



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:	20 October 2022
Centre ID:	OSV-0003709
Fieldwork ID:	MON-0038217

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 16 single and 11 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:	31
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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
Thursday 20 October 2022	08:30hrs to 17:15hrs	Margo O'Neill	Lead

What residents told us and what inspectors observed

This inspection took place over the course of a day during which time the inspector spent time observing and speaking to residents, their visitors and staff. The inspector observed that residents appeared comfortable and relaxed and residents reported they were satisfied with the service and the staff providing their care.

Navan Road Community Unit is a single storey building with 38 registered beds located just off the Navan road near to the Pheonix Park. The inspector found the centre was warm, bright and well ventilated. The accommodation comprises of 16 single bedrooms and 11 twin bedrooms. Some of the single rooms had en-suite bathroom facilities.

The inspector observed that residents' bedrooms were clean and comfortable. All twin bedrooms were configured to ensure residents' right to autonomy and dignity were upheld. For example, within each residents' personal space there was a chair, bed, lockable space and adequate storage space for their possessions. Each resident could enter and exit their bedrooms without entering other residents' private space. Privacy curtains required attention however to ensure that they fully extended around the residents' space and that all gaps were closed in order to preserve residents' right to privacy. Many residents had personalised their rooms with photos, paintings, memorabilia and keep-sakes.

An additional shower room facility had been implemented since the last inspection. This shower room was observed to be bright and modern. All communal bathrooms were found to have sufficient space to allow residents to undertake their personal care activities independently and comfortably with assistance.

There were a number of living rooms and a dining room where residents took their meals, relaxed and spent time and partook in activities. All areas were observed to contain appropriate furniture to enhance residents' mobility and independence. The centre's day room was home to the centre's pet rabbit; residents were observed to enjoy sitting, holding and watching the rabbit. Throughout the inspection residents were observed sitting in all areas of the centre, relaxing with drinks, taking in the views of the landscaped gardens outside or spending time with their visitors.

Residents had access to several enclosed courtyard garden areas. These areas contained raised planters, bird boxes, colourful walls and street-scapes. Staff had created a hopscotch area and informed the inspector that there were also plans to develop a pitch and putt area for residents. Seating areas with chairs and benches were also provided so that residents and their families could sit and enjoy the outdoors. Overall these outdoor areas were observed to be maintained to a good standard with the exception of one area where some items of outdoor furniture required attention and moss was seen growing between brick paving.

The inspector observed that residents were familiar with staff and those who spoke

with the inspector were very positive about the staff saying that they were 'the best'. All residents were relaxed and seen to enjoy being in the company of staff. For example, residents were seen to chat, laugh and have light-hearted fun with staff. All interactions observed between staff and residents were respectful and staff were observed to offer choice and patient assistance to residents.

Residents were observed to receive visitors throughout the day of inspection and those who spoke with the inspector were complimentary of the service and staff, reporting that they were very 'kind'.

There was an activity programme in place that included exercise classes, art and crafts, mass and pet therapy. There were two dedicated activity staff members employed full time to coordinate and provide occupational and recreational activities programme for residents. In various areas around the centre the inspector observed efforts made to improve facilities and equipment available to residents. For example, the inspector observed that staff had created a "reminiscence car / booth" which residents could sit in and experience a virtual drive in areas around the country or routes that may have been familiar to them in the past.

Throughout the day the inspector observed residents engaging in different activities such as a lively bingo group session, quizzes and watching television. There was a dedicated hair salon for residents to attend in the centre and outings around Dublin had recommenced. The inspector was informed and saw pictures of some of these excursions including residents' visits to the Pheonix park and the Royal Canal for walks and fishing.

Two rooms had been converted to create a pub and a 1950s dining room for residents and their visitors to use and enjoy. These rooms had items of memorabilia and authentic items of furniture and fixtures to create a sense of being in an Irish pub and a 1950s dining room. The inspector was informed that arrangements could be made for families and residents to have dinner together in the 1950s room when requested. Many of the residents said they enjoyed spending time together with other residents and staff in the pub room chatting and socialising.

The inspector observed mealtimes during the inspection and observed that there was a relaxed and social atmosphere in the dining room. There was sufficient numbers of staff available to assist residents in the dining room and for those residents who chose to eat their meal in their bedrooms. Staff offered choice to residents regarding the food and drinks on offer and support provided was observed to be unhurried and dignified.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

During the inspection the inspector followed up on the outstanding actions identified on the last inspection in August 2021 and found that although some actions had been completed, further action was required to come into compliance in the following areas; premises, infection control, governance and management, food and nutrition and fire precautions.

The registered provider for Navan Road Community Unit is the Health Service Executive. The centre is one of four designated centres in the Community Healthcare Organisation (CHO) Area 9. The person in charge, is responsible for the day to day operations in the centre and holds weekly senior management meetings with the director of nursing. There are monthly meetings held with the person in charge and the clinical nurse managers. These meetings are used to review many important aspects of the service.

There were five working group committees established in the centre; the restraint free working group, falls prevention and reduction working group, quality and resident safety committee, drugs and therapeutics working group and safeguarding working group. From the sample of records provided to the inspector these indicated that each working group held quarterly meetings to review key metrics, audit results and to discuss ongoing quality improvement initiatives.

Although there were management systems in place for the ongoing review of the service, the inspector found that these were inadequate in the monitoring of Fire Precautions. There was an annual review of the quality and safety of the service for 2021, however this lacked detail regarding the consultation with residents and their families to inform changes in the service. This is discussed further under Regulation 23: Governance and Management.

Staff working in the centre had access to appropriate clinical training and supervision to ensure they had the skills and knowledge to carry out their roles effectively. Records of mandatory training provided to the inspector indicated that the majority of staff were up to date with safeguarding, CPR, manual handling and hand hygiene training. Not all staff had completed annual refresher training in fire safety, this is discussed under Regulation 28: Fire Precautions.

The inspector was informed that all new staff had a period of induction and competencies completed on starting their role. Annual appraisals were also completed for staff to ensure ongoing professional development. There were three clinical nurse managers working in the centre to ensure that at all times there was one clinical nurse manager available to provide supervision and managerial support to staff Monday to Sunday. The person in charge provided on-call cover at night.

There was a record maintained of incidents that occurred and the inspector found that incidents were managed proactively and effectively in the centre. Incidents were analysed as part of ongoing quality improvement measures. There was timely reporting as appropriate to the Chief Inspector as set out in Schedule 4.

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate clinical training and supervision. Records of mandatory training provided, indicated that the majority of staff were up to date with their training. New staff had a period of induction which included a number of competencies to be completed on starting their role. Annual appraisals were completed with staff.

Judgment: Compliant

Regulation 23: Governance and management

Management systems for the oversight of Fire Precautions were found to be ineffective. The registered provider had failed to identify inappropriate storage practices in high risk areas, insufficient staff knowledge around evacuation procedures and monitoring of fire equipment and systems. There is further detail under Regulation 28, Fire Precautions. This is a repeat finding of not compliance under this regulation.

There was a detailed annual review of the quality and safety of the service completed for 2021. However there was no details as to how this report had been informed by residents and their families. Some sections of the review were also found to contain information regarding other health service executive run centres in the area.

Judgment: Not compliant

Regulation 31: Notification of incidents

There was timely reporting of notifiable incidents that occurred in the centre to the Chief Inspector as set out in Schedule 4.

Judgment: Compliant

Quality and safety

The registered provider was delivering a good standard of care and support to residents living in Navan Road Community Unit and residents appeared comfortable

and relaxed throughout the day of inspection. Improvements were required however under Regulation 28: Fire Precautions, Regulation 9: Residents' rights, Regulation 17: Premises, Regulation 18: Food and Nutrition and Regulation 27: Infection Control.

The premises was maintained overall to a good standard internally and externally. There was some wear and tear noted on paintwork and to some parts of the flooring in different locations throughout the centre. The management team had identified these issues and informed the inspector that there was a plan in place and funding secure for the centre to be repainted and re-floored before the end of 2022. The inspector did identify however that there was insufficient storage in the centre and this was impacting on storage practices. This is detailed further under Regulation 17: Premises.

There was an up-to-date safeguarding policy and clear procedure to inform staff regarding the steps to take to ensure safeguarding of vulnerable adults. Records indicated that the majority of staff had received up-to-date training in safeguarding of vulnerable adults and while speaking with staff members, the inspector was assured that they had the confidence and knowledge necessary to report any suspicion, allegation or concern of abuse.

There was a comprehensive programme of activities and outings on offer in the centre. This was provided by two dedicated staff who were in place to coordinate and facilitate the activity programme to meet the occupational and recreational needs of residents. Residents had access to television, papers, radio and telephones to ensure they were informed regarding current affairs and connected to their community. Mass was held weekly in the centre to meet residents' religious and spiritual needs.

Residents' rights were supported in the centre. For example, residents were supported to exercise their right to choice, such as how they spent their time, what food and refreshments they liked and how they choose to personalise their bedrooms. The privacy curtains in all twin bedrooms required adjustment however to ensure that residents' right to privacy and dignity could be maintained at all times.

Residents reported positively regarding the food on offer in the centre and food was observed to be wholesome and nutritious. All residents were assessed using validated assessment tools to identify their nutritional and dietary requirements. Individual care plans were developed to inform staff regarding residents' needs and preferences. Action was required however to ensure that all residents had access to a supply of fresh drinking water at all times. This is detailed further under Regulation 18, Food and Nutrition.

The inspector followed up on Regulation 28: Fire Precautions which was found not compliant on the last inspection in August 2021. Although works had been completed to upgrade the centre's fire doors and compartmentation of the centre further work was required to ensure that all reasonable measures and safeguards were in place.

Regulation 17: Premises

The inspector identified the following issues which required attention:

There was inadequate storage facilities in the centre which was resulting in inappropriate storage practices. For example; the inspector observed that the centre's electrical room was used to store items such as boxes of supplies, defective mattresses, drip stands and clinical bins. These items were stored on the ground and items such as boxes were stacked one on top of the other. Access to fire extinguishers were seen to be blocked. The centre's laundry was used to store all the clean linen received from the external provider. In other rooms such as one the sluice rooms and an equipment storage room, some parts of the rooms were inaccessible due to the large number of items stored in them such as commodes, and hoists.

There were a number of secure outdoor areas for residents to access and enjoy, some parts of these areas required attention to ensure they were maintained to a good standard, for example; in one area where there was paved ground, there was significant amounts of moss observed between the bricks on the ground and covering the benches, which could pose a risk of slipping.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed in three residents' bedrooms that there was no water provided. Staff informed the inspector that this was due to one of the residents being unable to utilise a bottle to drink from while the other residents required modified consistency fluids. Action was required to ensure that all residents were provided with access to a safe supply of fresh drinking water at all times and appropriately supported with their individual hydration needs and requirements.

Judgment: Substantially compliant

Regulation 27: Infection control

Oversight of infection prevention and control practices required strengthening to ensure practices were in line with the National Standards.

- In some communal bathrooms the inspector observed the following; exposed

toilet paper, unused continence wear, hygiene spray, a razor and items stored on the floor. These practices posed a risk of cross contamination. In another communal bathroom there was no soap available in order to perform hand hygiene.

- Oversight of storage practices required review. For example the inspector observed that in one storage rooms shelving where items were placed were too low to the ground to allow the area to be effectively cleaned. The inspector observed a build-up of dust and debris in this area. Other storage areas were observed to be cluttered and inaccessible in areas making the spaces difficult to clean.
- The inspector observed that not all staff wore their personal protective equipment correctly, for example, some staff were observed to wear their masks under their noses.
- The centre's laundry required review to support effective infection prevention and control practices through implementing a clear unidirectional work flow.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector was not assured that all reasonable measures were in place to ensure that residents living in Navan Road Community Unit were safe and protected from the risk of fire. The following issues required review:

- Inadequate storage facilities and inappropriate storage practices in high risk areas such as the centre's electric and laundry room required action. On the day of inspection the inspector observed these areas to contain a significant number of combustible items piled high on shelves or on top of each other. In both of these rooms these practices posed a fire safety risk and required addressing. Once identified management began removing items from the electric room during the inspection.
- Some of the written records of simulated fire evacuation drills provided to the inspector did not contain sufficient detail regarding the evacuation drill completed; for example, the number of residents evacuated and the time taken to complete the drill. One record that had been completed 2021 to simulate an evacuation of the centre's largest compartment indicated it had taken approximately 8 minutes to evacuate 12 residents. There were no further records to demonstrate that this had been repeated in order to reduce the time and to inform further improvement.
- The inspector noted gaps in documentation regarding the ongoing monitoring of fire safety equipment and escape routes. For example: there was written record of daily checks of the fire alarm panel and fire escape routes.
- Staff knowledge and training required review. Some staff who spoke with the inspector were unclear regarding the evacuation procedure and records indicated that approximately 20 staff were overdue for their annual refresher

fire safety training.
Judgment: Not compliant
Regulation 8: Protection
<p>The registered provider had an up-to-date policy and clear procedure to inform staff regarding the safeguarding of vulnerable adults. Staff members who spoke to the inspector clearly and confidently articulated the steps they would take in order to safeguard residents if there was any allegation, suspicion or concern of abuse identified.</p> <p>The provider acted as a pension agent for some residents and maintained small amounts of money in safe keeping. The inspector found that there was transparent records maintained and the sample of balances checked were correct.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>The privacy curtains in all twin bedrooms observed by the inspector required some adjustment to ensure that residents' right to privacy and dignity were maintained at all times. For example; part of the privacy curtains could not be fully drawn resulting in gaps in the screening.</p>
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Navan Road Community Unit OSV-0003709

Inspection ID: MON-0038217

Date of inspection: 20/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire Precautions will be dealt with under Regulation 28.</p> <p>Clearing the Storage areas is in progress. We hope to have all cleared by Jan 31st 2023.</p> <p>We will review the Annual Quality and Safety Report. We intend to address Family and Residents input at the Residents Forum. This will be completed by February 28th.</p> <p>Individual Unit reports will also be addressed. We have already engaged with QQI Department and have been allocated an advisor who will advise on compiling the report.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have engaged the services of a Landscape and Garden Company for the Paved areas of the garden. This will be commencing after Christmas and will be completed by mid February, weather permitting.</p> <p>Sluice Rooms, Laundry and other areas have been measured for shelving. Plan is for work to commence in January 2023.</p> <p>A lot of equipment has been removed from the cluttered storage areas and disposed of, another Skip has been ordered for early January.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>We endeavor to ensure all beds have water and in the event of the Water being removed or drank it will be promptly replaced.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All items that posed a risk for cross contamination were removed immediately, toilet paper, unused continence wear and hygiene sprays. Frequent checks are being made of the communal areas by the Health and Safety, and Infection Control Links. Shelving that is too low to the ground has been looked at and the plan is that in the new year the work will commence to raise it up off the ground and allow effective cleaning. Decluttering of other storage areas continues to be a work in progress and will be part of the checks carried out by Health and Safety and IPC Links. The IPC team returned to reinforce training on the wearing of PPE. The Laundry has been reviewed by the IPC Team and changes have been made to ensure a clear unidirectional work flow. The Laundry has also been measured for storage under the sink area, to be locked and secured.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Weekly Evacuations are being carried out the first one completed by the Fire Officer. 99% of the Staff have attended the mandatory Fire training practicing Ski sheet, Wheelchair and Bed evacuations. Fire evacuation Training has been booked for the Unit commencing on December 19th and 5 more sessions in January with Fire Protection Ireland. Daily Fire Checks and weekly Fire Alarm checks continue.</p>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All our Double Rooms have been measured for longer extendable Curtain Rails and new Curtains are also being ordered.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2023
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Substantially Compliant	Yellow	13/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2023
Regulation 23(e)	The registered	Substantially	Yellow	28/02/2023

	provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Compliant		
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting	Substantially Compliant	Yellow	31/01/2023

	equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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.	Substantially Compliant	Yellow	28/02/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	28/02/2023