

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Pappin's Nursing Home
Centre ID:	OSV-0000178
Centre address:	Ballymun Road, Ballymun, Dublin 9.
Telephone number:	01 842 3474
Email address:	stpappins@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Pappins Partnership
Provider Nominee:	Joseph Kenny
Lead inspector:	Jim Kee
Support inspector(s):	Michael Keating
Type of inspection	Announced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	1

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.

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 Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 April 2015 09:30	01 April 2015 18:30
02 April 2015 10:00	02 April 2015 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an 18 outcome inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration of this centre. As part of the inspection, the inspectors met with residents, relatives and staff members. The inspectors observed practices and reviewed documentation such as care plans, accidents and incident forms, medical records, policies and procedures, and staff files. The inspectors also reviewed resident and relative questionnaires submitted to the Authority prior to and during the inspection. Overall, the opinions expressed through the questionnaires were in the vast majority very satisfactory with the services provided, highly complementary on the manner in which staff delivered care, and of the homely positive atmosphere within the centre.

There were 51 residents residing in the centre at the time of inspection. A further two residents were in hospital during the course of the inspection, and there was one vacancy. The person in charge was on leave at the time of the inspection, and the Authority had been appropriately notified of this absence. The inspectors met with the provider nominee on the second day of the inspection. Overall inspectors were satisfied with the governance and management of the centre, and that there were sufficient resources to ensure the effective delivery of care.

Evidence of good practice was found across all outcomes with 12 out of 18 outcomes deemed to be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. Outcomes judged to be fully compliant were governance and management, the suitability of the person in charge, arrangements in place during the absence of the person in charge, safeguarding and safety, medication management, notification of incidents, health and social care needs, end of life care, food and nutrition, residents' rights dignity and consultation, residents' clothing and personal property and possessions, and suitable staffing. The complaints procedure was deemed to be in substantial compliance with the regulations as was the statement of purpose, while information for residents, documentation to be kept at a designated centre, and health and safety were moderately non compliant.

The outcome on safe and suitable premises was found to be in major non compliance with the Regulations, as the multi occupancy rooms within this centre did not facilitate residents' privacy and dignity, and did not provide sufficient physical space to meet their needs.

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's standards.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a recently updated statement of purpose in place that required minor changes to comply with Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013.

Inspectors read the statement of purpose and found that the current acting director of nursing was inaccurately listed as the person in charge. The Authority had been notified regarding the absence of the current person in charge, and the arrangements for the assistant director of nursing to manage the centre in her absence, and to assume the role of acting director of nursing. The Authority has not been notified of any proposed change to the person in charge as detailed on the current registration certificate.

The organisation chart included in the statement of purpose was found to be misleading in that it indicated that there were four clinical nurse managers employed in the centre, overseeing four staff teams. However there were only two clinical nurse managers employed by the centre at the time of inspection, and normally only one clinical nurse manager was on duty each day.

The statement of purpose accurately reflected the facilities provided by the centre to meet the care needs of the residents, outlined the aims and objectives of the centre and included the admission criteria as detailed in the current certificate of registration.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom inspectors spoke knew the reporting structure within the centre. Inspectors found that the quality of care and the experience of the residents were monitored and assessed on an ongoing basis, and that there were sufficient resources to ensure the effective delivery of care.

Inspectors reviewed the monthly operational compliance reporting and care quality indicators for the centre. This included the monitoring of a number of different areas including compliance with care planning, analysis of falls, dependency levels, monitoring of restraint, monitoring of residents' weights, and the number of residents with wounds or pressure sores. Monthly clinical audits of a sample of resident care plans were conducted by the clinical nurse managers. Monthly accident/incidents and the associated statistics were also reviewed as part of the risk management and clinical review process.

Monthly clinical governance meetings involving the director of nursing, the assistant director of nursing and the management team were held to discuss a number of issues including incident reviews, care quality indicators, complaints and review of care plan audits. Inspectors were shown the issues raised at these meetings, the actions required to address these issues, the person responsible and the target completion date. The resultant monthly action forms were kept under review and had to be signed off by the clinical governance team.

The person in charge was on leave at the time of inspection and the assistant director of nursing had assumed the role of deputising for the person in charge. She was supported by two full time clinical nurse managers. The acting director of nursing reported to the group management team who included the clinical governance and operations manager. This management team also included the compliance manager, development manager, finance manager, maintenance manager and the HR manager.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of contracts, the majority of which outlined the residents' weekly charges and a list of fees for additional services not covered in the weekly charge. However, one resident who had been recently admitted to the centre had no signed contract in place. Other residents' contracts did not specify the weekly charge being paid, or a list of any additional fees for services not covered by the weekly charge

Residents had access to a written guide to the centre.

The resident information guide was provided to all residents on admission and included all the information specified in Regulation 20, of the Health Act 2007, (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Non Compliant - Moderate

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 person in charge had not changed since the last inspection, and was a registered nurse with the requisite experience. At the time of inspection the person in charge was on leave, and the Authority had been appropriately notified of this absence and the arrangements in place for management of the centre during the absence.

The assistant director of nursing had assumed the role of acting director of nursing, and was managing the centre during the absence of the person in charge. She participated

fully in the inspection process, and demonstrated strong clinical knowledge, good managerial skills and good knowledge of the Regulations over the two days of inspection. She was supported in her role by the clinical governance and operations manager.

Judgment:
Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of the records listed in Schedules 2,3 and 4 of the Health act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and found that not all of the records listed in Schedules 3 and 4 were accurate and up to date. Inspectors also found that one of the policies in Schedule 5 of the Regulations was not available in the centre.

A sample of staff files were reviewed during the inspection and were fully compliant with the requirements of Schedule 2 of the Regulations.

The majority of the records detailed in Schedule 3 and 4 were found to be maintained accurately, easily retrievable and in an up to date manner, with the exception of some gaps in care planning documentation, and in records of the centre's charges to residents as outlined in Outcome 3.

Inspectors found some inconsistencies within residents' care plans relating to end of life care, and the risk of absconsion. The end of life care plan for one resident indicated that his preference for hospitalisation and interventions had not been stated, but on the next page there was a contradictory statement regarding the resident's wishes to be transferred to hospital and for resuscitation to be administered. Another resident's care plan had conflicting statements relating to his risk of absconsion within different sections of the care plan.

The centre had 19 of the 20 written policies and procedures listed in Schedule 5 available and appropriately reviewed. There was no written policy on staff training and development, although inspectors viewed records demonstrating an on going programme of identifying staff training needs and providing such training.

The provider submitted documents detailing the centre's insurance policy covering accidents or injuries to residents, staff and visitors.

Judgment:

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider had notified the authority of the absence of the person in charge when it was apparent the person in charge would be absent for a period of 28 days or more. The notification included details of the procedures and arrangements put in place to manage the centre during the absence.

The person in charge was still on leave at the time of the inspection. The Authority had been notified that the assistant director of nursing, who was listed as a person participating in the management of the centre, had assumed the role of acting director of nursing and would manage the centre in the absence of the person in charge.

Inspectors were assured during the inspection that the management arrangements were effective in ensuring the delivery of safe, quality care services.

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 measures were in place with regard to the safeguarding of residents.

Measures were in place to protect residents from being harmed or suffering any form of abuse, including a policy outlining measures to prevent, detect and respond to any allegation of abuse. A recent allegation of abuse was reviewed by inspectors and found to have been recorded and investigated appropriately to date. Staff with whom inspectors spoke were knowledgeable with regard to their responsibilities in this area, and had attended training on elder abuse. Residents stated that they had no concerns regarding their safety in this centre on all questionnaires submitted to the Authority, and feedback on questionnaires from relatives confirmed satisfaction with the safety of the residents.

Staff had received training on challenging behaviour, and the person in charge outlined efforts made to identify and alleviate any underlying causes for challenging behaviour within the centre, including pain assessments. The use of restraint was carefully monitored within the centre, and inspectors reviewed a sample of the assessments for bed rails and found that alternatives to bed rails had been trialled were appropriate and documented.

There were systems in place to safeguard residents' finances, including a policy on the security of resident accounts and personal property. The provider was acting as a pension agent for three of the residents, and inspectors were satisfied having reviewed the procedures and documentation that the current system was sufficiently transparent and secure.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

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 there were policies and procedures in place for risk management, emergency planning and health and safety within the centre. The only issue of concern for inspectors regarding health and safety related to the management of a needle stick injury.

Inspectors reviewed the health and safety statement that had been updated in July 2014, and also reviewed completed risk assessments. Fire drills were completed every six months and any issues identified were addressed. Fire evacuation instructions were clearly displayed within the centre and all fire exits were unobstructed. There was an emergency plan in place detailing procedures to be followed in the event of fire, flood, a gas leak, a bomb threat and if a resident was missing.

Staff spoken with were all knowledgeable regarding fire safety and evacuation procedures, and had completed fire safety training. The records showed that there was regular servicing of the fire detection and alarm system, the fire equipment, and the emergency lighting system by an external company. A documented system of in-house checks relating to fire safety was also in place.

There was a health and safety committee in place and meetings were held on a quarterly basis. A new group incident reporting process had been implemented within the centre, and an updated reporting policy had been introduced. Falls prevention meetings, involving nursing staff, healthcare assistants and the physiotherapist were held regularly to review falls and develop and implement action plans to reduce the risk of falls within the centre.

All staff had completed manual handling training. Residents' mobility was regularly assessed and instructions for assisting residents to mobilise were available and accessible to staff.

Inspectors reviewed the accident and incident reports, and noted that a needle stick injury to a staff member had occurred in January 2015. The policy within the centre stated that the senior staff member on duty must send staff who have had a needle stick injury to the accident and emergency department. The staff member had not attended hospital following this injury. This policy did not make any reference to the reporting of needle stick injuries to the Health and Safety Authority. There was no documentation indicating appropriate follow up to this injury.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

There were written operational policies implemented within the centre relating to the ordering, prescribing, storage and administration of medicines to residents. Inspectors were satisfied that the processes in place for handling and administration of medicines were safe, and that residents were protected by the centre's medication management practices.

Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system. All medicines were stored securely within the centre, and fridges were available for all medicines or prescribed nutritional supplements that required refrigeration. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed for by two nurses each day.

The inspector observed medication administration and observed that nurses were knowledgeable regarding residents' individual medication requirements, and all medicines were seen to be administered in line with professional guidelines and best practice. The inspector also reviewed a sample of medication prescription and administration sheets and saw that they were in line with best practice guidelines.

The centre had implemented procedures and documentation to ensure that high alert medicines such as warfarin and digoxin were safely administered to residents. There were procedures for documenting the administration of transdermal patches and antibiotics to residents to ensure the use of these medicines was effective and monitored appropriately.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis, conducting quarterly reviews.

Nurses had completed medication management training, and medication administration records were audited. Medication errors were recorded and reviewed within the centre and also by the group compliance manager to ensure any trends were identified and that learning could occur.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Detailed records of all incidents occurring in the centre were maintained and made available for review, and where required notified to the chief inspector.

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):

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

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of evidence based nursing care, and appropriate medical and allied health care. Each resident's assessed needs were set out in an individual care plan that reflected his or her needs, interests and capacities. There were opportunities for residents to engage in meaningful activity.

Residents had good access to general practitioner (GP) services, and GP's attended the centre on a regular basis. The community geriatrician was also available to residents, and the centre had access to services from the psychiatry of older age community care

team. Residents had access to a wide range of allied health professional services including, physiotherapy, occupational therapy, speech and language therapy, chiropody, dental and dietetics.

Inspectors reviewed a number of admission assessment forms and care plans and found that these contained the required information to guide the care of residents, and were updated to reflect the residents' changing care needs. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment, skin integrity and dependency levels.

There were care plans in place to address a number of issues including communication, mood and behaviour, mobility, psychosocial well being, personal care, sleep, nutrition, dental and optical care, and end of life planning. Feedback from residents and relatives questionnaires confirmed that residents and their relatives were involved in the assessment and care planning process. Assessments and clinical records indicated that residents' health care needs were met through timely access to medical treatment.

The feedback from residents and their relatives relating to activities within the centre was very positive, and during the inspection, inspectors observed a group of residents baking a birthday cake for the party to be held for one of the residents later that day. There was a weekly schedule for activities that included music, bowling, bingo, baking, 'sonas', exercise and card games and some of the residents enjoyed gardening, and raised flower beds had been provided. The activities coordinator also arranged for residents to participate in trips to the cinema, shopping trips and other places of interest to residents. Previously groups of residents had visited the Jameson distillery, Malahide castle and Butlers chocolate factory.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The multi occupancy bed rooms (three and four bedded rooms) within this centre did not meet the requirements of Regulation 17 or Standard 25 of the National Quality

Standards for Residential Care settings for Older People. The three and four bedded rooms did not facilitate residents' privacy and dignity, and did not provide sufficient physical space to meet their needs.

The centre's resident accommodation and communal areas were split over the ground and first floor of this purpose built nursing home that incorporates much of the original church building. There were 19 bedrooms located on the ground floor, 16 of which were single en-suite rooms. There were also two four bedded rooms and one three bedded room on the ground floor. On the first floor there were 17 bedrooms including 13 single en-suite rooms, and two four bedded rooms, and two three bedded rooms. The en-suite bedrooms visited by inspectors were found to be comfortable, well maintained and with adequate storage facilities.

However inspectors identified a number of issues in the multi occupancy bed rooms including:

- a complaint from the husband of one resident who was very upset when he realised that one of the ladies had passed away in the bedroom his wife occupied, but had not been made aware of the death
- limited space between some of the beds
- no room for chairs beside the beds for residents or visitors to sit on
- very limited storage space for residents comprising one small locker and one narrow wardrobe for storage of all residents' personal possessions
- the curtains did not provide sufficient coverage around all beds to ensure residents' privacy and dignity was maintained at all times
- the curtains were touching the beds posing an infection control risk
- the curtain space around some beds was not sufficient to allow staff to access both sides of the bed to facilitate the use of hoists while maintaining residents' privacy and dignity
- the distance from some of these bedrooms to the nearest bathroom located in the main entrance corridor was substantial, and involved residents having to pass communal lounge areas and the lift
- the distance from some of these bedrooms to the nearest sluice room was substantial posing a potential infection control risk

Inspectors identified that part of the flooring in one of the four bedded rooms required repair, and that three of the communal toilets/bathrooms on the ground floor had no operating privacy locks on the doors. The room identified as the oratory on the ground floor of the centre was used as a family and visitors room but was also used as a smoking area for residents. The use of this room as a smoking room was not appropriate.

The centre itself was homely, with sufficient communal areas that were comfortably furnished. The centre was clean, suitably decorated and had suitable heating, lighting and ventilation. There was a functioning call bell system in place and maintenance records were in place to show that equipment such as hoists and specialised mattresses were routinely serviced. Residents had access to a large enclosed landscaped garden area.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Complaints were well managed within the centre. There was inconsistency within some versions of the complaints procedures viewed by inspectors regarding the nominated person to deal with all complaints and the appeals officer.

There was inconsistency in the documents viewed by inspectors in relation to the person nominated to deal with complaints, and the designated appeals officer. The complaints policy viewed by inspectors listed a member of staff who no longer worked within the company as the appeals officer, while documents submitted to the authority before the inspection listed another member of staff who no longer worked with the company as the first person to contact regarding complaints.

The complaints procedure was made available to residents and their representatives and was on display within the centre. Inspectors reviewed the complaints log, and examined a sample of complaints, and there was evidence that complaints had been appropriately investigated, and the actions and outcomes of investigations were documented. Letters of acknowledgment had been sent to relatives regarding their complaints. Monitoring of complaints had resulted in a new standard operating procedure being developed demonstrating learning from the complaints process, and the implementation of new practice as a result.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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:

Residents received a high standard of end-of-life care which was person centred, and met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

No residents were receiving end-of-life care at the time of the inspection. Inspectors reviewed a number of recent deaths within the centre, and reviewed the care provided. End-of-life care planning recorded the residents' wishes and preferences regarding end-of-life, and covered a number of areas including nutrition and hydration, religious and spiritual needs, and comfort measures, and there were details of GP reviews and arranged family meetings. The centre also maintained records of 'after death care'. The centre had access to the community palliative care team from St. Francis hospice.

Judgment:

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:

Each resident was provided with food and drink in quantities adequate for their needs. There were processes in place to ensure residents' nutritional needs were met.

Inspectors sat with residents during the lunchtime meal and spoke to residents who stated they were happy with the food provided in the centre. The food provided was nutritious, hot, and attractively presented. Residents were offered a choice of main

courses, cold drinks, desserts, and tea or coffee. Inspectors found the mealtime to be a social and unhurried experience. Nursing and care staff monitored and provided assistance to residents in a discreet and appropriate manner when required.

Residents' weights were checked monthly or more frequently if required. The centre used a screening tool to identify residents at risk of malnutrition, and referrals were made to the dietician if necessary. Nutritional supplements were prescribed if necessary and their administration was documented. Inspectors spoke to the chef who was knowledgeable with regard to residents' special dietary requirements, and those residents who had been assessed as requiring a modified consistency diet. A record of these requirements was maintained in the kitchen and updated as necessary. Menus were prepared on a two weekly cycle, adjusted seasonally and accommodated residents' food choices. All food was prepared in the centre kitchen and the chef confirmed that alternative meal choices were available for all residents, and that snacks were available at all times. Inspectors observed residents being offered a variety of drinks and snacks throughout the day.

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:

The inspectors found that residents were consulted with and participated in the running of the centre. Inspectors observed that all staff respected residents' privacy and dignity at all times. Inspectors were not assured that the privacy and dignity of residents was maintained at all times for the residents who occupied the multi occupancy rooms due to the lack of privacy afforded to occupants of these rooms, and this is discussed under Outcome 12.

Inspectors reviewed the minutes of some of the monthly resident committee meetings, and these minutes included details of the current situation of issues raised at previous meetings. Residents had discussed the possibility of having computer classes within the centre and a computer had since been installed. Relatives information and support group meetings were also held every three months and issues discussed included

activities, complaints and advanced care planning. Inspectors were informed that a resident survey was to be conducted later in the year.

Residents had the opportunity to participate in activities if they wished, and questionnaires returned by residents confirmed that they had control over how they spent their day. Residents had access to radio, television, newspapers and the internet.

Staff were observed knocking on bedroom, bathroom and toilet doors and waiting for permission to enter. All observed interactions between residents and staff were courteous and respectful, and staff were very knowledgeable regarding the individual communication needs of residents.

Residents had access to independent advocacy services through the advocacy services manager.

Inspectors observed that there was an open visiting policy within the centre, and feedback obtained from resident and relative questionnaires confirmed that residents were satisfied with the visitor's policy, and that relatives were always made to feel extremely welcome when visiting.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were appropriate facilities within the centre to launder residents' clothes, and accurate records of residents' personal property were maintained to ensure it was kept safe. Inspectors found that there was adequate space provided for storing residents' personal possessions within the single bedrooms, but that there was limited storage available to occupants of the multi occupancy bedrooms as outlined in Outcome 12.

Inspectors visited the laundry and found that it was well organised and appropriately equipped. Work flow within the laundry was arranged to ensure that clean and dirty laundry were kept separated at all times, and procedures were in place to ensure residents' kept possession of their own clothes. Records of personal property were maintained in each resident's care plan.

There was adequate storage provided for the residents of the single bedrooms, which comprised of a wardrobe and a bedside locker as a minimum, and all residents had access to lockable storage if required.

Judgment:
Compliant

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 found that the levels and skill mix of staff were sufficient to meet the needs of residents at the time of this inspection.

Inspectors observed that staff on duty during the inspection were familiar with the needs of the residents, and provided care in a considerate and respectful manner. Questionnaires completed by residents and relatives, and submitted to the authority contained very positive feedback regarding the staff and the care they delivered.

Staff rosters were reviewed and found to reflect the actual staff on duty during the inspection. Inspectors also reviewed rosters for the previous three months and staff levels were consistent over this time period. Resident dependency levels were assessed using a recognised dependency scale and the staffing requirements were calculated using a staffing needs assessment model to ensure appropriate staff levels and skill mix. At the time of inspection the dependency levels were assessed as follows: 12 maximum dependency residents, 11 high dependency residents, 18 medium dependency residents and 12 low dependency residents. One nurse was always on duty on each floor at all times, and during the day a clinical nurse manager was also on duty. There was a nursing contingency plan in place, and a bank of relief nursing staff who were familiar with the centre were available. Inspectors were informed that additional staff could be rostered to work extra hours if the assessed needs of residents increased.

Inspectors reviewed the training plan for staff for 2015, and all necessary mandatory

training was scheduled for staff as necessary. Staff spoken to by inspectors reported that training and education was provided on an on going basis. Staff were appropriately supervised, and a performance development management system was in place. Staff files reviewed during the inspection met all the requirements of Schedule 2 of the Regulations.

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:

Jim Kee
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 report¹

Centre name:	St Pappin's Nursing Home
Centre ID:	OSV-0000178
Date of inspection:	01/04/2015
Date of response:	27/05/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The person in charge detailed in the statement of purpose was incorrect as per the current certificate of registration.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

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

The Statement of purpose has been updated to reflect the new PIC as and from the 13th April 2015.

Proposed Timescale: 13/04/2015

Theme:

Governance, Leadership and Management

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

The organisation chart included in the statement of purpose was misleading as it indicated that four clinical nurse managers were employed by the centre, overseeing four staff teams.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of purpose will be amended to reflect the current team structure and supervision by the clinical nurse managers. Two clinical nurse managers oversee our two teams.

Proposed Timescale: 01/06/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

Inspectors found that one resident had no contract for the provision of services in place.

Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

All the current residents have a contract of care in place for the provision of services

Proposed Timescale: 28/04/2015

Theme:

Governance, Leadership and Management

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

The regular fees payable by residents for the services provided were not specified in all contracts.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

A new contract of care has been introduced and a copy is being sent to all Residents/NOK. Contract of care details fees payable by each resident.

Proposed Timescale: 01/06/2015

Theme:

Governance, Leadership and Management

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

The additional fees/charges payable by residents for services not included in the agreed weekly fee were not outlined in all contracts.

Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

A new contract of care has been introduced and a copy is being sent to all Residents/NOK. Contract of care details additional fees/charges payable by each resident.

Proposed Timescale: 01/06/2015

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

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

There was no written policy available on staff training and development.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Our procedure for staff training and development is currently included in our employee handbook and a policy will be developed.

Proposed Timescale: 01/06/2015**Theme:**

Governance, Leadership and Management

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

The information contained in some sections of resident's care plans relating to end of life care planning, and the risk of absconsion was inaccurate and records were inconsistent.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All End of life care plans to be audited to establish non-conformances and inconsistencies.

All risk of absconsion care plans to be audited to establish non-conformances and inconsistencies.

A corrective action plan will implemented by the PIC with support from the Clinical Governance and Operations Manager to ensure that the care plan correctly documents the care needs that each of our residents have. This will establish a consistent and guiding care plan for the care staff delivering care.

Proposed Timescale: 01/07/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

A needle stick injury to a member of staff had not been appropriately managed and followed up.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Training to be delivered to all staff on our policy "Management of Sharps and Needle Stick injuries ". An SOP will also be drawn up to guide staff in how the policy is to be followed.

Proposed Timescale: 01/07/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The oratory/family/visitors room is not a suitable smoking area for residents.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The oratory/family/visitors room is no longer used as a smoking area for residents. A new space is available for residents outside the activities room.

Proposed Timescale: 29/04/2015

Theme:

Effective care and support

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

The flooring in one of the four bedded rooms requires repair and not all communal

bathrooms/toilets had operating privacy locks

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

All communal bathrooms and toilets have operating privacy locks in working order from the 3rd April 2015.

Flooring in four bedded room to be replaced by 1st June 2015

Proposed Timescale: 01/06/2015

Theme:

Effective care and support

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

The multi occupancy bed rooms (three and four bedded rooms) within this centre did not meet the requirements of Regulation 17 or Standard 25 of the National Quality Standards for Residential Care settings for Older People. The three and four bedded rooms did not facilitate residents' privacy and dignity, and did not provide sufficient physical space to meet their needs.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The action plan submitted by the provider does not satisfactorily address this failing as identified in this report.

Proposed Timescale:

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

There were inconsistencies within the complaints policy and procedure, and the associated documents regarding the person nominated to deal with complaints and the designated appeals officer.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

Our policy "Responding to Complaints" will be updated to correctly reflect the person nominated to deal with complaints and our designated appeals office. Administration staff will ensure that all previous copies and revisions of the policy will be removed from the home.

Proposed Timescale: 05/05/2015