

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

## Issued by the Chief Inspector

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| Name of designated centre: | Navan Road Community Unit                       |
| Name of provider:          | Health Service Executive                        |
| Address of centre:         | Kempton Housing Estate, Navan Road,<br>Dublin 7 |
| Type of inspection:        | Unannounced                                     |
| Date of inspection:        | 10 April 2025                                   |
| Centre ID:                 | OSV-0003709                                     |
| Fieldwork ID:              | MON-0045482                                     |

## 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.**

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| Number of residents on the date of inspection: | 28 |
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                   | Times of Inspection  | Inspector   | Role |
|------------------------|----------------------|-------------|------|
| Thursday 10 April 2025 | 08:10hrs to 16:00hrs | Aoife Byrne | Lead |

## What residents told us and what inspectors observed

Overall, the feedback from residents was that this centre was a lovely place to live. The inspector found that the residents living in Navan Road Community Unit were supported by kind and competent staff. The inspector observed many examples of kind, discreet, and person-centred interventions throughout the day of inspection. Residents spoken with were very complimentary in their feedback and expressed satisfaction with living in the centre. The inspector was told that "staff are kind and helpful" and "plenty of activities to keep me busy".

The inspector was greeted by the person in charge upon arrival to the centre. Following an introductory meeting, the inspector walked through the centre, giving the opportunity to observe the lived experience of residents in their home environment and to observe staff practices and interactions.

The centre is located on Navan Road on the outskirts of Dublin, close to Phoenix Park. The centre is registered to provide long term and respite care to a maximum of 38 residents; there were nine vacancies on the day of the inspection. The centre was a purpose built single storey facility. Residents were able to personalise their own rooms and many contained items personal to that individual such as photographs and soft furnishings.

Overall, the premises was found to be clean, warm and bright. Residents had access to a number of communal day spaces, including two rooms that had been converted to create a pub and a 1950s room. "Dirty Nellies" was set out like a pub with a bar and card table. The 1950s room was decorated with memorabilia from this time, including a piano. The inspector was told that both rooms were popular among residents to use as a quiet room or during visits with family and friends.

Residents had access to two courtyard garden areas. These areas contained raised planters, bird boxes, colourful walls and painted shop fronts. Staff had also created a hopscotch area. The centre's pet rabbit roamed freely within the courtyard. There was plenty of chairs and benches available for residents and families to use within the courtyards. The residents had access to a smoking area which was a gazebo in one courtyard. The gazebo required maintenance as the roof had holes and the paint was flaking from the furniture. The smoking area had sufficient safety measures in place, including a call-bell, metal bin and smoking apron.

Residents could attend the dining room or have their meals in their bedroom if they preferred. On the day of the inspection, residents were provided with a choice of meals which consisted of smoked cod or chicken and pepper sauce. The inspector observed the dining experience at lunch time and saw that the meals provided were well-presented and looked nutritious. Staff were observed sitting beside residents assisting them with their lunch in an unrushed manner. Feedback from residents

was positive. They reported to enjoy the meals with comments such as “the food is great” and “delicious”.

Residents told the inspector that they enjoyed all the activities on offer. A schedule of activities showed that there were numerous social activities available. There was dedicated activity staff working full time in the centre. Residents enjoyed a quiz and were seen making Easter bonnets on the day of the inspection. Residents enjoyed plenty of day outs over the last year, with plenty more organised for the coming year such as Kilmainham Gaol, Howth, Phoenix Park and Henrietta Street.

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

Overall, the findings of this inspection was this were a well governed centre with effective management systems to monitor the quality of the service.

This was an unannounced inspection, carried out over one day, by the inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that the provider had addressed the areas for improvement identified on the last inspection in May 2024 and observed that some further improvements were required to meet the requirements of the regulations such as Regulation 17: Premises and Regulation 7: Managing behaviours that challenge. This is discussed further in the report.

The Health Services Executive (HSE) is the registered provider of the Navan Road Community Unit. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported in their role by clinical nurse managers, staff nurses, health care assistants, activity staff, and household staff. The designated centre was also supported by clerical officers, porters, and health and social care professionals. The person in charge was responsive to updates required on the day of the inspection and showed commitment to addressing areas for improvement.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meetings. It was clear these meetings ensured effective communication across the service. The quality and safety of care were being monitored through a schedule of monthly audits including audits on the key areas of care, such as falls, infection prevention and control (IPC) and

restraints. Management systems for the oversight of fire precautions have greatly improved since the last inspection.

A directory of residents was maintained in the centre; however, upon review, the inspector found that not all the information required under the regulation was recorded.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

### Regulation 19: Directory of residents

There was a directory of residents available at the designated centre. However, all the information as required in the regulations was not available. For example;

- The cause and time of death for all residents was not completed.
- The next of kin's contact details were not available for one resident.
- The contact details for general practitioner (GP) was not completed for three residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

A comprehensive annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with targeted action plans for quality improvements for 2025. The review also contained feedback and consultation with residents and their representatives.

There was a schedule of audits in place including audit of falls, incidents and restraints, which were completed on a regular basis. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely manner.

Judgment: Compliant

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

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed upon the admission to the centre and detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The

type of accommodation was stated along with fees, including for services the resident was not entitled to under any other health entitlement.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. These policies had been reviewed at intervals not exceeding three years.

Judgment: Compliant

#### Quality and safety

Overall, the inspector found that residents living in the Navan Road Community Unit were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspectors found that the overall condition of the premises had improved since the last inspection; however, further improvements were identified on the day of the inspection.

There was an up-to-date safeguarding policy and clear procedure to inform staff regarding the steps to take to ensure the safeguarding of vulnerable adults. Records indicated that staff had received up-to-date training in safeguarding of vulnerable adults. Where issues had occurred, the relevant notifications were submitted to the office of the Chief Inspector, and safeguarding plans were put in place for the residents. Records showed that steps had been taken to address any risks, and this included increasing staffing levels to support residents if required.

The inspector saw that residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had appropriate assessments and care plans in place. Relevant training was also provided on areas such as support pathways and delivering person-centred care for people with non-cognitive symptoms of dementia. These training courses provided staff with the appropriate skills and knowledge for their role and how to manage responsive behaviours.

Care plans were paper-based. Inspectors reviewed a sample of care records, assessments and care plans on the day of the inspection. For the use of restrictive practices, the care plans described the alternatives tried and instructed staff members to perform regular safety checks and instructions on restrictive practice



use and release. There was also evidence in residents' notes that all residents where some form of restrictive physical practice was used were reviewed by multi-disciplinary teams such as residents' general practitioner (GP), physiotherapist or occupational therapist. The centre had a restraints register in place to record the use of restrictive practices in the centre. However, the inspector found that some improvements were required in relation to implementation of the restrictive practices and this is discussed under Regulation 7: Managing behaviour that is challenging.

The inspector observed an improvement in the premises since the last inspection, with emergency call bell facilities in place throughout all rooms and smoking areas. Overall, the centre was in a good state of repair; however, some improvements were needed to come into the compliance with Schedule 6 of the regulation in respect of the premises of the centre.

### Regulation 17: Premises

The inspector followed up on the compliance plan from the last inspection and it was evident that the majority of actions required were completed. However further actions were outstanding. For example:

- The gazebo's roof was not replaced within the compliance plan time frame. However, it was evident through written communication that management followed up regarding this issue and a commencement date for the plan of works was provided for the next week.
- Inappropriate storage practices were observed in the centre. For example' the inspector observed that an isolation room was used to store items such as mattresses, beds, wheelchairs and comfort chairs.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector followed up on the compliance plan from the last inspection in relation to Regulation 28: Fire Precautions and found that all actions required were completed. This included adequate precautions against risk of fire, measures in place to safely evacuate residents and arrangements for maintaining fire equipment were all in place.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the resident's care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up-to-date changes.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Where restraint was used it was not consistently used in accordance with national policy. For example;

- Three consent forms had been signed by a next of kin; however, this is not within their remit as per the national policy. Where the resident is unable to sign the consent form due to insufficient mental capacity this is under the multi-disciplinary team to review.
- One resident had bed rails in place; however, there was no evidence available that the least restrictive measure was not trialled prior to putting these in place.

Judgment: Substantially compliant

## Regulation 8: Protection

The registered provider took reasonable measures to protect residents from the risk of abuse. There was a safeguarding policy in place that reflected the HSE national safeguarding vulnerable persons at risk of abuse policy. This included the steps to take when there was suspected or confirmed abuse identified.

The centre was acting as a pension agent for 17 residents. The inspector verified that there was secure systems in place for the management of residents' personal finances.

Judgment: Compliant

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## 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>                        |                         |
| Regulation 19: Directory of residents                 | Substantially compliant |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 24: Contract for the provision of services | Compliant               |
| Regulation 4: Written policies and procedures         | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 28: Fire precautions                       | Compliant               |
| Regulation 5: Individual assessment and care plan     | Compliant               |
| Regulation 7: Managing behaviour that is challenging  | Substantially compliant |
| Regulation 8: Protection                              | Compliant               |

# Compliance Plan for Navan Road Community Unit OSV-0003709

Inspection ID: MON-0045482

Date of inspection: 10/04/2025

## 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 19: Directory of residents   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"><li>• The Directory of Residents is being reviewed and updated to include the information as required by the Regulation. This will be completed by the 30th May 2025.</li><li>• To monitor compliance with the regulation, a review of the Directory of Residents will be integrated into the Quality Safety Walkround process. In addition, an audit of the Directory will be completed on a quarterly basis by the Administration Team.</li></ul> |                         |
| Regulation 17: Premises   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• The gazebo's roof was replaced on the 21st May 2025.</li><li>• The mattresses, beds, wheelchairs and comfort chairs have been removed from the isolation room.</li></ul>  |                         |
| Regulation 7: Managing behaviour that is challenging  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  |                         |

- The Restraint Free Intervention Assessment and Multidisciplinary Prescription for Restrictive Intervention Form, and the Management of Restrictive Practices Policy and Procedure, will be reviewed to ensure full compliance with Regulation 7. This will be completed by 31 July 2025.
- The Residents care plan was fully reviewed and updated to include the alternative measures trialed prior to putting the restrictive measure in place.
- Nursing Quality Care Metrics are completed monthly and include an audit of care plans. All care plans are reviewed and update to reflect the assessed needs of the residents every three months.
- The findings of the inspection have been discussed with Nursing Staff at the Nurses Staff meeting.

## 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      | 25/04/2025               |
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3.  | Substantially Compliant | Yellow      | 30/05/2025               |
| Regulation 7(3)  | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow      | 31/07/2025               |