

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St Pappin's Nursing Home
<b>Centre ID:</b>	OSV-0000178
<b>Centre address:</b>	Ballymun Road, Ballymun, Dublin 9.
<b>Telephone number:</b>	01 842 3474
<b>Email address:</b>	jkenny@silverstream.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	St Pappins Partnership
<b>Provider Nominee:</b>	Joseph Kenny
<b>Lead inspector:</b>	Ann Wallace
<b>Support inspector(s):</b>	Helen Lindsey
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	51
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
03 April 2017 19:30	03 April 2017 21:00
04 April 2017 09:30	04 April 2017 15:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced inspection by the Health Information and Quality Authority [HIQA]. The purpose of the inspection was to monitor ongoing compliance with the Health Act 2007 [Care and Welfare of Residents in Designated Centres for Older People] Regulations 2013 [as amended] and the National Standards for Residential Care Settings for Older People in Ireland. The inspectors also considered information received by the Authority and notifications submitted relating to governance and management, suitable staffing, health and social care needs and food and nutrition. These areas were examined by the inspectors and the concerns were not substantiated.

During the inspection the inspectors met with residents, family and staff members. They also reviewed documentation such as policies and procedures, care plans and records for medical staff and allied health professionals and observed staff practices within the centre.

Residents were seen to be afforded choice in how they spent their day moving around the centre spending time in different areas including the lounges and the mezzanine. There were adequate staffing levels and skill mix to meet the resident's assessed needs. Residents' health needs were seen to be met with good access to a

range of medical and allied health care professionals when required.

The inspectors found that there were effective governance and management arrangements in place to ensure the quality and safety of care and services provided in the centre. Regular reviews and audits were carried out and the inspectors found clear evidence of changes being made in response to quality audits and other feedback. Two areas where improvement was required were noted in relation to care records and privacy. These are detailed in the report and set out in the action plan at the end.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service. The service provided in the centre was seen to be in line with the statement of purpose.

The management structure in the centre had changed as the person in charge (Director of Nursing) had recently resigned. The Assistant Director of Nursing was now the acting Director of Nursing and she was supported by a Senior Clinical Nurse Manager [CNM3] and two Clinical Nurse Managers [CNM 2]. The centre was in the process of recruiting a permanent person in charge.

There was a clearly defined management structure that identified the lines of authority and accountability. The clinical governance and operations manager was also based in the centre for a number of days each week to support the acting director of nursing, and was present in the centre on the day of the inspection. The company training manager was also present in the centre on the second day of the inspection. She was in the centre to carry out a planned training session.

Residents who spoke with the inspectors said that they saw the acting Director of Nursing and clinical nurse managers on a daily basis and were able to raise any issues or concerns with them. Staff reported that they were clear about who to raise issues with and that they found the management in the centre were focused on the residents' needs and were approachable.

Inspectors found that there were systems in place to monitor the quality of care and the experience of the residents on an ongoing basis. These included the monitoring of key areas such as care planning, dependency levels, risk assessments, restrictive practices, residents' weights, and the number of residents with wounds or pressure sores. Monthly

clinical audits care plans and medication records were also carried out. The inspectors found clear evidence of improvements being made in response to audits in care planning and the use of restraints such as bed rails.

The centre held a programme of regular meetings including resident meetings, staff meetings and clinical nurse meetings. Minutes were recorded for all meetings.

The annual report for the centre for 2016 was made available to the inspectors. The report contained the business and development plan for the centre, details of incident and accident reporting, key performance indicators and the training and development plan. The report format had been developed since the last inspection and included feedback from residents and their families.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The management structure had changed as the person in charge [Director of Nursing ] had recently resigned. The assistant Director of Nursing was now acting Director of Nursing and person in charge. This was a temporary arrangement whilst the centre completed the recruitment process for a replacement Director of Nursing. The provider nominee informed the inspectors that a job offer had been made for the post and that the recruitment process would be completed in the near future.

The current person in charge had suitable skills and experience to carry out their role. They also had a good knowledge of the regulations and the standards.

They were directly involved in the governance and management of the centre and provided supervision and support to the nursing team as required. They were present in the centre at least five days a week to supervise the quality and safety of care and services being delivered.

There were arrangements in place to cover their role if they were absent.

**Judgment:**

Compliant

**Outcome 07: Safeguarding and Safety**

**Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.**

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found that procedures were in place to safeguard and protect residents from abuse. Evidence was seen that the provider was working towards a restraint free environment and there were policies and procedures in place for managing responsive [challenging] behaviours.

There were comprehensive safeguarding policies and procedures which described the measures that were in place in the centre to prevent, detect and respond to any concerns regarding abuse. Staff were able to articulate the policies and procedures and were clear about their responsibilities regarding safeguarding the residents they cared for. Staff had attended training on elder abuse and managing responsive behaviours. Any incidents, allegations, suspicion of abuse had been recorded and appropriately investigated and managed in line with the centre's policy.

Inspectors found that the use of bed rails was monitored by the centre and recorded in the centre's restraint log. Inspectors reviewed a sample of assessments for bed rails and found that individual resident risk assessments documented that alternatives to bed rails had been considered. Low-low beds, crash mats and alarm mats were in use. Risk assessments and care plans showed evidence of resident and family involvement in decisions regarding risk management and restraint. The centre was working towards a restraint free environment in line with national policy on restraint.

There was a policy in place for managing responsive behaviours. Staff were knowledgeable about individual residents and what might trigger responsive behaviours in individuals. Staff were aware of the appropriate techniques to be used with individuals when responsive behaviours were exhibited. The inspectors observed staff using a variety of techniques to support and manage residents who presented with responsive behaviours. Individual resident care plans and risk assessments documented the triggers for responsive behaviours and the interactions to be implemented if they occurred.

Staff interactions with residents demonstrated genuine respect and empathy. Residents told the inspectors that they felt they could approach the staff and management in the

home if they had any concerns.

There were systems in place to safeguard resident's monies.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Each resident had an assessment of their needs, care plans that described how their needs were to be met and individual resident's care needs were reviewed on a regular basis.

Inspectors reviewed a selection of resident's records during the inspection and spoke with residents and their families about the health and social care services provided in the centre. Residents and their families reported that care needs were met and that they were kept informed about care plans and any changes that occurred.

Resident's needs were assessed prior to admission and again on admission. A comprehensive care plan was developed following admission. Records showed a good standard of risk assessment and care planning for example nutritional risks, pressure sore risk and falls risks were completed for each resident. Care plans identified resident's self-care abilities and their preferences for care and services for example what time they liked to get up and what activities they enjoyed. Risk assessments were in place to ensure that care was delivered safely whilst promoting individual resident's independence.

Following the last inspection the centre had introduced a "Daily Flow Sheet" for recording when care staff delivered specific aspects of care such as repositioning a resident or supervising individual residents. These were completed by care staff and checked by the nurse in charge of each shift. On the day of inspection fluid input and output charts and records of resident's changes of position were not up to date for some residents.



The inspectors found that care plans were reviewed four monthly or more frequently if a residents condition changed. There was evidence that residents and their families were involved in the reviews if they chose to attend.

Records showed that resident's had access to general practitioner [GP] services. The person in charge informed the inspectors that residents could keep their own GP if they wished to do so. GPs visited the centre on a regular basis and there were arrangements in place for out of hours GP services should a resident need an urgent medical review. The centre was in the process of putting alternative emergency GP arrangements in place for those residents who's GPs were out of the local area.

A range of allied health care professionals attended the centre. A physiotherapist was employed by the provider and records showed that relevant allied health professionals were contacted as required including dietician, speech and language therapy, palliative care services and mental health services. The centre organized optical and dental services for recommended screening programmes such as diabetic retinal screening and when a resident had an identified need. Where recommendations were made for individual residents they were put into place for example mobility aids/adaptations and modified diets.

Feedback from residents and their relatives during the inspection was positive about the quality of healthcare that they were provided with in the centre.

**Judgment:**

Substantially Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Resident's nutritional needs were adequately catered for in the centre. Food including textured and special diets were properly prepared, cooked and served. Assistance with meals was provided in a discrete and sensitive manner.

Inspectors were present in the main dining areas of the centre whilst lunch was being served to residents. The food was hot and attractively presented. Residents were offered a choice of main course and dessert. Hot and cold drinks were served with the meal. Nursing and care staff provided discrete assistance and encouragement to

residents who needed it. Staff monitored individual resident's dietary intake and were aware of each residents specific dietary needs and their likes and preferences. Residents were offered choice of menus for breakfast and evening meal. Snacks and hot and cold drinks were available throughout the day and during the night if needed. Residents could take their meals in their rooms if they wanted to. Residents reported that they enjoyed the food at the centre. Residents' weights were checked monthly or more frequently if required. Each resident was assessed for nutritional risk using an evidence based screening tool. Referrals were made to dietician and the speech and language therapy team if necessary. There were processes in place for nursing staff to communicate special dietary needs to the catering team. Up to date information about individual resident's dietary needs was available to the catering team.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there was a person centred approach to the residents in the centre that respected their privacy and dignity. However the configuration of one multi occupancy room on the first floor of the centre did not facilitate the resident's privacy and dignity and did not provide sufficient physical space to meet their needs due to the proximity of the resident's bed to the next bed and to the door of the bedroom. Privacy curtains were in place but their effectiveness was reduced due to their proximity to the bedroom door.

Plans were in place to extend the centre and a project plan had been submitted to the Authority with completion date of January 2019. The planned development would help to ensure that all residents would be offered well equipped spacious single bedrooms in the future.

Throughout the inspection residents were seen to be making choices about their day to day life at the centre. For example when to get up, what to eat and drink at meal times, where to spend time in the centre and what activities to take part in during the day. There were televisions, radios and newspapers available for residents to access.

Where residents had communications needs these were identified in their assessment and care plans and staff were familiar with the most effective way to engage with individual residents. Staff demonstrated empathy and respect in their dealings with individual residents.

Residents were offered a range of recreational activities to meet their needs and preferences. The centre had a planned activities programme which was organised by a dedicated activities coordinator. The programme included 1:1 and small group activities.

There were regular residents meetings and records showed that topics such as meal choices and activities in the centre were regularly discussed. Where issues were raised the minutes of the meetings documented how these were addressed.

Residents were supported to engage in religious activities of their choice. Mass and communion were available in the centre. Staff were aware of individual residents religious preferences and needs and were respectful of same.

There was access to advocacy in the centre and details were provided in the resident's guide.

Residents were supported to vote in elections if they wished to do so.

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the staffing levels at the centre and found that there were sufficient staff with the required skills to meet the needs of the residents in the centre.

The centre continued to review staffing levels on an ongoing basis and as resident's needs and dependencies changed. There was an assistant director of nursing who worked opposite the person in charge. The assistant director of nursing and two clinical

nurse managers provided supervision of care and services that were provided on each shift and support to staff and residents as required.

Inspectors spoke to nursing and care staff and found them to be committed to providing person-centred care and support for residents. Staff stressed the importance of getting to know individual residents and of supporting residents to maintain their independence and self-care abilities. Staff knew the residents and their families and were able to tell the inspectors about individual resident's needs and preferences for care. Inspectors found that this information was reflected in the residents' care plans.

The inspectors found that there was sufficient housekeeping, catering and administrative staff available in the centre to ensure that the needs of residents were being met.

The inspectors observed good communications and team work and staff demonstrated respect and cooperation in their dealings with each other and with residents and their families.

The centre had a system in place for monitoring if staff training was in date. Training records for fire safety, moving and handling and recognizing elder abuse were available for staff and records showed that all staff working in the centre had received up to date training or were listed to attend training in the near future. There were other training opportunities available for staff for example in relation to responsive behaviours and understanding dementia. Staff who spoke with the inspectors reported that they had good access to training opportunities since the appointment of an in house training manager who provided regular training and updates at the centre.

There were effective recruitment procedures in place in the centre. A total of four randomly selected staff files were reviewed and all contained the required document as per Schedule 2 of the regulations. The provider nominee informed the inspectors that all staff received Garda vetting before starting employment at the centre. All nurses in the centre were registered with the Nursing and Midwifery Board of Ireland.

**Judgment:**  
Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Ann Wallace  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Pappin's Nursing Home
<b>Centre ID:</b>	OSV-0000178
<b>Date of inspection:</b>	03 and 04 April 2017
<b>Date of response:</b>	15 May 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 11: Health and Social Care Needs

#### Theme:

Effective care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Records of fluid intake and repositioning were not being recorded contemporaneously for all residents in order to provide assurance that the appropriate care was being given.

#### 1. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**

The nursing staff supported by the CNM's will ensure that all residents records of fluid intake and repositioning are completed in a timely manner in order to ensure that the appropriate care needs of the are being met. The records are reviewed at each change over and at regular intervals during each working shift. The PIC will audit compliance on a weekly basis as per the Care Quality Indicator report submitted to the Clinical Governance Manager weekly.

**Proposed Timescale:** 15/04/2017

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The current configuration of one of the three bedded rooms on the first floor did not facilitate the privacy and dignity of the residents who shared the room and did not provide sufficient physical space to meet their needs. This was due to the proximity of two beds in the room and their proximity to each other and the lack of options for alternative suitable bed positions due to the shape of the room and the position of the entrance door to the room.

**2. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**

The beds, fireplace, nurse call bell units, lighting and privacy curtains have been reconfigured in the three-bedded room to ensure sufficient physical space to facilitate the privacy and dignity of each resident that resides in the room. There is now sufficient physical space to meet the needs of the residents.

**Proposed Timescale:** 15/04/2017