



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

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:	Announced
Date of inspection:	28 June 2018
Centre ID:	OSV-0003709
Fieldwork ID:	MON-0022382

## 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.**

Current registration end date:	07/10/2018
Number of residents on the date of inspection:	37

## How we inspect

To prepare for this inspection the inspector or 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
28 June 2018	10:00hrs to 18:30hrs	Nuala Rafferty	Lead

## Views of people who use the service

The inspector met and chatted with approximately 20% of residents in the centre and reviewed ten questionnaires. All of the residents were very satisfied with their life in the centre and said they were happy to live there. Some of the residents had moved from other HSE centres and while they said it took some time to settle in they were now delighted they had moved. They also said that they occasionally met with some of the people from the other centres. All were very positive and complimentary about the care they received from staff and spoke very highly of them. The inspector was told that they could go to any of the staff with a problem to have it resolved but usually spoke with the nurses, clinical nurse managers or person in charge. None had ever made a formal complaint but those that had reported any problems or difficulties said they were resolved quickly and to their satisfaction.

Residents reported that they were happy with the facilities in the centre. They said there were enough rooms where they could chat with their friends and relatives and they were also happy with the amount of space in their bedrooms. Those residents who shared a bedroom said they got on very well with their room mate.

All of the residents were very complimentary on the standard and availability of food in the centre. None had any complaints on the variety amount or quality of the meals provided, although some felt that the evening tea was very early at 16:30 or 16:45 and it was a long wait to the next full meal on the following day.

The residents felt that their health and social care needs were met. They said they could see the doctor when they needed too and were well looked after but some said that they missed the consistency of seeing the same doctor with whom they could become familiar with. The residents said that the doctors changed every few months and as a result they found it difficult to confide in them and tell them any of the concerns they may have.

The residents were all very happy with the variety and amount of activities on offer within the centre and said staff put in a lot of effort to ensure they enjoyed them. The inspector was told about a recent talent competition based on the X-Factor TV show which they said was great fun. On the day of the inspection, an outing was organised to bring those who wished to go to Howth. It was a beautiful sunny day and all residents spoken with, who were going, were really looking forward to it. The residents said that there had been a few outings this year to other centres and garden centres. They also said that staff would take them on individual walks to the park or to the local pub or coffee shop but that they would love to go out more. The residents recognised that the outings were difficult to arrange as the centre did not have its own bus and was dependent on getting the loan of a wheelchair accessible bus from another centre.

The residents said that they trusted staff and felt safe, they also said that although

it was not their 'real' home it was definitely the next best thing.

The inspector also had an opportunity to speak with a small number of relatives who were very happy with the service delivered to their loved ones. The relatives said that they felt the residents were safe in the centre and that staff worked hard to give good care in a friendly and respectful manner. They said that they found the atmosphere in the centre to be very warm and welcoming and that staff engaged with residents in a meaningful way to ensure they were stimulated throughout the day and not left alone or isolated.

## Capacity and capability

Management systems within the centre remained unchanged since the registration inspection in 2015. These systems continued to ensure that the service delivered to residents was safe and contributed to a good quality of life.

Oversight and governance of the service is provided by the HSE within the community health area for the region. The centre is part of the Claremont services comprising of a total of three residential centres for older persons. The person in charge is supported by four clinical nurse managers, a services manager and administration team within the centre. Additional management supports are provided to all three centres and these include; a practice development coordinator, an area director of nursing, general manager and local health office manager.

Medical care was under the consultant-led medical team of St Mary's in the phoenix park. A medical house officer visited daily and the consultant and a senior registrar visited weekly. Clinical supports from allied health professionals included physiotherapy, occupational therapy, dietitian and speech and language services.

This inspection found that the person in charge and clinical management team were visible to staff and residents who were familiar with them. The constant presence of some or all of these managers provided ongoing support and leadership to staff that promoted a high standard of safe practice.

There was evidence of a learning culture within the centre and a system was in place to assess and improve the standard of care delivered in order to improve outcomes for residents. Effective management and governance systems were in place with a focus on improving resident's lives. These included regular meetings on each unit, clinical governance committees attended by senior staff in the centre, and a quality and safety committee which reviewed data and issues within the group of centres. a record of complaints made was maintained but only one was made to date. An annual review had been completed and included resident consultation.

A contract of care, agreed with the provider, was signed by each resident, or on their behalf by a nominated person. A sample was viewed and these clearly stated the regular fee payable, the resident's contribution and the services to be provided. However, the terms of residency for each resident was not identified in some.

There were systems in place to ensure the level and skill mix of staff was sufficient and effectively deployed to meet residents care needs in a responsive and timely manner. The inspector found that these systems were implemented and that residents were assisted in a timely manner with close attention to detail. There were qualified nursing staff available at all times. All direct care staff were supervised in their work by the clinical nurse management team. The services manager supervised and directed the catering team and the ancillary household and portering teams. Staff development programmes and training opportunities were provided to staff and there was evidence of an annual refresher training plan. However, although some staff spoken with confirmed the provision of training and the person in charge and practice development coordinator gave assurances that the training was delivered, there was limited evidence available that all staff had attended the mandatory training required under the regulations.

Robust recruitment processes were in place as part of appropriate safeguarding procedures. This included An Garda Síochána (police) vetting procedures.

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

An incomplete application for the renewal of registration was received and both the application and the fee for registration were not received within the timeframe. However, the fee has subsequently been received.

Judgment: Not compliant

#### Regulation 14: Persons in charge

The person in charge was a qualified and experienced nurse who worked full-time in the centre. They had the relevant skills, knowledge and experience to fulfill the role.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff on on the roster and with the relevant skills and experience to meet the needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were supervised in their work and there was a system of staff development in place. However, sufficient evidence was not available to provide assurance that all staff had attended mandatory training and were able to carry out safe and effective care in accordance with current practice guidance.

Judgment: Substantially compliant

## Regulation 21: Records

Systems were in place to ensure that records, as required by the regulations were maintained, available, safe and easily accessible. However, these were not fully implemented in practice in that attendance sign-in sheets or completed training certification to evidence the attendance of staff at mandatory training was not available.

Robust recruitment processes were in place as part of appropriate safeguarding procedures but evidence of qualifications or accredited training were not on some staff records. It was also noted that some references were not dated or signed.

Judgment: Substantially compliant

## Regulation 23: Governance and management

A governance framework, to support effective management of the service and appropriate leadership to staff, was in place. Sufficient resources to deliver the service in line with the statement of purpose were available.

A report on the annual review of the quality and safety of care in the centre and evidence of consultation with residents and relatives was available.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Contracts of care were in place. However, in a sample reviewed the terms of residency for each resident was not identified in some.



Judgment: Substantially compliant

### Regulation 3: Statement of purpose

Copies of a written statement of purpose was available that broadly described the service provided in the centre. However, the document did not contain all of the information required by schedule 1 of the regulations. The following was omitted; the name of the registered provider and the arrangements for the absence of the person in charge. Further amendments were required to the organisational chart to ensure the information was accurate and up-to-date and reflects the roles and reporting structure of all senior managers.

Judgment: Substantially compliant

### Quality and safety

The inspector found there was a good standard of safe care delivered to residents in a respectful and personalised manner. Residents had access to broad team of medical, nursing and specialist rehabilitative services, with regular and timely referral when required.

This inspection found that the provider had addressed most of the actions identified as required from the last dementia thematic inspection in 2017.

Residents social needs were met through the provision of opportunities for meaningful engagement. A varied weekly activity programme was in place. A second, full-time, dedicated activity staff person was rostered to address actions arising from the last inspection. These included providing more opportunities for residents to engage in community social events and outings and to devote more time to residents who, due to frailty, incapacity or choice usually did not take part in the group activities.

The safety of residents was protected in the centre and advocacy services were available to residents to enable them to raise any issues of concern. Residents spoken with said they felt safe in the centre.

There was access to a broad team of medical, nursing and specialist rehabilitative services, and regular and timely referral to these services was found when required for residents. Clinical inputs on a part-time or sessional basis are provided on referral including: medical cover was provided from a consultant-led medical team in St Mary's Hospital in Phoenix Park, physiotherapy, dietitian, speech and language, podiatry and pharmacy. Access to consultant-level medical and psychiatric care was also available.

Efforts to establish and maintain a restraint-free environment were ongoing and a low level of use of restrictive practices such as bed-rails, lap-belts or recliner chairs was found. Residents were assessed to determine the most appropriate measures to ensure their safety, and alternatives to restraints were available. Actions arising from the last inspection, to evidence the clear rationale on which to base the decision to use a restraint, were fully addressed.

Improvements to care planning and assessments were also identified as required on the last inspection and were also addressed. The care plans in place to manage responsive behaviours were revised to ensure they gave appropriate guidance to staff. Regular review of all prescriptions for medicines, prescribed as part of a therapeutic regime for responsive behaviours on a p.r.n. basis (medicine given occasionally on an as required basis) was noted since the last inspection. This ensured more responsible and appropriate prescribing and administration with improved outcomes for residents.

Residents' rights were upheld in a variety of ways and they had access to advocacy services if required. A number of residents spoken with felt they had a meaningful routine and enough to do throughout each day. Residents had access to good information about the service and there was evidence that there were regular residents' meetings.

Risk and fire safety management systems were in place and implemented.

The design and layout of the centre was found to be appropriate to meet the needs of the current resident profile.

### Regulation 17: Premises

The centre was warm and well maintained and there was sufficient and appropriate assistive equipment available. The overall design and layout of the premises was appropriate to meet residents' needs as outlined in the statement of purpose. Actions arising from the previous inspection were addressed by the provider. This included the provision of over bed ceiling hoists and integrated wardrobes and lockers in all twin bedrooms to improve availability of space for staff and residents.

Judgment: Compliant

### Regulation 28: Fire precautions

Staff were familiar with the fire safety management systems in place, and records were viewed of drills that had taken place. Fire equipment and servicing of all aspects of the fire safety system was up to date.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Improvements were noted in samples of clinical documentation reviewed where comprehensive risk assessments, on which to base care plans, were found and there were efforts to plan and deliver care in a person-centred manner. Plans in place to manage needs associated with responsive behaviours were more specific and documentation including reviews and progress notes gave a more informed and clearer picture of residents' health management.

Judgment: Compliant

### Regulation 6: Health care

Medical, nursing and specialist services were available to meet residents' health care needs and regular and timely referral to these services was found when required for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

On review of a sample of clinical documentation, evidence of a clear rationale, on which to base the decision to use a restraint was available. A small number of restraints such as a bed rail, or an electronic device to monitor a resident's movement were in use. A risk assessment form was used to determine the suitability or requirement for use of the device. The inspector looked at several of these assessments and found that the alternatives considered, prior to using the device, were identified. Where alternatives were tried, the reason it was found not suitable was clearly stated.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding policies and procedures were in place and implemented to keep residents safe and were fully reviewed and compliant on the last inspection. The

arrangements for assisting residents to manage their finances were reviewed. The provider currently acts as a pension agent for a small number of residents. A small amount of comfort monies was held in safekeeping for other residents. This inspection found that systems and processes were in place to ensure residents' finances were protected and appropriate accounting procedures that ensured transparency in all transactions were implemented.

Judgment: Compliant

### Regulation 9: Residents' rights

Improvements to the frequency of individual and group outings and to the provision of one-to-one time for purposeful or meaningful stimulation for all residents who required it was found. Additional staff resources were provided to address actions arising from the last inspection.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Navan Road Community Unit OSV-0003709

Inspection ID: MON-0022382

Date of inspection: 28/06/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>Original Registration Pack was not forwarded to the Social Care Division/Residential unit from the generic HSE enquiry email address in which it was sent; in the appropriate timeline which resulted in the Residential unit breach. As soon as this matter was realised the relevant documents have been returned to HIQA by the following dates.</p> <p>Completed Registration Pack submitted – 19<sup>th</sup> May 2018.</p> <p>Registration Fee Paid and released - 13<sup>th</sup> July 2018.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training Certificates have been located. Same to be placed on Staff personnel files.</p> <p>Master copy of all training completed, dates of completion and copies of certificates to validate training will be held by the PIC/PPIM.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Sign in Sheets and evidence of attendance of Staff at mandatory training are now available.</p> <p>Master copy of all training completed, dates of completion and copies of certificates to validate training will be held by the PIC/PPIM.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All Contracts of care are currently being amended and the terms of residency will be clearly stated.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Organizational Chart has been amended as required. In the absence of the PIC the CNM2(PPIM) will “act up” and this will be added to the Statement of Purpose.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Yellow	13-07-2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	09-07-2018
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	Substantially Compliant	Yellow	09-07-2018

	the Chief Inspector.			
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	10-08-2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20-07-2018