

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Navan Road Community Unit
Centre ID:	OSV-0003709
Centre address:	Navan Road, Dublin 7.
Telephone number:	01 827 6800
Email address:	
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michelle Forde
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	39

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
23 June 2015 12:00	23 June 2015 15:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 06: Absence of the Person in charge
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This announced inspection took place in response to an application for registration. The application was made by the provider nominee on behalf of the Health Services Executive (HSE) subsequent to the completion of refurbishment of the centre formerly known as Cuan Ros. The application was for 39 persons to be accommodated in the centre.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All required documents were submitted by the provider and were found to be satisfactory.

The inspector met with the Director of Nursing services within the HSE Services for North Dublin as the person in charge was on leave. An inspection of the building was also carried out and documentation such as staffing rosters and proposed admissions schedule were reviewed.

The design and layout of the building was noted to be furnished and decorated to a good standard and provided a comfortable living environment. However limitations were found in the size and layout of some of the twin rooms in relation to circulation space and the proposed resident profile would require careful consideration in order to ensure they fully met the needs of the proposed residents. The provider intends to facilitate only those residents with low to medium dependency needs in these twin

rooms. This is clarified in the centre's statement of purpose. A full registration inspection covering all regulations within an 18 Outcome framework could not be undertaken at this point as the centre was not occupied.

The determination of fitness of the provider nominee and person in charge was previously and successfully undertaken by the Authority with the provider nominee and the person in charge.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose set out the services to be provided and reflected the design and layout of the building. It included the maximum number of residents the centre intends to accommodate and the staffing to be provided.

The document meets the requirements of the Regulations and Schedule 1 in all other respects. Copies were available.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There is a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The overarching management structure includes the provider nominee who is a senior manager within the HSE North

Dublin area and is also the nominated person for other older person's services. She is supported by a Director for Nursing Services Clinical Practice Development Co ordinator and a services manager, all of whom provide support to the person in charge. The operational management within the centre includes the person in charge who is supported by four clinical nurse managers. There is an identified person to replace the person in charge in the event of an absence.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The person in charge occupies the role of Assistant Director of Nursing within HSE Older Persons Services and previously engaged with the process to determine fitness as part of the registration inspection of an existing centre in January 2015. She previously deputised in the role of person in charge and demonstrated sufficient knowledge of the legislation and statutory responsibilities associated with the role. It was also found that as a senior person participating in management she was engaged in the governance, operational management and administration of that centre on a regular and consistent basis.

The person in charge along with the staff and residents of that centre will be transferring to the Navan Road Community Nursing Unit.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A clinical nurse manager has been identified to replace the person in charge. This person has the required qualifications and experience necessary for the role. All required documentation was provided to support information provided.

A fit person interview could not be undertaken at this time but it is proposed that suitability be determined through ongoing engagement with the regulatory process.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

As this centre is not yet open to residents all lines of enquiry could not be determined.

Fire compartmentalisation was in place and electro-magnetic doors were provided which closed automatically once the fire alarm was activated. All internal doors were fire retardant. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting and fire fighting equipment was provided throughout the building. Directional signage, appropriate fire procedures and exit directions were available throughout the building. The main fire panel was located at the reception desk at the main entrance. This reception area is to be staffed daily from 08:00 for a twelve hour period. A second fire panel is located at the main nurses' station in the centre of the building on the east wing. CCTV monitored the exterior of the building with viewing monitors also situated at this station and remote phone with viewing panel linked to the entrance door keypad was waiting to be connected which would enable staff screen visitors to the centre and allow remote access.

A health and safety statement and policy and a risk management policy were available and identified the responsibilities of the management team for management of health and safety and risk and addressed the measures in place to control risks including accidental injury, aggression and violence.

The internal and external premises and grounds of the centre appeared safe and secure, with key pad locks installed on all exterior doors and a register of visitors was available

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

All lines of enquiry could not be included as the centre is not yet open. Suitable facilities and processes for the storage, administration, disposal or return of medication were found to be in place. The inspector saw that a double locked cupboard was available in the room designated as a clinical therapy room for the storage of controlled drugs. A medication fridge which had a digital temperature display, medication trolleys and other required medical stocks equipment and supplies were also available. A recognised pharmacy company with a contract to provide pharmacy services to other HSE services has been engaged to provide services to the centre.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

All lines of enquiry were not followed as the centre is not yet open. A medical officer is contracted to work at the centre up to twelve hours per week and will attend the centre on a regular basis. Residents will also be facilitated to retain their own general practitioner (GP) if they prefer or avail of the centre's medical services. An out of hour's service will be provided through DDOC. Access to allied health

professionals on a referral basis such as physiotherapy, speech and language therapy dietician, geriatrician and palliative care, chiropody, dental and ophthalmic services has also been established.

Pre-admission assessments will be completed for all new residents to ensure the needs of the potential resident can be met.

A variety of activities for residents are described in the statement of purpose which included exercise classes, music sessions, art and craft therapy and card/board games available on a daily basis.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Navan Road Community Nursing Unit is located in a mature and quiet cul de sac beside a residential estate just off the main Navan road at Ashtown Gate in Dublin.

The building is a single storey which has been extensively refurbished and finished to a high standard. All windows were fitted with restrictors for safety purposes.

The main entrance door opens into a small foyer with reception desk. The corridor divides left (East) and right (West) wings.

Main administration and person in charge offices, meeting room, store room and accessible visitors w.c. are situated on the corridor close to the main entrance.

The west wing contains; 8 single and 6 twin bedrooms. It also contains; A large sunny sitting room with appropriate comfortable seating TV's call bell system and activities area. Two assisted w.c.s are located just off the sitting room. The main large dining room area with servery, kitchenette and clean up area. A separate activities room and visitors room. Two large assisted shower rooms, one with parker bath, two separate w.c. two store rooms, nurses station and office.

The east wing contains 7 single and 6 twin bedrooms. It also contains; smaller sitting room and separate quiet room, oratory, hairdresser's room, cleaner's store room, sluice room, two large assisted shower rooms, one with parker bath, separate w.c. laundry,

main kitchen and staff dining area two store rooms, main nurses' station and office. The sitting rooms contained comfortable seating at an appropriate height to enable ease and safety during the transition from sitting to standing. The seating had been chosen with advice from an occupational therapist.

All bedrooms both twin and single were equipped with a profiling bed, locker, built in wardrobes, wall mounted TV and call bell system.

Each single bedroom contained a wash hand basin (w.h.b.) and each twin room contained two wash hand basins. Three of the twin bedrooms contained over bed ceiling hoists. Two single rooms have full shower ensuites and a further 8 have ensuites with w.c. and w.h.b. only. Each full ensuite contained w.c. whb dished wheelchair accessible shower area. All ensuites' were fully tiled with safe Altro flooring, ventilation and call bell. There are a total of 15 single rooms. 8 are of similar size and met the recommended space requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland. The remaining 7 exceeded the recommended space requirements of the National Quality Standards.

There are 12 twin rooms of which 4 contain over bed ceiling hoists. None contain ensuite facilities. .

The inspector was informed that all of the twin rooms met or exceeded the space requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland. These measurements did not include the furnishings and fittings. When these were accounted the space did not meet the recommended size. On viewing the rooms and measuring the largest and smallest twin rooms it was noted that there was limited circulation space for two persons. This space would be further compromised where residents using the rooms may require additional mobility aids such as walking frames, rollators, transit or powered wheelchairs.

In discussions with the director of nursing services and subsequently with the person in charge, both acknowledged the limitations of the twin rooms in that these rooms would not be suitable for persons with high or maximum dependency needs. The provider has referenced this in the centre's statement of purpose and stated that the twin rooms will only be used to provide a service to persons with low to medium dependency needs.

Staff changing facilities were appropriate with separate change areas for male and female staff and also separate change facilities for the catering staff team.

A clinical treatment room facility was available if required by visiting clinicians.

The laundry was a large room with sufficient automated washing and drying machinery of industrial size and with high temperatures for washing soiled laundry.

There was suitable racking storing ironing and sorting facilities, stainless steel sink with double drainer and separate wash hand basin.

Although there were two forms of access/egress to the laundry. There was only one internal doorway. This means that there is no separate entrance for soiled and clean laundry but sufficient space to separate soiled and clean laundry was available. This was discussed with the director of nursing and the services manager who are aware that appropriate processes to ensure separation of soiled and clean laundry is required.

The clean store room had space to store cleaning trolleys, buffers hoovers and sangeenic bins. Cleaning chemicals dispensing system sluice sink and wash hand basin. The room contained mechanical extraction ventilation.

Both sluice rooms contained stainless steel sluice sink and drainer, appropriate racking

for urinals and bedpans, bed pan washer and wash hand basin

Other utilities included; Large main kitchen with dry and cold food store rooms; separate change and shower facilities offices and service entrance/exit and electrical plant room.

A rear enclosed garden accessible via a patio door beside the quiet room provided a secure and relaxing space to enable residents enjoy the outdoor landscaped garden and safe walk ways.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A satisfactory admission plan with a proposed roster devised to accommodate admissions over a 4 week period with incremental increases in staffing levels and skill mix was provided by the person in charge. The plan outlined that no more than two residents would be admitted daily and no admissions would take place at weekends.

The inspector was told that the resident group to whom a service is to be offered are currently resident in another centre which is being temporarily closed for renovations. The person in charge and all of the staff are transferring with these residents and are very familiar with their needs, personalities and family supports.

The staffing and skill mix outlined was based on their knowledge of this resident group as well as the experience of the person in charge. Assurances were given that the staffing and skill mix would be reviewed on a regular basis to ensure the needs of clients are matched by the staffing levels, skill mix, qualifications and experience of staff.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Navan Road Community Unit
Centre ID:	OSV-0003709
Date of inspection:	23/06/2015
Date of response:	10/07/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were limitations to the circulation space for residents of twin rooms. The space available was not suitable to safely or appropriately manage the needs of persons with high or maximum dependency requiring assistive devices and more than than one staff member with all activities of daily living.

Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

We have revised our Statement of Purpose to state that we will only accommodate low to medium dependent clients in these twin rooms. Residents/clients needs will be individually assessed prior to been allocated one of these rooms.

Proposed Timescale: 09/07/2015