



# 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 Estate, Navan Road, Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	11 November 2020
Centre ID:	OSV-0003709
Fieldwork ID:	MON-0030041

## 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:	29
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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 November 2020	09:15hrs to 17:15hrs	Gearoid Harrahill	Lead
Wednesday 11 November 2020	09:15hrs to 17:15hrs	Michael Dunne	Support

## What residents told us and what inspectors observed

Residents welcomed the inspectors into their home and were happy to chat about how they were getting on. While there was some general concern regarding the impact of the global COVID-19 pandemic and the restrictions in place in response to it, residents were in good spirits during the day.

Residents were observed carrying on with their day with minimal impact on their preferred routine. Residents could get involved with group activities, or spend time relaxing, chatting with each other and with staff, watching television, or reading the newspaper or magazines. Staff were observed encouraging residents to join in with quiz shows on television and turning up the volume to ensure people could hear. Inspectors observed staff supporting residents to socially distance while also ensuring that they were able to sit near and socialise with their friends in the centre.

There was a relaxed and homely atmosphere in the service and the inspector observed respectful and friendly interactions and chat between staff and the residents. Staff had a good rapport with residents, encouraging people to keep busy, and any personal assistance was done in a way that was discreet, dignified, and allowed the resident to go at their own speed.

Residents were free to move about the centre without restriction and those who shared their views about the social restrictions required due to COVID-19 understood that current restraints in place such as social distancing were designed to keep the virus out of the centre. Residents also said that they felt safe in the centre and that staff were kind and caring towards them. Inspectors observed staff and resident interactions throughout the day and found them to be respectful with staff cognisant of residents' communication needs.

Residents spoken with in the course of the inspection mentioned that they if they were unhappy about a service of which they were in receipt, they would tell staff and issues got dealt with there and then. They went on to add that they could talk to management if the concern or issue did not get resolved according to their satisfaction.

## Capacity and capability

This was a short-notice announced inspection, with the person in charge being advised the previous evening. This was done to ensure that key staff were available if required, and to ensure that the inspection could be carried out efficiently.

The designated centre had experienced an outbreak of COVID-19 from March to

June of 2020. At the peak of the outbreak, 23 residents and 28 staff members tested positive concurrently for COVID-19, and sadly eight residents passed away from the illness.

The provider had conducted a post-outbreak review to identify the greatest challenges during the event and where improvement could be made going forward. The provider acknowledged the work of the staff on-duty who were described as going above the line of duty to support residents through the outbreak. It was noted that there was dissatisfaction among the staff team with insufficient and inconsistent communication of information, updates and work practice instruction from management. Resident feedback on the experience was also reflected in the review, noting that residents felt anxious, and reflected on incidents in which residents were negatively affected by unfamiliar personnel working in the premises.

Inspectors found that the registered provider maintained a good level of oversight of the operation of the centre, and had established an infection control committee between this and other HSE designated centres, to share learning and take advice and input from infection control specialists. The service provider engaged on a regular basis with local management and held feedback sessions with staff teams to encourage feedback. A local response team had been established to ensure that supplies of personal protective equipment (PPE) and sanitising products were maintained and training sessions were organised on best practice for infection control.

Despite the actions taken post-outbreak, inspectors found that the service provider had not composed a preparedness plan for the designated centre which collated the contingency strategies for COVID-19, advising the reader on actions to take in response to risks including staff depletion, absent leadership, cohorting arrangements in the event of high levels of positive cases, or interruption of PPE and sanitising supplies, which would be readily accessible and available to whomever assumes leadership of the service.

The service provider had composed an annual review for 2019 which outlined in detail the strategies and initiatives employed to enhance the service of the centre for residents, including new recreational and social opportunities, new premises features, and the establishment of working groups to reduce falls and work towards a restraint-free environment. Work in progress was assigned to specified responsible persons and timelines were documented. Pictures of residents enjoying new features and events were included. Some improvement was required to ensure that the holistic review of the service was prepared in consultation with residents and reflected their feedback and lived experience in the designated centre.

The provider had ensured that there were sufficient numbers of staff members rostered 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 centre's statement of purpose. A review of the worked rosters indicated that changes were required to ensure that individual staff members were correctly identified as working in their designated areas. This was an administrative error which, although had no adverse impact on

the numbers of staff working in the centre, was liable to cause confusion in identifying to which unit staff were assigned.

There was a minimum of two staff nurses on duty at all times and they were supported in their role by the person in charge (PIC), and by an interim director of nursing who worked part time in the centre. Additional nursing management was provided through an assistant director of nursing and three clinical nurse managers.

Staff cover was arranged by utilising the centre's own staff resources or by arranging agency cover. A review of staff records indicated that there was a stable workforce in place with low levels of agency use in the centre. Inspectors were informed that funding had been secured to employ the services of a social worker who would be available in the centre on a part time basis.

Staff records reviewed on inspection indicated that staff working in the designated centre received induction and supervision. In addition records reviewed confirmed that staff members has a personal development plan carried out to support their professional development.

Staff training records indicated that there were gaps in mandatory training related to safeguarding, fire safety and moving and handling. In addition there were gaps noted in records for infection prevention and control training. The provider assured inspectors that outstanding training for safeguarding and infection prevention and control would be completed by the end of November 2020. They added that infection prevention and control training had been completed for all staff but the records had been mislaid. The provider reported that moving and handling training was suspended during the pandemic but they had received communication that this training would now go ahead again. The provider management team confirmed that all outstanding training will be completed by December 2020. Staff who did not have up-to-date fire safety training were identified to attend the next planned training session.

Inspectors reviewed a sample of contracts of care between residents and the service provider. While the contracts generally outlined the terms of residing in the centre, some areas were blank, including whether the resident was contracted to be accommodated in a private or shared bedroom. Some of the contracts did not state the fees payable by the resident, and contracts did not describe services and facilities which would be provided that would incur an additional charge not covered by the general fee. The provider advised inspectors that some of the regular fees had yet to finalised, which indicated that residents and their representatives were signing a contract which was not yet completed.

The centre utilised the Health Service Executive (HSE) policy called "Your Service Your Say" to support residents who wanted to register a complaint, a comment or a compliment about the service they were receiving. In addition a local complaints policy was in place which inspectors found advertised in prominent locations in the centre.

Records seen indicated that nine complaints were received in 2019 which were all dealt with and closed off through the first stage of the complaints process. Records

also indicated the outcome of these complaints and included feedback received from the complainant. A review to the complaints policy indicated that there was no time limit identified in the policy for stage two of the formal complaints process to be completed. In addition the provider had started to use a different form to log complaints which had not been identified in the complaints policy and procedure.

## Regulation 15: Staffing

The provider had ensured that there were sufficient numbers of staff rostered 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 centre's statement of purpose.

There was a minimum of two staff nurses on duty at all times and they were supported in their role by the person in charge (PIC) who was also the assistant director of nursing and by an interim director of nursing who worked part time in the centre. Additional nursing management was provided by three clinical nurse managers.

Staff cover was arranged by utilising the centre's own staff resources or by arranging agency cover. A review of staff records indicated that there was a stable workforce in place with low levels of agency use in the centre. Inspectors were informed that funding had been secured to employ the services of a social worker who would be available in the centre on a part time basis.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff records reviewed on inspection indicated that staff working in the designated centre received induction and supervision. In addition records reviewed confirmed that staff members has a personal development plan carried out to support their professional development.

Staff had access to training in first aid, cardio-pulmonary resuscitation (CPR), medication management, diabetes care, continence care, the safe use of oxygen therapy and wound management. Refresher training was organised when required. Care staff were supervised in their role on a day to day basis by nursing staff and confirmed that they found the centre handovers an effective process in the communication of key information regarding resident care.

Staff training records indicated that there were gaps in mandatory training related to safeguarding, fire safety training and moving and handling training. In addition

there were gaps noted in records for infection prevention and control training.

Judgment: Not compliant

### Regulation 21: Records

A review of the staffing rosters indicated that changes were required to ensure that individual staff members were correctly identified as working in their designated areas. This was an administrative error which although had no adverse impact on the numbers of staff working in the centre was liable to cause confusion in identifying to which unit staff were allocated.

A selection of staff files was reviewed to check for compliance with regard to Schedule 2 of the regulations. Staff files reviewed consisted of staff working in a number of different disciplines and of length of service. All files sampled contained the required information including identification, references, qualifications and evidence of vetting by An Garda Síochána.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider engaged regularly with the local management team and maintained a good oversight of the operation of the service. There was an established management structure with deputising arrangements in effect to retain continuity of operation. The service provider had sought expert advice and established links with external parties during their outbreak of COVID-19 and had subsequently reflected on areas in which management of such an event could be improved for future reference to maintain a safe and effective service. While management in the centre knew who to contact or how to respond in the event of future COVID-19 risk, strategies for responding to risks related to resource or staffing depletion, absence of management or measures to take in the event of a wide outbreak had not been collated into a readily accessible contingency plan.

The provider had conducted audits of the environment and staff practises to ensure a safe and effective service. While staff activity was in line with best practice there were some environmental actions identified in the provider's own audits which had not been addressed in a timely manner and were found by inspectors during the visit.

The provider had composed an annual review of the service which reflected the achievements and projects of the prior year. Some improvement was required to ensure that the feedback and experiences of the residents was reflected in the

annual review and that it was composed with their consultation.

Judgment: Substantially compliant

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

Inspectors reviewed a sample of the contracts of care between the provider and the service user. These did not consistently outline the terms of residency for the service user, and contracts did not clearly identify the regular and additional fees payable by the service user.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider displayed a policy and procedure in prominent locations in the centre to facilitate residents to register a complaint or compliment about the service they are receiving.

Inspectors reviewed a log of complaints received which indicated the details of the complaint, the outcome and complainant satisfaction of same.

A review to the complaints policy indicated that there was no time limit identified in the policy for stage two of the formal complaints process to be completed. In addition the provider had started to record complaints in a different format which had not being identified in the complaints policy and procedure.

Judgment: Substantially compliant

## Quality and safety

While residents' lives had been impacted by the COVID-19 pandemic and associated social restrictions, the inspector observed good examples during the inspection of how staff on the floor were supporting people to pursue their preferred routine as close to normality as possible. Staff had adapted the activities programme to continue with what could be done safely, and care staff were observed taking the time to chat to residents and keep people occupied and engaged while otherwise supervising communal areas and ensuring people were safe and comfortable.

Inspectors reviewed a sample of resident care and support plans, which were based

on ongoing assessment of personal, clinical and social needs. Care plans were reviewed for both general support instructions and for specific support needs including weight management, nutritional risk, positive behaviour support, risk of fall injury, and how residents would be assisted to understand and self-protect during COVID-19. Clear and specific care and support plans were important to retain continuity of the positive and personal support and knowledge observed by the regular staff, in the event these staff are temporarily covered by personnel who do not usually attend to the residents.

Of the sample reviewed, inspectors found good examples of individualised personal care and support written into residents' plans and support instructions. Plans identified residents' preferred routine, including what times people liked to get up in the morning, what outfits they liked to wear, the angle setting at which the resident would be most comfortable when in bed, and whether men preferred an electric or bladed razor when shaving. Care plans relating to sensitive subjects including mental health, depression and continence care were written in a dignified and respectful manner which prioritised the choices and preferences of the resident. Inspectors reviewed plans regarding support during end-of-life care and found positive examples of how the residents' cultural, familial and religious preferences and decisions were being respected.

Some of the care and support plans reviewed, however, did not reflect the high level of staff members' knowledge on residents' needs, personalities and interests which inspectors found through observing interactions and assistance from staff with residents, and from speaking to residents and staff. Improvement was required in composing social and recreational care plans which reflected the individual choices and interests of the resident gathered in the social assessments. The plans reviewed were mostly pre-printed with little in the way of tailored notes, and were similar between residents. Improvement was also required when setting out support instruction for personal hygiene support; plans were unclear on the activities of daily living with which the resident was independent or with which they required varying levels of assistance from staff.

Among the sample of support plans reviewed, inspectors reviewed plans regarding restrictive interventions as a response to expressions of distress or frustration. Individual incident reports were recorded for each event on which this was required. However, a positive behaviour support plan had not been created for the sample of residents whose files were reviewed. It was not clear in identifying how the behaviour manifests, how to identify potential triggers and pre-empt risk expressions, and what interventions and supports to exhaust before using restrictive practices as a last resort.

The premises of the designated centre was well-maintained and clean on the day of inspection, with cleaning staff observed following a routine of cleaning all private and communal areas, including carrying out a more thorough cleaning and sanitising of rooms on a schedule.

While walking through the premises, inspectors observed resident bedrooms, communal living rooms and dining areas to be clean. However, some improvement

was required on appropriate item storage in other areas which created a potential infection control or transmission risk. Utility rooms including sluicing facilities and cleaner's stores were cluttered with equipment including commode chairs and spare clinical waste bins. This prevented access to the utility features and drains, compromising effective cleaning and sanitising of the room, and were not closed and secure when not in use. Inspectors found inappropriately stored items in bathrooms, including cushions, towels and underwear in a bath, a mattress being stored in a shower area, and a resident's wheelchair parked next to a shared toilet. Uncovered trolleys of clean linens were stored in hallways and boxes of PPE were sitting on handrails, increasing potential transmission risk to these clean items through touch by people passing or using the rails. These items were raised as areas in need of improvement during an environmental audit by an infection control specialist in March 2020.

Staff adherence to good practice regarding face coverings and hand hygiene was properly and consistently followed on the floor. Inspectors observed good examples of how staff were sanitising their hands and supporting residents to socially distance during the day. Staff were diligently self-monitoring for symptoms and temperatures through routine logs and checks. Staff were availing of fortnightly swab-testing for COVID-19, and there had been a wide uptake of influenza vaccinations for the winter season. There was a sufficient quantity and availability of PPE and sanitising product in the centre.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy set out the roles and responsibilities and the appropriate steps to take should a concern be raised. A review of incident records held in the centre indicated that where necessary thorough investigations were carried out in accordance with policy guidelines.

A review of financial records related to resident day-to-day expenditure indicated that all relevant transactions were managed appropriately with financial records showing income and expenditure relevant to each individual resident. All records seen contained signatures from two separate staff members. Monies held in the centre on behalf of residents were subject to financial spot checks to ensure compliance with financial protection arrangements.

A review of financial records held in the centre on behalf of residents showed that where the provider acted as a pension agent for residents there were records and statements to show receipt and expenditure for each individual resident. Resident private property accounts were kept separate from each other and were reconciled at regular intervals.

Communal areas were of a sufficient size to allow residents to socialise and stay in contact with their friends while reducing transmission risk by socially distancing. The premises including pleasant and inviting outdoor garden and courtyard areas which residents could use for events, activities and gardening, or just sit out for some fresh air. Among the features of the premises included a small pub in which regular residents could enjoy an evening drink, and a cosy outdoor area styled like a train station where residents could socialise, watch television or smoke in a safe and

sheltered area. A "reminiscence car" provided residents with a visual experience of travelling through towns and villages in Ireland and abroad and indeed areas and locations that were known to them. The centre included multiple rest spot areas away from the busy living rooms, and residents were facilitated and encouraged to stroll around the centre without obstruction.

The registered provider had arranged for a member of the staff team to oversee family liaison and to arrange family visits to the centre as a separate designated task. There was evidence to show that there was regular communication with families informing them of the ongoing status regarding visits, and arrangements for staff and resident testing. There were three separate areas available in the centre that were used for visits and this allowed sufficient capacity for residents to see their relatives or friends.

There was a strong focus on providing residents with a diverse range of activities. Staff in the centre were keen to promote activities for residents who were cared for in bed or had to remain in their rooms during the COVID-19 outbreak. They ensured continued access through the uses of mobile libraries, mobile music and interactive bingo held online. Residents were supported to make good use of tablet computers not only to stay in touch with their families, but also to keep in contact with friends in the centre from whom they were separated due to quarantine isolation.

### Regulation 11: Visits

While in-house visits were restricted as part of national instruction, the provider had made arrangements for friends and family to attend the centre safely, and designated staff were allocated to support the resident to meet with them. Residents could also keep in contact with their loved ones via video messaging and phone calls, and the provider issued regular updates to friends and family with news and updates in the designated centre.

Judgment: Compliant

### Regulation 13: End of life

The provider maintained a clear record on residents' transfer and resuscitation instructions. There was a plan of support which reflected residents' choices and preferences for end-of-life care, including their wishes related to family contact and cultural and religious observations.

Judgment: Compliant

## Regulation 17: Premises

The premises was of a suitable size and layout to support the number and needs of residents living in the designated centre. Residents had the opportunity to personalise their bedrooms and communal areas were pleasantly decorated. Residents were able to use dining and living areas in a manner which supported them to stay safe and socially distance while still being able to relax, eat, watch television, read and socialise. Bathrooms were in sufficient quantities and locations to be accessible to residents. Residents had access to quiet areas away from busy living rooms as well as inviting external garden and courtyard areas. Call bells were available in bedrooms and private areas. The premises facilitated safe and independent movement, with safe floor coverings and handrails allowing residents to navigate unimpeded. The premises included catering and laundry facilities which were suitable for the number of people living in the service. The building was in a good state of maintenance.

Judgment: Compliant

## Regulation 27: Infection control

Improvement was required on appropriate item storage in areas including toilets, showers and utility rooms which created a potential infection control or transmission risk. Uncovered trolleys of clean linens were stored in hallways and boxes of PPE were sitting on handrails, increasing potential transmission risk to these clean items through touch.

Staff adherence to good practice regarding face coverings and hand hygiene was properly and consistently followed on the floor. Staff were diligently self-monitoring for symptoms and temperatures through routine checks.

There was a sufficient quantity and availability of PPE and sanitising product in the centre. Signage was posted in prominent locations reminding and advising of good practice.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors found good examples of individualised personal care and support written into residents' plans and support instructions which provided concise and personal instruction to staff on how to most effectively support residents in accordance

with their assessed needs and wishes.

Some of the care and support plans reviewed, however, did not reflect the high level of staff members' knowledge on residents' needs, personalities and interests. Improvement was required in ensuring care plans reflected information gathered through assessments and following incident reporting. Improvement was also required when setting out support specific and personalised instruction for personal hygiene support.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to medical practitioners who attended to residents and contributed to the review of care plans. Instructions to support review such as regular weight monitoring, fluid balances, wound monitoring or glucose checks were consistently filled by staff members. Residents had access to a range of health professionals on a regular or as-required basis.

Advanced care directives were clear and kept under review. Residents and staff could avail of seasonal influenza vaccinations of which there was a high uptake.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Inspectors reviewed planning regarding restrictive interventions as a response to expressions of distress or frustration. Individual incidents and uses of restrictive practices had been recorded and staff spoken with were familiar with the risk and how to most effectively respond to same. However, assessment and incidents had not contributed to the creation of a positive behaviour support plan where required for residents who posed a risk to themselves or others. There was no instruction to the reader on how the behaviour presents, the reasons it may be triggered, and how to most effectively identify and respond to the risk without utilising restrictive measures.

Judgment: Substantially compliant

### Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. A

safeguarding policy set out the roles and responsibilities and the appropriate steps to take should a concern be raised. A review of incident records held in the centre indicated that where necessary thorough investigations were carried out in accordance with policy guidelines. Those staff spoken with during the inspection were confident that they could support a resident in an appropriate manner if they raised a safeguarding issue and also mentioned that they were familiar with the centre policy on safeguarding.

A review of financial records held in the centre on behalf of residents for petty cash and for resident pension monies, found that the provider had ensured sufficient arrangements were in place to support the resident and safeguard their finances.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a focus on ensuring that resident's rights were promoted and respected within the centre. A number of staff and resident interactions were observed and were found to be based on a person centred approach. For example residents who had communication difficulties were given time and space to make their views known. Residents who required support with their care needs were assisted by staff in a discreet and sensitive manner. Residents were in receipt of appropriate care support as residents were noted to be dressed in clothes and footwear that fitted correctly and were of residents own choosing.

Residents meetings had been re-established with the most recent held in September 2020. It was however unclear as to how resident feedback was achieved following resident meetings or to whom this task was delegated. A resident's satisfaction survey had been carried out in July 2020 concentrating on residents views on the services provided and on their own experiences of living in the centre. Inspectors were informed that findings and key themes from this survey would be included in the centres quality and safety report for 2020.

There was a strong focus on providing residents with a diverse range of activities. There were numerous activities for residents to choose from and included a 1950's reminiscence room, a room decorated as a pub, a magic table which provided opportunities for residents diagnosed with dementia to engage in interactive activities. A reminiscence car provided residents with a visual experience of travelling through towns and villages in Ireland and abroad and indeed areas and locations that were known to them.

Residents were seen to have an individualised activity planner located in their bedrooms and residents told the inspectors that they enjoyed the range of activities provided in the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Navan Road Community Unit OSV-0003709

Inspection ID: MON-0030041

Date of inspection: 11/11/2020

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Mandatory training has been completed where lock down has allowed.            Records of Training have been updated in a timely manner.            One staff member is currently in charge of updating training records and a shared file for the Unit has been applied for to ensure continuity and timely updating of the records.</p> <p><b><i>This compliance plan response from the registered provider did not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></b></p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            This has been addressed. The name of the Unit that a staff member has been reallocated to is now written on the roster.</p>	
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>Covid Lead Person allocated each day.          Preparedness plan insitu.          Timely implementation of findings of audits, Link Nurses and Health and Safety Reps to assist with follow ups.          New storage Units have been ordered to reach the highest compliance with Infection Control Standards.</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:          Contracts of Care are currently being reviewed. Room numbers are being added after Day 14 Post Quarantine. Extra Fees are also being added eg. Chiropody</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:          Complaints procedure and policy is currently being reviewed in line with Your Service Your Say (HSE Policy 2017).          Stage 1 – 48 Hours (two working days).          Stage 2 – 30 Working Days.          Stage 3 – 20 Working Days.          Stage 4 – Review of investigation after Stage 2 or 3.          Nominated Personnel to deal with Complaints are named and contact details are available.</p> <p>Ward Complaints Documentation has been updated both Units using the same and correct Documentation so there is a log of the complaints and the outcomes.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection</p>	

control:

New storage equipment has been ordered.

Increase spot checks of clinical areas by management, Link Staff and Health and Safety Reps.

Continue utilizing the support of the IPC Team and Implementing their Audit findings.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Personal Hygiene Care Plan has been adapted to give more detail of care required.

Positive Behavior Support Care will be heavily focused on in our Nursing Metrics with feedback given to the individual Nurses. On-going education (currently in the form of pop up sessions for small groups) to continue on responsive behaviors and documentation.

Minimise the use of standardized care plans.

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:

Post Nursing Metric's which are done monthly Managers will speak with Nurse's explaining the need for better documentation around the triggers and the responses to the behavior. This has already commenced and we are seeing improvements in the care plans and communication of how to manage Responsive Behaviors.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	02/02/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	02/02/2021
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.	Substantially Compliant	Yellow	02/02/2021
Regulation 23(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	28/02/2021

	review referred to in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/04/2021
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	30/04/2021
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service	Not Compliant	Orange	30/04/2021

	of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
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	31/03/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	28/02/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	02/02/2021

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	02/02/2021