



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

Issued by the Chief Inspector

Name of designated centre:	Anovocare Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Stockhole Lane, Cloghran, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	13 February 2023
Centre ID:	OSV-0005191
Fieldwork ID:	MON-0039305

About the designated centre

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

AnovoCare Nursing Home is a purpose-built facility located in a countryside setting while remaining in close proximity within the local metropolitan community. The centre is registered to provide residential care to 89 residents, both male and female, over the age of 18 years. It provides care on an extended/long-term basis as well as transitional, step down, respite and convalescent care basis. Residents with health and social care needs at all dependency levels are considered for admission. Care is provided to residents with varying facets of cognitive impairment and dementia; residents with features of physical, neurological and sensory impairments and residents with end-of-life and mental health needs. Residents are accommodated on two floors. There are 71 single and nine twin bedrooms all with their own en-suite bathroom facility. This modern building has its own inner courtyard and secure landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home. AnovoCare Nursing Home is situated in the North Dublin region close to the vibrant villages of Malahide and Swords. There is close access to hotels, restaurants, pubs, local park lands and shopping centres. There is an established bus service to and from Stockhole Lane.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84
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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
Monday 13 February 2023	08:50hrs to 18:45hrs	Arlene Ryan	Lead
Monday 13 February 2023	08:50hrs to 18:30hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

From what inspectors observed and the general feedback from the residents who spoke with inspectors, it was apparent that residents were satisfied with the care and service provided. The inspectors noted staff to be responsive and attentive without any delays in attending to residents' requests and needs. The inspectors observed residents moving freely around the centre, with some residents observed attending the sitting rooms. Residents appeared well-groomed, and the inspector saw that staff were respectful and courteous towards residents, with many positive interactions between staff and residents observed.

On the day of inspection the inspectors were met by the reception staff and assistant director of nursing. The monitoring of temperatures and signs and symptoms of COVID-19 was undertaken on entering the nursing home.

Following an introductory meeting, the inspectors did a walk around the nursing home accompanied by the person in charge and assistant director of nursing. There was a large central foyer which held the reception desk, a communal seating area and a large coffee shop for both residents and visitors use. The sitting area was styled like a living room with armchairs, pictures tables and a fire place. The foyer had an active and vibrant atmosphere throughout the day with many residents and their families chatting over a cup of coffee or tea. There was a hair salon based in this area and staff informed inspectors that the hairdresser visited twice a week.

There were a number of other dining and sitting areas throughout the centre and residents were using these throughout the day. Inspectors noted that there was dementia friendly signage throughout the centre to aid residents to orientate.

The residents who spoke with the inspectors were very complimentary of the care they received. Some had external appointments coming up and were pleased that their medical needs were being met by the team organising these appointments. They also said that they chose when they wanted to get up in the mornings and when they went to bed. Visitors who spoke to inspectors reported that care had deteriorated last year due to pressure on staffing due to vacancies but that it was now improving as new staff had been recruited. They also described how outdoor activities were limited and that the raised beds had not been planted for two years.

Inspectors observed that the nursing home was clean and tidy and that the housekeeping staff were engaging with the residents as they undertook their duties. Residents also commented on this, saying that their rooms were cleaned every day and that they were happy with this arrangement. One resident commented that their room was 'spotless' and that they had enough space to store their clothes and belongings. Inspectors observed that residents had nicely decorated bedrooms with their own personal memories on display. The rooms were clutter-free which enabled effective evacuation if required.

The residents told inspectors that they enjoyed their food and had a good choice available to them. Drinks were offered frequently and they could request food or a drink at any time. There were multiple dining areas throughout the centre. Some residents chose to eat in their bedrooms and this was facilitated by staff. Inspectors observed staff promoting residents' independence at mealtimes and providing assistance when required in line with best practice. Inspectors noted that one of the dining rooms was well laid out, clean and tidy. However, inspectors found that another dining room was not clean with visible dirt on the floor, dirty bins and brushes and rust on the microwave. They informed the person in charge and housekeeping staff promptly attended to clean this area.

Residents had access to a large courtyard in the centre of the building. Access was through doors in the coffee shop and the activity room. Post-winter maintenance was required to ensure any fallen debris, such as leaves, was removed and furniture cleaned for residents' use. Inspectors saw a pet rabbit who lived in this area along with a hutch and food bowls. Some residents and visitors told the inspectors that sometimes they were not able to go outside to the main gardens to do planting in the polly tunnel as access was restricted. They were looking forward to doing this activity again in the coming year.

When asked about visiting, the residents who spoke with the inspectors said that the previous years had been difficult, however they were pleased that visiting was back to normal and had not experienced any difficulties. Their visitors were able to come and go as they pleased. The person in charge informed the inspectors that in general visiting at mealtimes was discouraged to allow residents to enjoy their meals, however a number of family members came to assist their loved ones with eating and drinking at these times and this was facilitated by the staff.

There were two activity staff employed to facilitate activities with residents on a daily basis and some residents were seen to be actively engaged in group activities. A schedule of activities was available for the residents on the different floors. In the afternoon, inspectors observed that activities were taking place on the ground floor and residents on the first floor came downstairs to participate. However, those residents unable to go to the ground floor remained on the first floor and were observed watching television in the sitting room but not engaging in any meaningful activities.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall inspectors were assured that the residents were supported and facilitated to have a good quality of life living at the centre. Good leadership, governance and

management arrangements were in place. The service was led by the person in charge and was supported by the assistant director of nursing and director of clinical care on the day of inspection. Some improvements were required in relation to the premises, residents' rights and infection control practices.

The purpose of this unannounced inspection was to monitor ongoing compliance with the regulations and to review an application submitted by the registered provider to vary conditions 1 and 3 of the current registration. This was to increase the numbers of residents in the designated centre through the provision of an additional 23 bed spaces, additional communal spaces and store rooms on the second floor. The second floor unit was almost complete when the inspectors inspected the centre. The inspectors required some additional documentation and assurances in order to support this application following the inspection.

Costern Unlimited Company is the registered provider for Anovocare Nursing Home, and is part of the Trinity Care group. The senior management structure was clear with a management team comprising of the chief executive officer, a human resources director, clinical operations manager and the person in charge. There is a governance structure in place which identified clear lines of accountability and responsibility. The person in charge worked full-time in the centre and was supported in their management role by an assistant director of nursing and two clinical nurse managers. Other staff members included nurses, healthcare assistants, activity, catering, household, maintenance and administration staff.

The person in charge submitted a daily report to the clinical operations manager outlining the daily activities within the centre including any updates, changes in the residents' clinical care, complaints and any maintenance issues. A review of the management meeting minutes clearly showed that the senior management team met on a regular basis and addressed a large agenda during this meeting. In addition to regular staff meetings, staff participated in a daily huddle to discuss updates and any concerns.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the provider. The systems included a comprehensive auditing programme which was regularly reviewed and had led to improvements in practice. In addition, external auditors had undertaken environmental audits to assist with the designated centre's quality improvement plan. The assistant director of nursing had increased the number of medication audits and action plans showed improvements all round.

A review of staffing levels showed that a good number of new staff across all disciplines had been recruited in recent months. The use of agency staff was minimal and the provider was on-boarding additional nurses, healthcare assistants, housekeeping and catering staff in preparation of opening the additional 23 beds on the second floor. A third activities person post was advertised for the additional floor.

The assistant director of nursing and clinical nurse managers were supernumerary and available to provide oversight of care for the residents. They were involved in

both clinical and non-clinical audits and the audit programme was overseen by the person in charge, who in turn reported this information to the provider's quality team.

Staff informed the inspectors that they had access to training and had completed their mandatory training. They said that they received reminders when any training was due and this was organised by the management team. The inspectors reviewed the staff training records and saw that where any training was about to expire, the staff had been booked in for refresher training. For example, 21 staff were booked for fire safety training approximately two weeks before their current training expiry date. Staff names were highlighted on the duty roster when their training was scheduled. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. Other training such as nutrition, was being rolled out for all nurses and healthcare workers.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary the registration of the centre and increase the bed capacity by 23 beds was received. The inspectors reviewed all the documentation received to support this application prior to the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the relevant experience and qualifications to undertake this role and was knowledgeable of their remit and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix was good to meet the needs of the residents. Staff were visible on the floor and attentive towards the residents. Call bells were answered quickly. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training records indicated that staff had undertaken their mandatory training and other relevant training. Training was scheduled for those requiring updates. All nurses had completed medication management training.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

The annual quality and safety review had been completed and contained input from the residents living in the designated centre.

The person in charge had the support of an assistant director of nursing and two clinical nurse managers, who were supernumerary in order to undertake supervision and management duties. Arrangements were in place for the assistant director of nursing to deputise for the person in charge when required.

Judgment: Compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home and that their healthcare needs were well met. Residents informed the inspectors that they were content, were well looked after by the staff and felt safe. Some further improvements were required in relation to the premises, infection control practices, and activities as detailed under the individual regulations, however the inspectors were satisfied that the residents were supported to enjoy a good quality of life in the centre.

Inspectors reviewed a number of residents' assessments and care plans. Each resident had a comprehensive assessment using a number of validated assessment tools and care plans were prepared within 48 hours of admission. Care plans were reviewed within a four month time frame as per the regulatory requirements.

Residents' care records showed that residents had good access to a general practitioner (GP) and allied health care. A physiotherapist was available through the general practitioner referral system, however, the managing team informed the inspectors that a physiotherapist was in the process of being recruited to work fulltime in the centre. Residents told inspectors that they were able to see their doctor when they needed to and had access to other services such as physiotherapist and chiropody. They said that staff arranged their hospital appointments.

The inspectors spoke with the housekeeping staff on duty. They were knowledgeable about their role and responsibility and were able to explain a number of cleaning processes including the process for cleaning and drying reusable spray bottles.

Clinical wash hand basins were accessible to staff in the designated centre and hand sanitisers were conveniently located throughout the centre. Good hand hygiene practices were observed among staff across all disciplines.

Inspectors saw that each resident had a personal emergency evacuation plan (PEEP) completed. These were kept at the nurses station and were easily accessible in the event of an emergency. Escape routes were clearly signposted and clear from obstruction. Records of daily safety checks were available to inspectors and the provider had completed a fire safety risk assessment for the premises. Inspectors observed that some of the fire systems required renaming in line with the second floor renovation. For example the fire panel still read 'attic space' while this had been changed to accommodate residents.

The new extension consisted of 23 single bedrooms. All of these bedrooms were well decorated and had an en-suite which contained an assisted shower, toilet and wash hand basin. The bedrooms were a good size and both the bedroom door and the en-suite doors were wide, enabling residents to be evacuated easily in the event of a fire.

Regulation 17: Premises

The following issues were identified which did not meet the Schedule 6 requirements:

- There were holes in the floor covering in the kitchen, reducing the effectiveness of cleaning.
- One sink was seen to be loose on the wall, which posed a safety risk.
- One room on the first floor required redecorating as the wall paper and painted walls were marked and scuffed.
- Oxygen cylinder were stored without the appropriate safety signage. This was rectified on the day of inspection.
- There was evidence of residents smoking on the balcony which was not a designated smoking area. This was confirmed by staff that some residents

went onto the balcony to smoke.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Water was available to residents in their rooms and staff were observed offering drinks to residents frequently throughout the day. The inspectors observed a dining experience in the centre. Staff offered a choice to the residents at mealtimes and there was an adequate number of staff available to assist the residents. Dietitian referrals and the implementation of recommendations were seen in the residents' care plans where appropriate.

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, the following issues were identified:

- One dining room and servery areas had dirt on the floor, the sink and bins were dirty and brushes and dust pans were dirty. The wheels on the trolleys in the kitchen area were dirty. The paint of the microwave was chipped and areas of rust were visible.
- Two sharps bins were not signed and dated in line with national guidelines to support contact tracing.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacy service and the pharmacists participated in regular reviews of the residents' medications. Documentation was sorted securely in the medication room and the controlled drug count was checked and found to be correct in line with the designated centre's process. Resident's allergies were recorded on the medication administration chart and those medications that required crushing were identified and prescribed by the general practitioner. A clear process was in place for the segregation and disposal of unused or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident's assessments and care plans were reviewed by the inspectors. Each had a thorough assessment using a variety of validated tools such as falls, nutritional and skin integrity risk assessments. Care plans were based on these assessments. Each record reviewed showed that the assessment and care plan was initiated within 48 hours of admission and they were reviewed and updated within a four month period. The care plans were person-centred, reflecting resident's individual needs and actual therapeutic interventions.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of healthcare and support in the centre. They had access to general practitioner (GP) services, who attended the centre regularly. Access to other allied health professionals such as tissue viability nurse, dietitian, speech and language therapy, physiotherapy, occupational therapy, palliative care, and other medical consultants was also available.

Judgment: Compliant

Regulation 9: Residents' rights

In general residents' rights were upheld. Residents had access to a television in their bedroom and access to newspapers and telephones.

However, some residents were seen not to have access to any meaningful activities during the afternoon. Minutes of the residents meeting in January 2023 recorded that residents requested more activities. On review of the activity records on the day of inspection less than half of the residents participated in the activities available in the morning and the afternoon, and staff reported that this was mainly the same group of residents. Two staff were employed to provide activities across the three floors in the designated centre and arrangements were not in place to cover the absence of activity staff. As a result there were gaps in activity provision and limited one to one activities for residents who could not participate in group activities.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Anovocare Nursing Home OSV-0005191

Inspection ID: MON-0039305

Date of inspection: 13/02/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The holes in the kitchen floor have been repaired. • The loosened sink has been fixed and secured on the wall. • The first-floor room, which required redecoration, has had the wallpaper removed, the wall painted and the room redecorated. • The oxygen cylinder stored without the appropriate safety signage has been addressed on th day of inspection. • The residents are no longer smoking on the balcony and those who smoke do so in the designated smoking area. This is well monitored by staff. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The dining room and servery areas, which include the sinks, bins, brushes, dust pans and kitchen trolleys, have been deep cleaned. A cleaning schedule was introduced, updated and maintained. • The housekeeping staff received appropriate training by an external provider. • The microwave oven was replaced. • The sharps bins are now signed and dated in line with national guidelines to support contact tracing. These are well monitored by CNMs. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• A further 25 hours of activities have been added to the previous activity hours.• A contingency plan is in place in the event of unexpected absence of the activity staff.• An HCA is also allocated daily to assist and ensure all residents who wish to participate in activities are facilitated.• The residents' preferences and capacities are reviewed.• The monthly meeting with the activity coordinators is conducted by the PIC and ADON to plan interventions and actions regarding residents' suggestions and the appropriateness of activities provided in the Centre.	

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	30/04/2023
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	28/02/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	28/02/2023

	activities in accordance with their interests and capacities.			
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