Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Navan Road Community Unit
Name of provider:	Health Service Executive
Address of centre:	Kempton Housing Estate, Navan Road, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	16 May 2024
Centre ID:	OSV-0003709
Fieldwork ID:	MON-0043677

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Navan Road Community Unit is located on the Navan Road on the outskirts of Dublin close to the Phoenix Park. It is well serviced with amenities including the park, restaurants, pubs, shops and churches. It provides long term and respite 24-hour general care to males and females over the age of 18 years. The service is provided by the Health Service Executive (HSE) and admissions are referred through the Department of Medicine and Psychiatry of Old Age teams in the acute and community services. The centre has a team of medical, nursing and other allied health professionals to deliver care to residents. The centre contains 16 single and 11 twin bedrooms with several communal rooms for residents and relatives use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 May 2024	10:30hrs to 18:30hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended) and to inform decision making regarding the renewal of the registration for the designated centre. The inspector was met by the Director of Nursing (DON), who facilitated the inspection. This inspection included a focused review of the premises and fire precautions. The centre is registered for 37 residents, with 32 residents living in the centre on the day of inspection.

Navan Road Community Unit is within a purpose built single storey building, in a residential area on the Navan Road. The centre comprises two units known as The Lynn Wing with 19 beds and O'Farrell Wing with 18 beds and an isolation room. The accommodation comprises of 15 single bedrooms and 11 twin bedrooms and an isolation room. Some of the single rooms had en-suite bathroom facilities. There are a number of communal spaces within the building.

During the walk-through of the centre, the inspector observed the centre to be clean, warm and well ventilated, and the fabric of the centre was mostly in good condition. Externally the garden areas were well maintained, however support columns in the rear garden had a lot of paint flaking from the surface.

Each unit in the centre had a different colour scheme for the walls and doors and this facilitated way finding and circulation through the building. Residents had personalised their bedroom with photographs and personal items.

Inside the entrance to the centre, there is a reception which leads to the main circulation corridors. In the reception there is a screen with shows images and videos of activities and celebrations experienced by the residents. To the right leads to the main day room with dining room beyond that. The main day room leads to the front outdoor space. The fences in the outdoor space were recently painted. Residents had undertaken a project to paint the small storage shed in this space. There were new benches and seated areas and planting with a decorative sculpture in the centre. The homes pet, which was a rabbit, roamed freely in the outdoor space. The day room had a glazed area which looked out onto this garden. To the left of the entrance, there was a second smaller day room. This contained a 'reminiscence car'; this contains a screen where recordings of a road journey or experience can be played for residents from areas they are from. To the rear of the building, there is a hair salon and two themed rooms for residents. 'Dirty Nellies' is a room set out like a pub and has a memorabilia on the walls, a large mural, a bar counter and card table. The inspector was told that the residents enjoy sports events and pub quizzes in this space. There is also a fifties themed room with a piano and furniture, fittings and wallpaper of the time. The inspector was told this is a popular room for coffee mornings and afternoon tea. The inspector observed a number of residents in the small activities room to do some baking with the activities staff, which was for a coffee morning the following day. There was a

further outdoor space to the rear. There was a big effort to make this space interesting for residents. There were painted shop fronts, and the area had various seating areas. The inspector observed this area to be used by residents and their visitors on multiple occasions during the inspection. There was a smoking shelter in this area, however there was no call bell, extinguisher and the fire blanket was not secured in place; it was loose on the bench. The furniture in the smoking area required maintenance as the paint was flaking from the surface.

Overall there was a relaxed and calm atmosphere in the centre; residents were seen up and about and were seen moving freely in the centre, supported by staff who were caring and did not rush residents when assisting them. Residents received visitors throughout the day and there was plenty of areas, both internally and externally, for residents to meet with visitors away from their bedroom.

Escape routes were kept clear, however there was a padlock on the gate from the enclosed area by the laundry; two exits led to this area.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There were good management systems in place, which mostly identified and responded to risk; however, improvements were required in some aspects of fire safety management.

The Health Service Executive (HSE) was the registered provider for Navan Road Community Unit. There was a senior HSE manager nominated to represent the provider. The Director of Nursing had oversight of this and two other designated centres. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers, nurses, health care assistants, household and administration staff. Maintenance was looked after by HSE maintenance.

All but two staff were up-to-date in their fire training and they are both scheduled to complete fire safety training in the coming weeks.

The oversight of maintenance to fire doors in the centre required improvement. While upgrade works had been completed to the fire doors, gaps were observed and some automatic closers were observed to be either removed or disconnected. The escape strategy was not clear in some areas, in the scenario where escape is required beyond the next compartment and to the outside. There were four final exits available, it was not clear from staff and management that two of the exits would be part of the evacuation strategy. These were adjacent to both the kitchen

and laundry and led to an area which had a locked gate.

There were some risks not included on the risk register, for example the use of the oven by residents within the activities room.

Regulation 23: Governance and management

The management systems in place required improvement to ensure the service provided is safe, appropriate, consistent and effectively monitored, this was evidenced by;

- the deficits to fire doors and were not maintained to ensure they performed as required
- the ambiguity regarding the use of two exits in the evacuation strategy
- some service records for fire safety equipment was not available for review

Judgment: Substantially compliant

Quality and safety

Overall there was good oversight of fire safety risks and fire safety management, and staff were knowledgeable on the evacuation strategy in the centre, however improvements were required by the provider to ensure the maintenance of fire doors in the centre so they would perform as required to contain fire. Action was required by the provider in relation to Regulation 17; Premises and Regulation 28; Fire Precautions.

There was an emergency evacuation plan in place and this was up-to-date. There was also an evacuation procedure in place and this was well laid out and clearly described the procedure to follow in the event of a fire. It included detail on what to do upon discovery of a fire, who is in charge and who should call the fire brigade. It described the progressive horizontal evacuation strategy. It clearly detailed the additional duties assigned to specific personnel roles. There was also a fire action policy and fire prevention policy, both of which were in date.

Immobile residents are evacuated either in their bed, or with the ski sheet and mattress (fitted to all beds). The inspector was told some bed types are difficult to get out and in these scenarios, the ski sheet and mattress would be used, or a wheelchair depending on the personal emergency evacuation plan (PEEP) for the resident. The PEEPs did not reference bed evacuation.

The building was subdivided into fire compartments to facilitate progressive horizontal evacuation, with the largest fire compartment in the O'Farrell wing having

up to 12 beds and an isolation room. Frequent drills were being practiced, however there was no record of a drill simulating the evacuation of the largest compartment (12 beds) when staffing levels are lowest. Therefore assurance was required that there were enough resources to safely evacuate residents. The drills simulated residents according to their PEEP, but the drills lacked detail to determine the full outcome of the drill, for example, where residents were evacuated to.

Overall the premises was in good condition; some furniture and the support columns had paint flaking off and required maintenance.

The inspector saw a daily checklist for fire fighting equipment, means of escape and fire prevention and this was logged and up to date. Some sections in the fire register were not fully logged including the fire door inspection sheet.

Regulation 17: Premises

Action was required to meet the requirements of the regulation 17 and Schedule 6, for example;

- within the isolation room, which is designated as single occupancy, the tracking for privacy curtains was still in place from when the room was twin occupancy
- the position and height of the shower head within an ensuite, meant that showers could only be taken in the seated position
- there was no call bell within the isolation room
- there was no call bell at the smoking shelter
- the bed pan washer within a sluice room was awaiting replacement
- within the sluice room, there was a hole in the plasterboard to access a water valve and this was not repaired.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider was not taking adequate precautions against the risk of fire, nor adequately reviewing fire precautions, for example

- the smoking area was not adequately equipped with safety equipment
- the lint screen in the laundry dryer had not been cleared and had accumulated a thick layer of combustible lint. There was no checklist to show it was being cleared
- access to the fire alarm panel was obstructed by a photocopier machine
- the door to the activities room was propped open. While this was done to avoid the risk of the closing device causing injury to residents, the method of

holding the fire door open was not appropriate. Where a fire door is required to be held open, it should be fitted with a device which will release on activation of the fire alarm system to ensure it would close to contain a fire. This was also a risk to the fifties room as there was a door wedge beside the fire door.
- the door to an office was propped open with a trolley

The provider was not ensuring an adequate means of escape was provided, including emergency lighting, for example:

- while there were four main exits from the ground floor, two of the exits led to an enclosed yard area and the gate was locked with a key. There was no specific system to manage the keys to this gate to ensure it could be opened in the event of a fire. These two exits did not form part of fire drills and the inspector was told that they would not be escape routes for residents
- it could not be confirmed that there was adequate emergency lighting along external escape routes to ensure safe escape to the assembly point.

The measures in place to safely evacuate residents required action. The PEEPs detailing the evacuation needs of residents did not reference bed evacuation; the inspector was told that where feasible the bed would be used and if the bed was difficult to evacuate, the ski sheet would be used..There was no record of a drill simulating the evacuation of the largest compartment (12 beds) when staffing levels are lowest. Furthermore, there was no record of a drill testing the external escape routes to ensure they were fit for purpose.

The arrangements in place for maintaining fire equipment, means of escape, building fabric and building services were not adequate. The inspector observed a significant number of fire doors with gaps that would not contain the spread of fire and smoke. Some of these included where the ironmongery on the door interrupted the smoke seal in three locations along the height of the door. There were also missing smoke seals to some doors. The inspector saw a number of fire doors where the door closer was either disconnected or removed. The automatic door closer ensures the fire door will close in the event of a fire.

Action was required to ensure adequate containment and detection of fire, for example;

- deficits to fire doors was impacting fire containment. In particular the doors to the kitchen and kitchen lobby required action
- the small leaf of some bedroom doors were not fitted with an automatic closing device. This meant that staff would be required to remember to close and latch this leaf during evacuation
- there were service penetrations for comms equipment in the fire rated ceiling of the meeting room, which required sealing up. The fire sealing product in the electrical room had minor movement and required re-sealing
- the service report for the fire alarm system included recommendations for additional detection within skylights and some toilets.

Judgment: Substantially 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
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Navan Road Community Unit OSV-0003709

Inspection ID: MON-0043677

Date of inspection: 16/05/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The designated centre has the following structures in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

• All safety management systems will be included on the agenda of the Assistant Director of Nursing (ADON) monthly management meeting.
• This includes monitoring and tracking of the fire safety management system and risk management system.
• The follow-up and close out of actions from the inspection process will be monitored through this monthly meeting.
• In addition, fire safety will be monitored as part of the Quality Safety Walk-Round programme.
• A regular schedule of meetings between the PIC and the HSE Maintenance manager will be established by 31/07/2024. Actions arising from the inspection process will be monitored through this meeting. Any unresolved actions will be escalated to the Director of Nursing (DON) and Registered Provider Representative (RPR).
• The emergency evacuation strategy was reviewed by the CHO Fire Officer on 28/06/2024. The centre emergency evacuation plan describes the progressive horizontal evacuation strategy. It was advised that in extreme situations it would be necessary to use the two exits that lead to the gate. This area provides an area of relative safety. The key padlock will be replaced with a combination lock. All staff will know the combination. This will be in place by 31/07/2024. Fire evacuation drills will be completed which will include this strategy. The first drill will be completed by the 31/07/2024.
• Service records were provided to the inspector after the inspection. Service records for fire safety equipment are held centrally by the HSE Capital and Estates Team and the PIC can access these records on request.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The centre will complete the following actions to meet the requirements of Regulation 17 and Schedule 6;

• The tracking for privacy curtains in the isolation room will be removed by the HSE Maintenance Team by 31/07/2024.
• The shower head positions in the two en-suite bathrooms will be reviewed by the HSE Maintenance Team to determine a suitable alternative fixture to accommodate both seated and standing showers. This will be completed by 31/08/2024.
• A call bell was replaced in the isolation room on 20/05/2024.
• PIC to liaise with the external contractor for the call bell system to install a call bell facility at the gazebo. This will be completed by 30/09/2024.
• The bed pan washer in the sluice room was replaced on 14/06/2024.
• The hole in the plaster board in the sluice room will be repaired by the HSE Maintenance Team by 31/08/2024.
• The support columns in the rear garden to be re-decorated by 31/08/2024.
• The furniture in gazebo/resident's smoking area to be re-decorated by 31/08/2024.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The centre will complete the following actions to comply with Regulation 28;

• The fire blanket was secured in place at the gazebo/resident's smoking area on 03/06/2024. A fire extinguisher will be secured in place by the 31/07/2024.
• The lint screen in the laundry dryer was cleaned on 16/05/2024. A checklist is in place to ensure it is cleaned on a daily basis. This was completed on 20/05/2024.
• The photocopier machine has been relocated to ensure that the fire alarm panel is unobstructed. This action was completed on 21/05/2024.
• Staff have been reminded that it is not acceptable to hold open a fire door at any time. Compliance is monitored as part of the daily fire safety checklist completed by designated staff.
• Free swing automatic closing devices have been installed on the doors of the Activities room, office and Fifties room to allow ease of access while maintaining fire safety. This was completed on 21/06/2024.

To ensure an adequate means of escape is provided, the following actions will be taken;

• The key padlock will be replaced with a combination lock. All staff will be informed of

the code. This will be completed by 31/07/2024. Fire evacuation drills will be completed which will include evacuation to this external area. The first drill will be completed by the 31/07/2024.
• The external escape routes were reviewed by the CHO Fire Officer on 21/05/2024. Additional emergency lighting was installed in the external area to ensure safe escape to the assembly point. This action was completed on 28/06/2024.

To ensure measures in place to safely evacuate residents, the following actions will be taken;

• All PEEPS were reviewed and were updated to include bed evacuation. This was completed on 02/07/2024.
• An evacuation drill of the largest compartment with lowest staffing levels will be conducted. This will be completed by 31/07/2024.
• An evacuation drill testing the external escape routes will be conducted. This will be completed by 31/08/2024.
• A planned schedule of quarterly fire drills at the centre will be established to ensure that every compartment and external escape routes are practiced. These will be conducted during different shifts to reflect different staffing levels. All staff will have an opportunity to participate in fire drills. This schedule will be reviewed and revised to reflect changes to the premises, staff or needs of residents. A fire drill report will be completed after each fire drill. This will be reviewed by the PIC and provided to the DON and CHO Fire Officer.

To ensure adequate means of escape, fire equipment, containment and detection of fire at the centre the following actions will be completed;

• The CHO Fire Officer has completed a preliminary inspection of the fire doors at the unit on 21/05/2024 and work has commenced to address the issues identified.
• A full service and maintenance of all fire doors will commence on 03/07/2024 by an external provider and this will be completed by 30/09/2024.
• There will be a full annual review and service of all fire doors completed by an external provider to ensure ongoing compliance.
• A daily and weekly check of all fire doors will be completed by designated staff. This will be recorded in the fire register and any deficits will be reported to the HSE Maintenance Team.
• An automatic closing device will be fitted to the relevant bedroom doors. This will be completed by 31/07/2024.
• The penetration in the ceiling in the meeting room will be sealed by 31/07/2024.
• The fire sealing product in the electrical room will be re-sealed by 31/08/2024.
• The CHO Fire Officer is currently reviewing the fire detection system at the centre. Any recommendations from this review will be implemented. This will be completed by 30/09/2024.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2024
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	31/07/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/09/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	30/09/2024

	containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/08/2024