further under regulation 28 Fire Precautions.

The centre's fire detection and alarm system was checked and certified by an external fire safety company. Inspectors reviewed the certification records for the previous three years and found that certification of the system contained a number of conditions. These identified areas in the centre where fire detection was absent. This had not been addressed by the provider. Similarly, the annual certification of the emergency lighting system identified areas that needed to be addressed. Again, these had not been completed by the provider.

Regulation 17: Premises

The premises was suitable for the needs of the residents living there. Improvements since the last inspection were noted in relation to flooring, multi-occupancy bedroom privacy, and building maintenance. The provider had a clear plan to complete all actions on the previous inspection compliance plan.

Further improvement was required to provide a premises which conforms to the matters set out in schedule 6, for example:

- A section of boundary wall in the garden area, had coils of razor wire fitted on top. A section of this wire had dislodged from the wall, and was hanging into the flower bed area which residents walked by. This could cause injury to residents if they reached into the planting at this area.

- Some floor covering were missing in storage areas and a cleaners store. This was impacting on effective cleaning of these rooms.
- Storage space was an issue throughout the centre with inappropriate storage in an attic area, under staircase and overfilled linen store rooms where linen was piled on the floor. Also staff lockers were placed in a second floor hallway partially obstructing the evacuation route.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors observed some areas where the registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment for example:

- Oxygen cylinders were stored in a store room with combustible materials, paper towels aerosols and other items. This posed a significant risk of fire, and the staff at the centre removed the Oxygen to an external enclosure on the day of the inspection
- Significant amounts of combustible materials were stored in and attic area and under a stairs in the centre. This risk was brought to the attention of staff at the centre, and these areas were cleaned out following the inspection and evidence of same submitted to inspectors.

Some areas within the centre did not have adequate arrangements for detecting fires. For example:

- Three store rooms had no fire detection
- A cleaners room and the sluice room had no fire detection

There were arrangements for escape in place, however arrangements in the centre did not ensure they would function appropriately as required for example:

- Staff lockers were partially blocking the escape route from the second floor staff area.
- The emergency lighting at the centre required assessment to ensure that it was fit for purpose. There were quarterly certificates on file for the system however, there were a significant amount of unit failures on the certificates which were not addressed between test periods. There was confusion about who was tasked with the remedial works to rectify the issues, which meant that theses failures continued to be left unresolved.
- Several running man signs throughout the centre were flashing on and off, and some of the emergency lighting remained on at all times.

Inspectors could not be assured of the containment measures in place at the centre for example:

- In the main building attic area, There was no continuation of fire compartment walls into the attic space. Furthermore, the entire attic space was open with no containment measures in place.
- Storage room 7 on the first floor had no flooring in sections. No fire seals appeared to be in place between the ground and first floor. Furthermore, no fire sealing could be seen around the frame of the entrance door, or at the junction of the wall and the floor.There was a lack of fire stopping material around pipe penetration in walls and ceilings found through-out the centre, . This would impact on the containment of fire and smoke in the event of a fire.
- Fire doors throughout the building had large gaps underneath and around the perimeter. Many doors were found to remain open on release of the door closing device. This would result in ineffective containment of fire and smoke in the event of a fire.

Judgment: Not 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

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

Inspection ID: MON-0039757

Date of inspection: 30/03/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance the RPR will have the following in place and implemented and actioned as required. • Our emergency lighting is reviewed and serviced every quarter. Following this review the homes maintenance personnel will inform the Estates and Engineering Manager if any defects are found during the service and will immediately agree a time frame to rectify. These deficits if found will be logged on to ViClarity to ensure a prompt response and responsibility. • A full review has taken place with our newly recruited Estates and Engineering manager of all the outstanding items from the previous inspection and a plan of works has been agreed. Please see entry under regulation 17 Premises and Regulation 28 fire precautions. • A full fire risk assessment has been repeated and any issues found will be addressed as required. This is being supported by the Group Estates and engineering manager. • The homes maintenance personnel complete the weekly fire door check and any issues found are recorded on the maintenance log on ViClarity to ensure accountability and follow-up takes place for any issues noted.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the RPR will have the following in place and implemented and actioned as required. • The section of the boundary wall that had razor wire loose is repaired and no longer a	

risk to residents.
• The flooring missing in the identified areas will be fitted.
• All storage areas have been cleared as per the immediate action plan on the 4th April 2023. Signage in place in all storage areas to remind staff to keep clear.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance the RPR will have the following in place and implemented and actioned as required.
• Oxygen storage is now in an external oxygen cage. As confirmed with inspector on the 4th April 2023.
• The storage areas were cleaned out following the inspection and evidence of same submitted to inspectors. Signage in place in all storage areas to remind staff to keep.
• Cleaners and sluice room fire detection, this work has now been fully scoped with work scheduled to commence this quarter, Q2 2023.
• The staff lockers have been re-positioned to ensure the fire escape route is not impaired.
• Emergency lighting plan: A program of repair and replacement has been agreed with an electrical contractor. Works will commence within the coming weeks and ongoing on a continuos basis until satisfactory remediation has been achieved to IS 3217 : 2013
• The running man signs are all now in full working order and daily check in place. A program of repair and replacement has been agreed with an electrical contractor. Works will be commencing within the coming weeks and ongoing on a continuos basis until satisfactory remediation has been achieved to IS 3217 : 2013 if any ssiues noted these are recorded on the the contratcted Maintenance portal and is reviewed and followed up by the Group Estates and Enginneing Manager. Works will then be then scheduled as per prioritisation.
• Attic containment plan, our nominated fire engineers have produced updated drawings showing compartmentation as required by means of indication 30 & 60 minute fire lines. Further to this, a revision is currently underway to enhance these drawing by showing compartmentation as individaul blocks of colour for quick reference in the event of an emergency situation. These compartment drawings will be placed side by side with the evacuation charts, expected delivery date for charts to be produced is 19th May 2023 whereby the Maintenance Operative will be under instruction to frame and fit the drawings in all of the key areas as required
• A suitably qualified firestopping and fire sealing contractor has been engaged to assess and remediate any fire compartment lines and will include fire stopping material around pipe penetration in walls and ceilings found through-out the centre which need attention. The contractor is operating in consultation and under guidance from our fire consulting engineers. Survey works are soon to be completed with a plan of corrective actions to follow in Q2 2023. Work will continue until we are satisfied that all firestopping is in place as required.
• Fire door plan and inspection of fire doors was carried out in July 2022, remedial works

to the doors were subsequently carried out as required. The doors are now due for a new inspection which is scheduled to happen on Wednesday 10th May 2023. As soon as a report with comments and findings is issued by the fire engineer all remedial work will be actioned as required an inspection of fire doors was carried out in July 2022, remedial works to the doors were carried out as required. The doors are now due for a new inspection which is scheduled to happen on Wednesday 10th May 2023. As soon as a report with comments and findings is issued by the Fire Engineer all remedial work will be programmed and actioned as required.

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	31/07/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	18/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	18/05/2023

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/12/2023
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	Orange	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2023