



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

## Issued by the Chief Inspector

Name of designated centre:	Navan Road Community Unit
Name of provider:	Health Service Executive
Address of centre:	Community Unit, Kempton Housing Estate, Navan Road, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	11 August 2021
Centre ID:	OSV-0003709
Fieldwork ID:	MON-0033749

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Navan Road Community Unit is located on the Navan Road on the outskirts of Dublin close to the Phoenix Park. It is well serviced with amenities including the park, restaurants, pubs, shops and churches. It provides long term and respite 24-hour general care to males and females over the age of 18 years. The service is provided by the Health Service Executive (HSE) and admissions are referred through the Department of Medicine and Psychiatry of Old Age teams in the acute and community services. The centre has a team of medical, nursing and other allied health professionals to deliver care to residents. The centre contains 15 single and 12 twin bedrooms with several communal rooms for residents and relatives use.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 11 August 2021	09:30hrs to 18:30hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

The inspector met residents throughout the day of the inspection and overall residents expressed satisfaction with their lived experience in the designated centre. Residents mentioned that they were happy to see the relaxation of restrictions to visits and were happy that the centre facilitated visits across the entire week. Some residents mentioned that they had received their vaccinations and were content that the registered provider had put measures in place to support them with this. Residents said that staff provided great support to them during the pandemic.

This was an unannounced inspection and on arrival the inspector was guided through the centres COVID-19 checks and protocols prior to entering the centre. The inspector met initially with a clinical nurse manager to discuss the format of the inspection and to lodge a request for documentation to support the inspection process.

Residents were seen throughout the day going about their daily routines. Residents who required assistance of staff to support them with their mobility were found to receive this support without delay. Call bells were responded to in a timely fashion. All residents were appropriately dressed and were wearing appropriate footwear. Mobility equipment appeared to be clean and kept in a good state of repair. Observations of staff and resident interactions found them to be positive with staff aware of residents communication needs.

A walk through of the designated centre indicated that the home environment was clean and odour free. There were numerous communal areas available for resident use which were of sufficient size for residents to maintain social distancing. Residents had access to a room styled on a modern day public house which residents enjoyed using. There was access to an outdoor garden area and a room modelled on a railway train station.

There were numerous activities occurring during the inspection with residents attending an arts and crafts painting session while others were attending the hairdressing salon. There was a general air of calm noted on the day with residents being attended to by staff who were aware of their particular needs. This was reflected in care plan records where resident's needs were clearly documented and goals identified to support these needs. Care plan interventions were well written and provided for a more robust review ensuring that these interventions were effective.

Residents said that they were happy with the food provided and were content that there was choice available should they want food that was not on the menu. Residents mentioned that they had a choice of where they wished to dine.

The next two sections of this report will present findings in relation to governance and management arrangements in the designated centre and on how these

arrangements impacted on the quality and safety of the service delivered to the residents.

## Capacity and capability

While there was a strong commitment from staff and managers to provide a quality service to achieve good health and social care outcomes for the residents a number of improvements were required to achieve this on a consistent basis. The inspector noted the registered provider had made improvements arising from a previous inspection however additional improvements relating to fire safety, storage of equipment, the submission of required information and the provision of sufficient bathing facilities were identified on this inspection.

The inspection was carried out to assess compliance with the Health Act 2007 and to follow up on the receipt of an application to renew registration.

Inspectors found that there was a clearly defined management structure in place which consisted of a person in charge, clinical nurse managers and a director of nursing who had oversight duties for three other designated centres. There were clear lines of accountability and responsibility identified within the current structure.

At the time of the inspection the registered provider had submitted an application to renew their registration under S48 of the Health Act 2007, however not all information as stated in S48 (2) was provided to the Chief Inspector.

Navan Road Community Unit is a 39 bedded nursing home located to the north of Dublin city with accommodation provided in a bungalow style building through a mixture of single and twin bedded rooms. The designated centre was operated by the Health Service Executive (HSE) who are the registered provider.

The inspector reviewed actions required from the previous inspection and found that improvements had been made. For example, the complaints procedure had been updated to reflect clear time lines in respect of a stage two investigation and included nominated personnel who would deal with complaints. This provided assurances that complaints would be investigated within a stated time frame and that complainants would know who was dealing with their complaint. A review of complaints records indicated that there was one complaint currently open on the complaints register. The inspector noted that there were low levels of complaints received by the designated centre with all closed out complaints dealt with in accordance with the centres complaints policy.

Other improvements noted included a review of contracts to incorporate information as highlighted under regulation 24. The provision of additional information provided existing and potential new residents with a clearer picture regarding any additional costs that may be payable to the registered provider.

There was a programme of audits in place to monitor the quality and safety of the service provided to the residents. Audits were reviewed at clinical safety meetings to identify areas of improvement. A range of local and regional management meetings were also found to be taking place. This ensured that there were good communication channels operating within the centre and ensured that issues were dealt with at various levels.

Systems in place to review and analyse fire safety arrangements in the centre required strengthening as they were not sufficient to ensure that residents would be evacuated safely in the event of a fire. The registered provider had already begun to address these issues during the inspection.

There was an annual quality and safety review carried out for 2020 which looked at key areas of service delivery. The annual report contained views from residents and identified the challenges faced during the COVID-19 pandemic and on how these challenges were addressed by both the staff team, residents and other key stakeholders.

A review of the staffing rosters indicated that there were sufficient numbers of staff available to meet the needs of the current cohort of residents. Staff transferred from one unit in the centre to the other were clearly identified on the roster. Staff training records indicated that all staff were up to date with their mandatory training. Staff spoken with in the course of the inspection were able to give a good account of the training they attended and on how it supported them in their current role.

There were sufficient resources available and identified on inspection that ensured the designated centre was clean, well decorated and comfortable for the residents residing there. There were a range of communal facilities available for residents to use however there were only four communal bathing and showering facilities available for the residents. At the time of the inspection all residents appeared well dressed and well groomed. The inspector did not observe any resident having to wait for personal care to be delivered on the day of the inspection.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider did not make a valid S48 application to renew the registration of the designated centre within the required timeframe.

Judgment: Not compliant

#### Regulation 15: Staffing

On the day of the inspection there were sufficient staffing levels with the required skill mix to meet the needs of the residents living in the designated centre. The

numbers of Staff working on the day of the inspection was consistent with staffing resources as described in the centres statement of purpose. A review of the rosters indicated that where individual staff members were assigned to work in a different unit within the designated centre that this was correctly indicated on that unit's roster.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of staff training records indicated that there was a structured training programme in place to support staff in their roles. All staff working in the designated centre were current with their mandatory training which included training on safeguarding, moving and handling and fire safety. Other training provided focused on Infection prevention and control, CPR (Cardio Pulmonary Resuscitation) and medication management.

Judgment: Compliant

### Regulation 21: Records

There were a range of records made available for the inspector to review. These included records relating to the care and welfare of residents, staffing, complaints and health and safety. The registered provider confirmed that all staff working in the designated centre had a valid garda vetting disclosure in place prior to commencing work in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

While there were many examples found on inspection that care delivered was to a high standard, the inspector found that the management systems in place to monitor the quality and safety of the service required further strengthening, For example:

- Arrangements found on the day of the inspection for the recording and monitoring of fire safety in the designated centre were found to be inadequate. They did not provide the required assurances that current measures were effective.



- A fire risk assessment was not in place for the designated centre.
- The storage of hazardous waste bins required review when not in use.
- There was a requirement to provide all relevant information as set out under s48 of the Health Act 2007 to achieve a successful application to renew the current registration.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Contracts had been updated and met the requirements of the regulations. The registered provider had updated the terms of the contract for residents including the addition of any additional fees that may be charged to residents for services provided.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy advertised in the designated centre which met the requirements of the regulations.

The complaints policy had been reviewed and amended to include a time limit for the completion of a stage two investigation. Complaints were now collated and recorded according to the policy. The complaints log indicated that there was one complaint currently open to the designated centre which was currently under review.

Judgment: Compliant

## Quality and safety

Overall residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence that residents were consulted about their care needs and about the overall service being delivered by the registered provider.

Resident meetings were happening on regular basis, records seen indicated that they were well attended by the residents. There was access to independent advocacy with their contact details displayed in the centre. Residents were seen to

be supported by social work professionals when required.

Resident care plans seen during the course of the inspection were person centred in formulation. Where the resident was unable to contribute to the care plan, family members were engaged to assist in this process. Care plans were reviewed and updated in accordance with regulations.

Residents had access to a range of health care supports which included access to GP services who visited the centre on a regular basis. Referral for other services such as physiotherapy, occupational therapy were made to the community. There were referral networks in place for accessing speech and language therapy, dietitian, dental and optical support for residents who required these inputs. In addition residents who required palliative care intervention were supported by the community palliative care team.

Resident care records were updated on a regular basis and indicated when a resident was referred or seen by medical professionals. Daily care notes were well written giving a clear account of care and nursing interventions given to residents each day.

There was a varied programme of activities provided to residents. Residents were encouraged to participate in activities with a number of projects available for them to engage in such as arts and crafts, painting, the reminiscence car, the magic table, music and baking. There was a particular focus on residents who did not wish to engage in group activities, with one to one support available for them as well.

Visits were well managed with regular information provided to families as and when there were changes to the guidance on visits. There were a number of rooms set aside for visits should visits not occur in resident rooms.

The premises were well maintained and there was an effective programme of cleaning in place. The inspector found that residents living in one area in the centre had to travel to a separate area to access shower and bathing facilities. At the time of the inspection residents living in this compartment required staff assistance to access these facilities due to their dependency levels.

There were appropriate arrangements in place to monitor for the risk of COVID-19 being introduced into the centre. All staff had Infection, prevention and control training in place. There was signage available throughout the centre reminding staff, residents and visitors of the protocols to follow in maintaining effective infection prevention and control measures. Throughout the inspections these measures were observed to be adhered to by staff and residents. There was sufficient supplies of Personal Protective Equipment (PPE) available in the centre

## Regulation 11: Visits

There were arrangements in place for residents to receive visitors. Visiting was

facilitated seven days a week. All visitors were subject to Infection protection and control protocols to mitigate against the transmission of COVID-19 into the centre. The registered provider communicated with families and loved ones throughout the pandemic regarding guidance on visitation. Visitors were seen in the centre during the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

The provider had arrangements in place to ensure that residents had access to their personal possessions including having access to their finances. The registered provider was acting as a pension agent for a number of residents residing in the centre. Financial records and documentation indicated that resident's pension monies were appropriately managed. Pension monies were lodged in a separate account and were subject to ongoing monitoring and reconciliation. Financial records were available in the centre for residents to review.

Judgment: Compliant

### Regulation 17: Premises

Residents were accommodated in a mixture of single and twin occupied rooms. There was a number of communal spaces available for residents to use throughout the designated centre. Ten single bedrooms contained a toilet for residents to use while there were four communal toilets available for the other 28 residents in the centre.

There were four communal bathroom/showers available for 36 residents to use, while two resident bedrooms contained their own shower room. There was no evidence that this impacted on the residents on the day of the inspection however the registered provider is required to increase the number of shared bathrooms in order for residents to access these facilities in close proximity to their bedrooms.

The inspectors observed a number of hazardous waste bins which were not in use were being inappropriately stored in the centres sluice room. The registered provider committed to removing these bins during the inspection

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy in place which identified the risks as set out in schedule 5 of the regulations. There were also arrangements in place to review incidents and accidents. The centres risk register was found to be updated on a regular basis.

Judgment: Compliant

### Regulation 27: Infection control

There was a COVID-19 preparedness plan in place which detailed the registered provider's responses in maintaining a COVID-19 free environment. It also detailed a range of measures that would be initiated to manage an outbreak of COVID-19 in the centre. The provider had reviewed these arrangements in April 2021. A review of a previous outbreak of COVID-19 in the centre was used to inform practice going forward. There was evidence that staff were adhering to infection prevention and control protocols.

Judgment: Compliant

### Regulation 28: Fire precautions

The Inspector was not assured that there were adequate arrangements in place for safe evacuation of residents in the event of a fire in the designated centre.

The inspector noted

- A number of fire doors were unable to provide protection to individual compartments as they did not close properly.
- Fire drill records seen for May, June and July 2021 did not provide sufficient detail or indicate any learning that would improve response and performance in dealing with an emergency fire situation.
- There were no records relating to simulated evacuation of a compartment available for the inspector to review.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Care plans were in place for all residents living in the designated centre. These were based on a pre-assessment of residents needs and were subject to ongoing review.

Care plan intervention were supported by a range of accredited assessment tools for a range of issues such as the risk of falling, the risk of pressure related skin damage, mobility and nutritional status. Inspectors noted that care plans describing resident personal hygiene support were more detailed and particular to the individual resident concerned.

Judgment: Compliant

### Regulation 6: Health care

There were arrangements in place to ensure that residents had access to a range of health care interventions. Records seen in the course of the inspection confirmed that referrals were made and recorded appropriately in residents care records. Staff training records indicated that staff had access to a range of health care related training to support their practice.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were arrangements in place to monitor and review restrictive practices in the designated centre. In circumstances where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) there were risk assessments in place to identify the appropriate interventions to maintain resident safety. There was a restraint register in place to monitor restrictive practices currently in place. Care plans describing the nature of residents responsive behaviours were in place and included a range of clear interventions to address and support residents with these needs.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors observed that staff were respectful and sensitive to residents communication needs. A number of staff and resident interactions were observed which indicated that staff were aware of resident needs and were able to respond appropriately to requests for support. Residents were encouraged to attend a range of social activities and where unable to do so were provided with one to one support. At the time of the inspection residents were engaging in arts and crafts

while others were seen attending the hairdresser's salon. Residents were informed of matters relating to the designated centre through a number of methods including committee meetings with the last meeting held 14 July 2021.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Navan Road Community Unit OSV-0003709

Inspection ID: MON-0033749

Date of inspection: 11/08/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:            All necessary documents to be re submitted, that is amended Floor Plans, Statement of Purpose, Fire Risk Assessment and Fire evacuation drill reports.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Ensure Fire Risk Assessment is in place. Hazardous Waste bins removed from Sluice Room and stored correctly. Application to Renew – Submit relevant documents. Regular Fire Evacuations to be completed and reports to be sent to HIQA. To continue same on a regular basis with accurate recording.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            General Manager and Head of Older persons informed of the need for extra Showers.</p>	

Maintenance and Estates to visit Site and assess for installation of Showers.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Doors repaired by Maintenance and Masterfire with immediate effect. Fire Drills to commence on a weekly basis forwarding evidence to HIQA. Records to be kept relating to Simulated Evacuation of compartments and they will be available for review with evidence of the learning.

## 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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	31/08/2021
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	31/03/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/08/2021

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	16/08/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/08/2021