



# 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:	Kempton Housing Estate, Navan Road, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	12 March 2026
Centre ID:	OSV-0003709
Fieldwork ID:	MON-0045483

## 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:	30
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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 12 March 2026	07:45hrs to 16:00hrs	Aislinn Kenny	Lead

## What residents told us and what inspectors observed

Residents living in Navan Road Community Unit told the inspector that they were well cared for and felt safe in the centre. Throughout the day the inspector saw residents being treated with kindness and respect by staff who were familiar with their needs and preferences. Residents were generally complimentary in their feedback and expressed satisfaction about the standard of care and range of social activities provided. A resident spoken with told the inspector "staff here would do anything for you". One resident said they would like to get out for more walks when the weather improves.

The inspector arrived to the centre early in the morning, spoke with night staff and observed the morning routine for residents. Most of the residents were sleeping in bed or receiving morning care. Later in the morning cleaning staff were observed cleaning the corridors and residents were assisted to the dining room to have their breakfast. The inspector walked around the centre and observed that the centre was mostly clean and well-maintained. Some residents' bedrooms had noticeable signs of wear-and-tear such as chipped paint on the wall near the bed. The inspector observed that "Dirty Nellies" (a bar area registered for use by residents) was being used as a staff changing room on a temporary basis due to work which had taken place to the staff changing area. Staff spoken with confirmed this arrangement had been in place for approximately three months.

An activities staff member supported residents with their social needs and was observed engaging with residents in communal areas and on a one-to-one basis in their bedrooms throughout the day.

An activities schedule was on display in the centre and individual copies were observed in residents' rooms. A visual illustration of the types of activities was also available in one of the hallways, to support residents with communication needs. Photographs of residents were on display throughout the centre enjoying events and activities. The staff and residents were busy preparing for Mother's day and St Patrick's day celebrations on the day of the inspection. Residents had baked a green cake in preparation for St Patrick's day and were seen enjoying this while watching the horse racing.

Mass was held in the centre every month and a communion was provided weekly for residents. The inspector observed residents watching a funeral Mass on the morning of the inspection. One resident was observed playing games with a staff member in the 1950's room on a large interactive tablet. The activities coordinator was observed visiting all residents throughout the day.

The centre is laid out over one floor and can accommodate up to 38 residents in single and twin bedrooms, some of which contain en-suite facilities. Communal shower rooms, toilets and a bathroom were located throughout the building. There

were a number of communal areas available for residents' use, including a 1950's room, day rooms and a large dining room. Various garden areas were accessible to residents and contained seating, shaded areas, flowers and shrubbery. One enclosed garden area had reminiscence items such as decorated shop fronts. Directional signage and handrails facilitated residents to move around the centre. A courtyard at the front of the centre was well-maintained and furnished with seating areas, decorative statues and seasonal flowers.

Menus were on display on blackboards in the centre and residents were provided with a choice of meal at mealtimes. Most residents were observed dining together in the large dining room and others preferred to dine in their bedrooms. Residents spoke positively about the food in the centre. Snacks and refreshments were observed to be frequently served throughout the day.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall this inspection found that this was a well governed centre with effective management systems in place to monitor the quality of the service.

This was an unannounced inspection, carried out over one day by an 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 to 2025 (as amended). The inspector also followed up on the compliance plan from the previous inspection.

The registered provider of Navan Road Community Unit is the Health Service Executive (HSE). A newly appointed person in charge had responsibility for the day-to-day running of the centre and was supported in their role by a senior manager who was present in the centre on the day of the inspection. The person in charge was supported operationally by clinical nurse managers and staff including nursing and care staff, porters, activities, housekeeping, catering, administrative and maintenance staff.

On the day of the inspection, the centre had sufficient staffing resources to ensure effective delivery of care and support to residents. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, catering and maintenance staff in place. A multi-disciplinary approach was in place to support residents with access to appropriate services such as social work, tissue viability nurse, speech and language

therapist. Activities staff did not work at weekends and evidence showed that care staff provided activities on those days. Staff and residents spoken with confirmed that these arrangements did not impact on care provided at weekends.

This inspection found that there were systems in place to monitor the ongoing quality and safety of the care delivered to residents. Compliance plan actions had been completed from the previous inspection. Staff and management meetings were taking place, residents meetings took place three times per year. A schedule of audits was in place in areas such as falls, infection prevention control, nutrition and complaints to monitor the quality and safety of the service. Notwithstanding, improved oversight of premises was required as a temporary use of a dedicated facility for residents was not returned to residents' use in a timely manner, to ensure the centre operated in line with its condition of registration; this is discussed further under Regulation 23: Governance and Management.

Staff were provided with education and training appropriate to their role and a training schedule was in place. Staff had completed training such as fire safety, safeguarding vulnerable people and manual handling techniques. Other training was made available to staff, such as dementia care training and a training matrix was maintained to monitor staff attendance at training provided.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were submitted to the Chief Inspector of Social Services within the required time-frame.

#### Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. They work full-time in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

There was adequate staffing available to meet the needs of the current residents, taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing complement included cleaning, catering, activities and administration staff.

Judgment: Compliant

#### Regulation 16: Training and staff development

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to inform their practice, such as infection prevention and control, and training in the management of responsive behaviours.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place to ensure effective oversight of the designated centre so that it operated at all times in line with its statement of purpose and within the registered footprint, were not fully effective. For example:

- Staff changing areas had been temporarily relocated to a residents' communal space "Dirty Nellies" to facilitate for the refurbishing of staff changing area. This had been in place for three months. The inspector found the communal space had not been restored despite the recent completion of the work to the new changing area. This was brought to the attention of the provider and person in charge on the day of the inspection who provided verbal assurance that this was an oversight and access to "Dirty Nellies" bar for residents would be restored.

Judgment: Substantially compliant

## Quality and safety

Overall, residents living in Navan Road Community unit were satisfied with the service they received, and reported feeling content living in the centre. The inspector observed that the standard of care provided to residents was of a good quality. Staff were kind, compassionate and respectful with residents and were aware of their likes and dislikes.

Residents were provided with access to a doctor, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed need. A sample of care plans reviewed evidenced input from professionals such as chiropody services, dietitian and psychology of later life based on residents' assessed care needs.

The environment and equipment used by residents were visibly clean and the premises was well-maintained on the day of the inspection. Cleaning schedules were in place and staff were using checklists to evidence their work. There was an infection prevention and control (IPC) link practitioner in the centre and staff had access to a clinical nurse specialist who provided training for staff. Clinical hand-wash sinks were provided in each resident's bedrooms and there was alcohol hand gel available at regular intervals throughout the centre, which staff were observed using. A system was in place for residents' personal laundry, which was laundered in the centre. Antimicrobial surveillance was in place within the centre.

There were systems in place to protect residents from abuse. Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. A policy was in place to guide staff and a sample of staff files reviewed confirmed staff were Garda vetted before commencing employment. Safeguarding care plans were in place for residents as required.

A transfer document was in place to facilitate staff to handover relevant information to the receiving centre or hospital upon transfer of the resident. From a review of these documents it was found they were widely used when required.

#### Regulation 25: Temporary absence or discharge of residents

A transfer document was incorporated into the centre's document management system. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

#### Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the National Standards for Infection prevention and control in community services (2018) were implemented by staff.

Judgment: Compliant

#### Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of health care specialists.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Navan Road Community Unit OSV-0003709

Inspection ID: MON-0045483

Date of inspection: 12/03/2026

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>On the 16th of March 2026 staff lockers and staff belongings were removed from the residents' communal space "Dirty Nellies" and moved to the newly renovated staff changing room. Staff were informed on the 16th of March in the communication book and at handover that the renovations were complete in the staff changing room and the use of Dirty Nellies would revert to its original purpose in line with the centre's statement of purpose. Activity staff notified the residents that they now have access to the room. The person in charge is completing weekly walk rounds to ensure the room is being used for its intended purpose and that no staff belongings are being stored in the room.</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/03/2026