



**Health
Information
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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:	AnovoCare Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Stockhole Lane, Cloghran, Swords, Co. Dublin
Type of inspection:	Announced
Date of inspection:	24 February 2025
Centre ID:	OSV-0005191
Fieldwork ID:	MON-0037643

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 112 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 94 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:	107
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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
Monday 24 February 2025	09:00hrs to 18:50hrs	Lisa Walsh	Lead
Monday 24 February 2025	09:00hrs to 18:50hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy and liked living in AnovoCare Nursing Home. The residents spoken with were complimentary of the staff, management and the care and attention they received. Residents described the staff in complimentary terms including "great" and "friendly" and informed the inspectors "they look after us". Visitors who spoke with the inspectors provided equally positive feedback, referring to the high level of care received by their loved ones and the communication with them as family members. While praising staff, some residents referred to staff being very busy, and one resident and one family referred to long waiting periods for assistance or for telephones to be answered in the evening. Inspectors observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the day by staff and management. Staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre.

Inspectors arrived at the centre in the morning to conduct an announced inspection and were greeted by the person in charge and the assistant director of nursing. Following an introductory meeting, inspectors were guided on a tour of the premises. During the day, inspectors spoke with several residents and visitors to gain insight into the residents' lived experience in AnovoCare Nursing Home. Inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre is a three-storey building located in north county Dublin, close to Dublin airport. Residents are accommodated over the three floors, where there are 94 single and nine twin bedrooms. All bedrooms have en-suite shower, toilet and wash-hand basin facilities. The first and second floors have passenger lift access. Bedroom accommodation throughout the centre had a television, call bell, wardrobe, seating, and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs. Inspectors observed that some residents had memory boxes mounted outside their bedrooms, which contained personal memorabilia selected by the residents, and this helped them identify their bedrooms independently.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various rest areas and communal areas. These communal areas included a ground-floor open-plan reception area with a pleasantly decorated sitting room to the right of the entrance and a café area to the rear. There was a ground-floor lounge room and an adjoining dining room. Opposite the lounge, there was an activity room. A ground-floor prayer room offered residents space for quiet reflection. A hair salon was also available for residents, with a hairdresser/beautician visiting twice a week. On the first floor, communal space consisted of a day room,

an activity/dining room and a second dining room. There was also a designated visitor/family room on the first floor. On the second floor, communal space consisted of a dining room, sitting room and several seated alcoves with pleasant views overlooking the surrounding area.

Regarding outdoor space, the centre had an inner courtyard and secure landscaped gardens outside the ground floor lounge and dining areas. Both outdoor areas were seen to be well-maintained, with level pathways for residents to stroll. However, access to these outdoor areas was found to be restricted, which is discussed under Regulation 7: Managing behaviour that is challenging.

The provider had building contractors onsite on the inspection day who were converting three ground-floor rooms into bedrooms. The person in charge acknowledged that a complaint concerning noise had been received, which was being managed at the time of the inspection. Inspectors observed that the rooms where work was taking place were secured and inaccessible from inside the centre, and the surrounding corridor areas were clean and tidy.

Inspectors noted some fire safety concerns during the walk around the centre. In total, four oxygen cylinders were seen to be insecurely stored in three separate areas: the ground-floor nurses' station, first-floor nurses' station and first-floor drug store. Given the safety concerns, an immediate action was issued, and the person in charge addressed this matter.

While the centre was found to be inviting and pleasantly decorated to provide a homely atmosphere, the décor in some parts of the premises showed signs of wear and tear. Some bedrooms and ancillary areas were seen to have damaged walls and floors. The centre's interior was generally clean on the inspection day, and there was a marked improvement in cleaning and environmental hygiene noted since the February 2024 inspection. However some cleaning and storage practices required further improvement. These matters are discussed under Regulation 17: Premises and Regulation 27: Infection control.

Residents were up and dressed in their preferred attire. Some residents were engaging in activities that took place on the ground floor throughout the inspection. In the morning, inspectors observed 27 residents sharing jokes and proverbs with staff and each other. This activity was followed by an exercise class facilitated by the in-house physiotherapist. In the afternoon, residents partook in a Hawaiian-themed armchair exercise facilitated by the activities coordinator. Residents not engaging in group-based activities were observed hosting visitors in the café or their bedrooms. Residents were also seen reading newspapers and books, watching television or using their tablets and laptops.

Inspectors observed mealtimes in the dining rooms as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Residents confirmed they had been offered a choice of meal. Overall, residents were complimentary of the quality and quantity of food on offer. However, some residents said the food and drinks were served cold

occasionally, and one resident informed inspectors that sometimes meals not aligned with their dietary requirements were served.

Visitors were observed coming and going throughout the day. Residents and their visitors confirmed there were no restrictions on visiting. Visitors were observed engaging in the activities alongside their loved ones and also enjoying the café area on the ground floor. Overall, visitors spoken with were highly complementary of the staff and happy with the care provided to their loved ones.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted 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

While governance and management systems were in place to oversee the quality of care delivered to residents, and significant improvements were evident since the inspections in February 2024, further actions were required to ensure the service provided was appropriate, consistent and effectively monitored, as referenced within this report.

This was an announced inspection to assess the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the two previous inspections in 2024. The inspection also informed the provider's application to vary one of the conditions of their registration and an application to renew registration. Inspectors also followed up on unsolicited information that had been submitted to the Chief Inspector.

The registered provider had progressed with the compliance plan, and significant improvements were identified in governance and management, notification of incidents, staffing, infection control, individual assessment and care plan, managing behaviour that is challenging and residents' rights. Following this inspection, further improvements were required concerning several regulations, including governance and management, as outlined in the report. An immediate action was issued on the morning of the inspection concerning the insecure oxygen storage in three locations. The provider addressed these issues immediately when they were brought to their attention.

Costern Unlimited Company is the registered provider for AnovoCare Nursing Home. The senior management structure was clear, with a management team comprising the chief executive officer, a human resources director, a clinical operations manager, and the person in charge. There was 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, a physiotherapist, activity coordinators, chefs, catering, housekeeping, maintenance and administration staff.

The registered provider put systems in place to monitor the quality and safety of care. Communication systems were in place between the registered provider and management within the centre. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations. Governance meetings reviewed matters including admissions, falls reviews, pressure ulcers, incidents, infection control, restrictive practice, complaints, health and safety, fire safety and activities. The person in charge also meets with the registered provider once a month. Clinical team meetings take place to ensure all clinical matters are discussed. The centre had systems for tracking and trending incidents occurring and conducted investigations to understand and share learning regarding the causal and contributing factors for such incidents.

There was documentary evidence of audit and oversight systems within the centre to ensure the service was safe, appropriate, consistent and effectively monitored. Staff within the centre routinely collected and analysed data concerning call bell response times, the dining experience, care plans and infection prevention control. A new call bell audit had been introduced since the inspection in February 2024, which captured further information and clearly set out any actions that were identified. While the information collated on the call bell audit had improved, they had not identified extended wait periods which were observed by inspectors on review of the call bell system in place. While there were assurance systems in place, some of them were not effective in identifying areas for quality improvement.

An annual review of the quality and safety of care delivered to residents had taken place for 2024, in consultation with residents. Residents had been consulted in the preparation of the annual review through a residents' satisfaction survey and through residents meetings. The registered provider had also developed an action plan for 2025 following the annual review and had identified areas that required quality improvement.

Staff had access to appropriate training and development to support them in their respective roles. The provider had a comprehensive training programme supporting staff. All staff had completed mandatory safeguarding training, with the majority having also attended in person safeguarding training additionally. All staff had also completed mandatory fire safety training. Additional training was also provided to staff, for example, almost all staff had completed responsive behaviour training and all had completed restrictive practice training. All nurses had also completed care plan training.

Four staff files were reviewed. All staff files contained Garda Síochána (police) vetting, at least two references and identification. However, the personnel files did not contain all the documentation required to ensure safe and effective recruitment practices, which will be discussed under Regulation 21: Records.

Registration Regulation 4: Application for registration or renewal of registration
<p>The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was being reviewed.</p>
Judgment: Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration
<p>An application to vary condition 1 of the centre's registration was received by the Chief Inspector. The proposed variation was to change the purpose and function of the activity room on the first floor to an activity room/dining room. However, on review of the statement of purpose in conjunction with the application, further changes to the footprint of the centre were identified that had not been included in the application to vary the registration conditions. For example, a bedroom registered as a twin room was operating as a single bedroom and a bedroom registered as a single room had been operating as a twin room.</p>
Judgment: Substantially compliant
Regulation 16: Training and staff development
<p>Staff had access to training appropriate to their role. Records made available to the inspector found staff members were up-to-date with mandatory training in fire safety, infection control, responsive behaviour, and safeguarding vulnerable adults from abuse.</p> <p>Staff were appropriately supervised and clear about their roles and responsibilities.</p>
Judgment: Compliant
Regulation 21: Records
<p>Some improvements to records were required to ensure that personnel files contained all of the documentation required under Schedule 2 of the Health Act</p>

2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). For example:

- Two personnel files did not contain full employment histories.
- One personnel file did not have evidence of the staff member's professional qualification.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the provider had management systems to monitor the quality and safety of service provision, these oversight mechanisms required improvement to effectively identify deficits and risks in service provision and to continuously drive sustained quality improvement when risk was identified, for example:

- The management systems that provided assurance with respect to fire safety were ineffective. Consequently, an immediate action was issued on the morning of the inspection concerning the insecure storage of oxygen in three locations. The provider addressed these issues immediately when they were brought to their attention.
- Oversight systems required strengthening to ensure that lodgements and withdrawals of residents' finances were overseen by two staff, as outlined in the provider's policy on the management of residents' accounts and property.
- Oversight systems regarding issuing statements of pension agent accounts required improvement as an inaccuracy was noted in one of these statements concerning the invoice amount charged to a resident.
- Dining room audits were completed, however this did not include feedback received from residents while the audit was being completed. For example, the dining room audit completed in January 2025 scored 100% and there was no action plan. However, the feedback recorded from residents during the dining experience was that some food was cold and sometimes the menu choice was not what was available to the residents. This was a missed opportunity to drive quality improvement in the centre.
- There was a lack of management systems in place to distinguish clean and dirty clinical equipment in a storage area.
- While there was a call bell audit in place, it had failed to identify periods of time where residents had to wait an extended period of time for their call bell to be responded to. For example, on review of the call bell system, inspectors identified eight occasions over the previous three days where residents had to wait a prolonged period of time, with one resident waiting up to eight minutes for care assistance.

While staffing levels were appropriate to meet residents' needs on the inspection day, the staff resources available were not in line with those set out in the statement of purpose against which the provider was registered to operate. The

inspectors were informed of a housekeeping supervisor vacancy, for which the provider was in the process of recruiting. In the interim, the provider partially covered the position with staff resources from another centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

As part of the application to renew the centre's registration, the provider had submitted an up-to-date statement of purpose containing the information in Schedule 1 of the regulations. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents, as set out in schedule 4 of the regulations, were notified to the Office of the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

While the inspectors observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Improvements were required concerning individual assessment and care planning, managing behaviour that is challenging, residents' rights, food and nutrition, infection control and premises.

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months. Records reviewed found residents and their families had been involved in care plan reviews. Notwithstanding these areas of good practice in care planning, some gaps were observed concerning the accuracy of information within care plans, which will be outlined under Regulation 5: Individual assessment and care plan.

Residents had access to a doctor of their choice, with the primary general practitioner visiting the centre twice weekly and being present on inspection day. Nursing staff from specialist geriatrician services and the local palliative care team

were also onsite on the inspection day. Records reviewed found residents who required specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, chiropody and national screening programmes, could access these services in the centre upon referral.

Staff members had completed training on responsive behaviour. Residents predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had a responsive behaviour care plan and other documentation to guide staff. Records reviewed found that behaviour observation charts, such as the Antecedent, Behaviour, and Consequence charts, were also being used to understand the behaviour and respond in a manner that was not restrictive. Restraints used in the centre were risk assessed, and there was evidence that alternatives had been trialled. Notwithstanding these good practices, improvements were required when monitoring residents' safety during an episode of restraint. Additionally, management had not recognised restricted access to the secure gardens and inner courtyard as a restrictive practice. These findings are discussed under Regulation 7: Managing behaviour that is challenging.

Inspectors found that many aspects of residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. The centre celebrated weekly religious services in-house. The centre had a prayer room for quiet reflection. Residents could communicate freely, having access to telephones and internet services throughout the centre. There was a varied activities programme available within the centre. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents had access to independent advocacy services and other community voluntary groups, with staff from a befriending service visiting a resident on the inspection day. However, improvements were required to ensure residents' right to privacy within their bedrooms, which will be discussed under Regulation 9: residents' rights.

Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. The records reviewed found evidence of liaison and support from the community palliative care team for the benefit of residents. Records reviewed and visitors spoken with verified that families were informed of the resident's condition and permitted to be with the resident in accordance with their wishes when they were at the end of life. The resident's spiritual requirements were met, and religious leaders were facilitated to visit. While there was a designated room for families to use, this facility required review to ensure the comfort of families spending prolonged periods in the centre. This matter will be referenced under Regulation 17: Premises.

Overall, the premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had a well-maintained internal courtyard garden. There were multiple comfortable

and pleasant communal areas for residents and visitors to enjoy. Notwithstanding this good practice, action was required to ensure full compliance with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Residents were generally complimentary regarding food, snacks, and drinks. Food was prepared and cooked onsite. Choice was offered at all mealtimes, and adequate quantities of food and drinks were provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. However, improvements were required to ensure that the dietary needs of residents, as prescribed by a healthcare professional, were met and that food and drinks were properly served. This is discussed under Regulation 18: Food and nutrition.

The centre's interior was generally clean on the day of inspection. While a marked improvement in cleaning and environmental hygiene was noted since the February 2024 inspection, some cleaning and storage practices required further attention as discussed under Regulation 27: Infection

Regulation 12: Personal possessions

There were arrangements to support residents accessing and retaining control over their personal property, possessions, and finances. Residents' clothes were laundered offsite by a private provider. Residents had adequate space to store and maintain their clothing and possessions within their bedrooms, including access to locked storage facilities. Residents who spoke with the inspectors stated they were satisfied with the space in their bedrooms and the storage facilities.

Judgment: Compliant

Regulation 13: End of life

Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end of life was facilitated.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- Some residents' bedrooms, communal areas such as the first-floor activity room and ancillary areas, such as the ground-floor linen store, showed signs of wear and tear, with damaged walls and damaged flooring.
- The flooring in the cleaners store room was heavily stained.
- The sink in the designated family room was seen to be out of order due to a broken tap.
- Multiple signage to identify rooms were damaged and at times made it difficult to know what the purpose of the room was.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Some improvements were required to ensure that food and drinks were properly served. For example:

- Several residents said the food and drinks were served cold occasionally.
- One resident informed the inspectors that they should not receive sauces on their meals; however, meals continued to be served with sauce. The inspectors found this matter had also been raised in a residents' committee meeting.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk management policy was in place, up-to-date and contained the requirements as outlined in the regulation. The provider also had a policy for responding to major incidents.

Judgment: Compliant

Regulation 27: Infection control

While a marked improvement in cleaning and environmental hygiene was noted since the February 2024 inspection, some cleaning and storage practices required attention to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018), for example:

- Some residents' equipment, such as sensor mats and tray tables, were seen to be unclean.
- The first-floor activity room was seen to have food debris on the chairs and liquid stains on the tables from the evening meal the day before the inspection. The person in charge arranged for the prompt cleaning of this area.
- Objects and boxes stored directly on the floors in storerooms throughout the centre impacted the ability to clean the area effectively.
- One storage area contained clinical equipment used by residents, including wheelchairs, mobility aids and pressure cushions. Staff were unclear if the equipment was clean or dirty, and there was no identifiable mechanism to determine this. Some of the clinical equipment was visibly stained with dried-in food and liquid staining. The centre requires a system to distinguish between clean and dirty equipment.
- Some fabric-covered sofas, chairs, and cushions in communal areas were seen to be stained. The person in charge explained that this seating was usually steam-cleaned, but the steam cleaner was out of order at the time of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some improvements were required concerning individual assessments and care plans to ensure that each care plan reflected the resident's assessed needs; for example, a mobility care plan for a resident who was unable to mobilise had been updated three days before the inspection and documented that the resident could walk short distances.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice and an in-house physiotherapist. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics and palliative care, could access these services in the centre upon referral. The records

reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action was required concerning the monitoring of residents' safety during an episode of restraint, when using bedrails. Upon reviewing the safety check records, the inspectors noted that these were not consistently carried out hourly as required by the provider's policy.

Management had not recognised the restricted access to the secure gardens outside the ground floor lounge and the inner courtyard garden as a restrictive practice. Access to the secure gardens outside the lounge required staff to use a fob to support the residents in enjoying the outdoors. At the same time, all four doors to the internal courtyard garden were locked. Three of these doors required staff to use a fob, while the fourth door, located at the café, required the resident to unlock the door by using an encased door release button located some distance from the doors. These restrictions were not aligned with the provider's risk assessment, which referenced open access to the courtyard and enclosed garden.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. All staff and volunteers had An Garda Síochána (police) vetting disclosures on file. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records seen, it was clear the person in charge had provided a robust and person-centred response when investigating and responding to these allegations. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre.

The provider was acting as a pension agent for three residents living in the centre. Records reviewed found these pensions were paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider issued residents monthly statements regarding their pension agent account. However, an inaccuracy was noted in one of these statements, which is referenced under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 9: Residents' rights

While many aspects of residents' rights were upheld in the centre, some improvements were required to ensure residents' privacy and dignity in their bedrooms, as the inspectors observed an unobstructed view into residents' bedrooms from outside the centre and from the internal courtyard garden area. This may impact residents' ability to undertake personal activities privately in their bedrooms.

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 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for AnovoCare Nursing Home OSV-0005191

Inspection ID: MON-0037643

Date of inspection: 24/02/2025

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 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: The Registered Provider has already provided clarifications regarding the queried rooms to the Authority before the inspection. The Person in Charge (PIC) will make an application to vary to reflect the changes highlighted during the walkaround and feedback.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The HR Admin will conduct an audit of personnel files to ensure that there are no discrepancies in the employment histories and that there is evidence of the staff member's professional qualifications. The professional qualifications and supporting documentation are maintained electronically and in the physical files of all staff members.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The oxygen cylinders identified during the inspection were promptly removed and stored in a designated storage area outside the building.</p> <p>The Finance Team recently upgraded their invoice system. As a result, the Accounts Admin can now access residents' accounts with no delay. The noted discrepancies have been rectified; most importantly, two members of staff will countersign all lodgments and withdrawals and maintain an accurate record of all transactions. All invoices of the pension agent residents have been audited and amended.</p> <p>The PIC, Assistant Director of Nursing, and Chef Manager revised the dining room audits to ensure that the residents' dining experience and feedback are covered, and a necessary plan of action will be implemented accordingly. The menu was reviewed, and a revised menu will be issued on a seasonal basis or as needed.</p> <p>One of the clinical storage areas (for mobility equipment) was correctly labelled and cleaned on the day of inspection. A monitoring sheet is now in place to maintain the cleanliness of stored equipment. Additionally, a tagging system is established to distinguish between clean and dirty clinical equipment.</p> <p>The Clinical Management Team will continue to use the revised call bell audits. Additionally, the central computer, which stores the database of call bell response times, will be reviewed as part of these audits. Staff were educated about the importance of responding to call bells within the acceptable time during their end-of-shift and mid-shift huddles.</p> <p>The recruitment for the Housekeeping Supervisor position is still ongoing.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As part of the annual maintenance of the bedrooms, storage rooms, communal areas and ancillary areas, the maintenance staff will repaint all areas that require repainting and repair those with signs of wear and tear.</p> <p>The flooring of the Ground Floor Activity Room and the heavily stained cleaner storeroom will be replaced.</p> <p>The broken tap in the designated family room was addressed and fixed on the day of inspection.</p>	

A comprehensive audit of the room labels will be conducted, and outdated and unreadable signage will be re-labelled.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

A daily list of all residents' dietary preferences and requirements will be maintained to reflect their individual nutritional needs. The Clinical Nurse Manager (CNM) will audit the register monthly, and the Staff Nurse will ensure that all changes are reflected promptly.

An education session for staff was conducted to emphasise the importance of respecting residents' preferences and dislikes.

Temperature checks will continue as part of the routine for Catering Assistants and Chefs. The Nursing Home (NH) is also using hot boxes to ensure the correct temperature of meals is maintained before getting served.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The cleaners were instructed to ensure the cleanliness of residents' equipment, such as sensor mats and table trays, as part of their routine. The cleaning checklist was also updated to cover the areas.

The first-floor Catering Assistant will ensure the cleanliness of the dining table as part of their daily task.

The items found directly on the floors (PPE oversupply) were removed on the day of inspection.

The clinical storage area (mobility equipment) was labelled correctly and cleaned on the day of inspection. A monitoring sheet is now in place to maintain the cleanliness of the stored equipment. Additionally, a tagging system is established to distinguish between clean and dirty clinical equipment.

A new steam cleaner has been purchased, enabling all fabric sofas and cushions to be cleaned promptly. A cleaning schedule is in place.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

The CNM will utilise the post-hospitalisation audit tool devised by the PIC to ensure that all assessments and care plans for residents recently discharged back to the NH are reflective of their current needs.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The PIC devised a checklist to ensure safety, and residents using restraints will be checked hourly.

The courtyard doors, damaged by the recent storm, were repaired to ensure the safety of the residents.

The maintenance staff will disable the locking mechanism and leave it open, allowing residents to access the internal courtyards freely. A senior member of staff will close the doors at night and open the area during the day.

The PIC will update the risk register to reflect the changes and arrangements, ensuring that residents can access the internal courtyard unrestrictedly.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

All staff were reminded, as part of routine, to close the window and curtains before performing any procedure on the residents. All residents' rooms have curtains installed, and all windows have a reflective coating to ensure the privacy and dignity of both staff and residents.

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 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the	Substantially Compliant	Yellow	20/06/2025

	designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.			
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	31/07/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/05/2025
Regulation 21(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/05/2025

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/05/2025
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.	Not Compliant	Orange	31/05/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2025
Regulation 5(3)	The person in charge shall	Substantially Compliant	Yellow	31/05/2025

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/05/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/05/2025