



# 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:	25 February 2026
Centre ID:	OSV-0005191
Fieldwork ID:	MON-0048541

## 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 115 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 over three floors. There are 97 single and nine twin bedrooms all with their own ensuite 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:	112
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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
Wednesday 25 February 2026	16:00hrs to 21:00hrs	Catherine Furey	Lead
Thursday 26 February 2026	06:30hrs to 14:30hrs	Catherine Furey	Lead
Thursday 26 February 2026	06:30hrs to 14:30hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out by two inspectors over two days. The purpose of the inspection was to assess the provider's level of compliance with the regulations and standards. An inspector arrived to the centre on the afternoon of the first day, and was joined by a second inspector early in the morning on the second day. This provided an opportunity to see the centre operating at different times of the day.

To gain an insight into life in the centre, inspectors spoke with many residents, and held more detailed discussions with ten residents. Overall, the feedback gained from these conversations was positive. Residents complimented staff and management and said they were well looked after. All residents spoken with said that the staff were kind and helpful. Three residents said that the evening meal could be nicer at times and that they felt the portions could be small. On arrival to the centre, the inspector saw that the coffee dock near the main reception was buzzing with activity, with many residents gathered with visitors, chatting and enjoying the time in the vibrant café environment.

In the evening, the inspector saw that residents spent time at their leisure, some gathering in the coffee dock and others in the communal areas on each of the floors. Staff engaged positively with residents and were observed asking residents if they required assistance, and what they would like to do for the evening. Many residents chose to spend time in their bedrooms watching TV. Bedrooms varied in shape and size, but all were spacious and nicely decorated. Residents were encouraged to personalise their rooms and all residents spoken with were very happy with their bedroom. There was plenty of space to store belongings and display familiar objects and photographs.

On the morning of inspection there were three residents up and dressed in the centre. The inspectors spoke with these residents and they expressed that this was their preference to get up early. There was a relaxed atmosphere throughout the centre and residents were observed in their bedrooms while breakfast was served after 8.30am. While some residents were eating their breakfast, other residents were walking around the centre and some being assisted by staff in their bedrooms. The communal areas of the centre were seen to be well used and some residents were watching TV and reading.

The centre had an inner courtyard and secure landscaped gardens outside the ground floor lounge and dining areas. Both outdoor areas were well-maintained, with level pathways for residents to stroll. Since the last inspection the provider had ensured all residents had easy and unrestricted access to these areas. Plans were underway to improve some of the landscaping and planting in the garden for the upcoming summer months. The weather was poor during the inspection and the garden was not used, however residents and staff confirmed that the garden was

always used in the finer weather, with activities and live music taking place outside where possible.

On the second day of inspection, residents informed the inspectors that they were 'happy' with the choice of menu options at lunch time. While there were water dispensers throughout the centre, these were not easily accessible for some residents. There was no other supply of fresh drinking water made available, including at mealtimes. A staff member told inspectors that water would be provided if a resident asked for it. Hot drinks and some cold juices were readily available.

The inspectors observed that residents were receiving good care and attention. Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. The inspectors observed staff attending to residents' requests for assistance in a timely manner. Residents said that if they rang the call bell they were never waiting long for somebody to come to them.

Visitors who spoke with inspectors all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns and were very complimentary about the service. Overall, residents said that they felt listened to and had opportunities to make choices in their daily lives. There were resident meetings to discuss any concerns they may have and suggest ideas on how to improve the centre. Satisfaction surveys reviewed by inspectors showed high levels of satisfaction in all areas.

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 affect 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, the registered provider was striving to provide a service compliant with the regulations. The management team displayed a commitment to the promotion of continuous quality improvement, with the aim of ensuring that the centre was providing a safe and effective service for residents, with a person-centred focus. Costern Unlimited Company is the registered provider for AnovoCare Nursing Home. The company is part of the wider Trinity Care group who operates a number of other designated centres nationally. The senior management structure consisted of the chief executive officer, 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 had recently commenced in this role, they worked full-time in the centre and was supported in their management role by an assistant director of

nursing and two clinical nurse managers. The assistant director of nursing generally works in a supernumerary capacity, and deputises in the absence of the person in charge. The clinical operations manager supports the person in charge in the clinical and operational management of the centre. There was documented evidence via meeting minutes which identified that the clinical operations manager attended the centre a minimum of once every two weeks. The residents were further supported by other staff members including nurses, healthcare assistants, a physiotherapist, activity coordinators, chefs, catering, housekeeping, maintenance and administration staff.

The centre is registered to provide accommodation for 115 residents and there were 112 residents residing in the centre on the day of inspection. Inspectors found that there was an appropriate level of clinical and support staff to meet the needs of the residents present during the inspection. Staffing levels and their allocation were observed to be sufficient for both day-time and night-time. This was confirmed by many of the residents spoken with, as well as staff and visitors who met with the inspectors. The levels of staff across all departments was in line with those outlined in the centre's statement of purpose.

There were effective management systems in place to monitor the quality and safety of the service through a company-wide schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered included all aspects of residents' care and welfare, premises and facilities, and staffing requirements. These were discussed at regular clinical governance meetings. This ensured that items were monitored and actions assigned for completion within a specific time frame.

The standard of overall record-keeping in the centre was good. Records in relation to staff files were reviewed. These were found to contain all the required documents for each staff member. Records of complaints were available for review and the inspectors reviewed three complaints that had been received in 2026. Complaints were listened to and investigated. However, the complainant was not informed in writing of the outcome of their complaint or any improvements identified following the investigation, as a result those that made complaints were not informed of the appeals process.

#### Regulation 14: Persons in charge

The person in charge had recently commenced in the role. She had the necessary qualifications and experience required by the regulation. She worked full-time in the centre in a supernumerary capacity.

Judgment: Compliant

## Regulation 15: Staffing

A sample of staff duty rotas was reviewed, and in conjunction with communication with staff, residents and visitors, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was in a computerised format. It was updated to include the name, address and telephone number of the resident's general practitioner (GP), details of all transfers to and from the centre, as well as details in respect of residents who had died, including the date, time and cause of death.

Judgment: Compliant

## Regulation 21: Records

The registered provider had in place all records set out in Schedule 2 of the regulations. These were made available for inspection.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

An annual review of the quality of care delivered to residents in 2025 had been prepared. This review included feedback from residents and a targeted quality improvement plan for 2026.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was not followed in relation to three complaints that had been received. For example:

- There was no written response informing the complainant whether or not their complaint was upheld, the reasons for that decision, any improvements recommended and details of the review process.

Judgment: Substantially compliant

### Quality and safety

Overall, inspectors found that the provider was, in general, delivering a good standard of care and support to residents. Residents were provided with opportunities for social activation and were encouraged to spend their days in the manner that they chose. Some aspects of individual assessment and care planning did not fully comply with the regulations, and as such could present a risk to the care and welfare of residents. Residents' rights were primarily upheld. The inspectors observed that the privacy and dignity of residents was respected by staff. Staff interacted with residents in a caring, patient and respectful manner. Residents were not always provided with information to make choices, for example at mealtimes.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was cleaned to a high standard. There was a full time maintenance person employed in the centre, who had good oversight of the premises. A system was in place to log, track and manage maintenance requests within the centre. This system supported timely resolution of maintenance issues and provided a clear record of actions taken.

Inspectors observed that staff were very familiar with residents' medical history, individual needs and preferences. Residents were assessed for a variety of clinical risks including risk of pressure-related skin damage, and risk of malnutrition. While these assessments were regularly completed, the resulting actions were not always completed. Care plans were accessible on a computer based system. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care.

Residents' nutritional needs were met through the provision of wholesome and nutritious meals which were modified and fortified to residents' individual requirements. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required. However, there was no access to drinking water in the dining rooms. Residents were observed to be offered tea and other hot drinks.

The inspectors observed that staff knew how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the communication needs of the residents, and care plans were person-centred regarding the specific communication needs of individuals.

Residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place. Staff spoken with on the day outlined to the inspectors their knowledge of appropriate interventions to support residents with responsive behaviour. While the assessments in relation to restrictive practice were comprehensive, they had not involved the multidisciplinary team (MDT), in line with the centre's own policy.

The provider had ensured that facilities were available for residents' occupation and recreation, and residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer and said they could choose whether or not to attend. Activities were held on each floor of the centre at different times of the day. Dementia-specific therapies were embedded into the activities programme, which provided therapeutic interaction for residents. Records of residents' meetings showed that the registered provider had ensured that residents were consulted about the running of the centre. Residents were supported to exercise choice in their daily lives. Residents had access to media, including WiFi, television and newspapers. Residents were been facilitated to exercise their civil rights and had voted in the recent presidential election.

## Regulation 10: Communication difficulties

The inspectors observed that residents with communication difficulties had their communication needs documented in their care plan. Staff knew about the residents' communication needs and ensured aids were available to enable the resident's effective communication.

Judgment: Compliant

## Regulation 17: Premises

The registered provider provided premises which were comfortable and appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

### Regulation 18: Food and nutrition

There was largely positive feedback received in respect of the quality and quantity of the meals served in the centre. However, residents did not have sufficient access to fresh drinking water at all times. For example, in the dining rooms at the evening meal there was tea offered, however, residents were not afforded the choice or had access to drinking water in the dining rooms.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

There were a small number of residents who were identified as being at a high risk of elopement from the centre. The centre's overall risk assessment for elopement stated that each resident should have an individual risk assessment completed. A review of these residents' documentation identified that no validated clinical risk assessment for elopement was carried out. This is a missed opportunity to identify the level of risk, and determine what specific supports are required for each resident.

Care plans were not always derived from individual assessments;

- A risk assessment for restrictive practices such as bedrails was in use, however this did not incorporate an MDT approach and was instead completed only by the physiotherapist. As a result of nursing staff not being involved in the assessment process, the information was not always incorporated into an individual care plan for restrictive practice use.
- An assessment by an occupational therapist which resulted in specialised equipment being used, was not documented in the residents' care plan.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based medical and nursing care provided in the centre. GPs routinely attended the centre and were available to support residents' healthcare needs. Health and social care professionals also supported the residents on site where possible and remotely when appropriate. Nursing care was delivered to a high level, for example, there was good management of wounds and good day-to-day oversight of residents' medical conditions such as diabetes, epilepsy and dementia.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that when restraint such as bedrails were used, an assessment was completed to ensure it was used for the minimal time only. Regular checks were in place for the duration of restraint use. Consent was obtained and documented for each restraint. There was regular reviews of the use of restrictive and potentially restrictive equipment such as full and modified bed rails, sensor mats and low profile beds.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider did not always ensure that residents could exercise choice. Inspectors observed the evening meal being served to residents and found that the dining experience in some dining rooms could be better. For example, a resident pointed out that the menus on display on the tables were four days old. One resident said they did not feel that they could ask for an alternative, and another said that if you ordered sandwiches, you could not also get a hot option. Staff stated that residents could always change their mind and they would provide something else, however many residents could not remember what they had ordered, and the inspectors observed no offer of choice at the time of serving.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for AnovoCare Nursing Home OSV-0005191

Inspection ID: MON-0048541

Date of inspection: 26/02/2026

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints received are acknowledged in writing to the complainant.</p> <p>All complaints are investigated, and the complainant is provided with a written response, including findings, and any actions that are taken.</p> <p>Complainant informed that they can request a review by the review officer if they are not satisfied with the outcome.</p> <p>Following receipt of the decision re complaint the complainant will be advised to contact the Offices of the Ombudsman if they are unhappy with the outcome.</p> <p>They will also be advised to seek assistance with the complaint through the SAGE advocacy service. Audit review of complaints carried out monthly on epiccare.</p> <p>All complaints are reviewed and discussed at fortnightly management meetings and also findings and actions required to improve the service are discussed at Clinical governance meetings.</p> <p>Residents and families have access to the complaints procedure and copies are available around the centre.</p> <p>At the residents monthly meetings they are advised if they have any issues they will be supported to access the complaints procedure. Also easy read version of complains procedure available.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Ensure that Fresh drinking water is available at all meals.</p> <p>Water jugs are placed on all dining tables.</p>	

Residents are actively offered a choice of hot and cold drinks, including water throughout the day, not just at mealtimes.  
 Mealtime practices are monitored through the dining room experience audit, spot checks and feedback from the residents.  
 Residents are offered choices during the meal serving time, not only preordered choices. Menus are checked and changed daily by the catering department team.  
 These actions implemented 27/02/2026

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Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 Care plans carried out for all residents on admission and 4 monthly. However the care plans are reviewed on ongoing bases as per residents needs.  
 Care plans reviewed to ensure they are person-centered, reflecting current needs.  
 Care plan audits are carried out monthly to continually improve quality of care provided for residents.  
 Care plan training is currently in progress to support all CNMs/ Nurses as part of a quality improvement plan.  
 Ongoing review of all risk assessments to ensure they are current and individualised to residents assessed needs.  
 Validated clinical risk assessment for elopement will be used to identify the level of risk and support required for individual residents.  
 Risk assessments carried out on admission, quarterly, and following any significant change in health status of residents.  
 Risk register reviewed to ensure clear oversight and escalation pathways to address deficits.  
 MDT approach to ensure risk assessments are strengthened.  
 MDT approach will include CNMs/ Nurses in the assessment process, care plans updated to reflect the assessment.  
 Continued staff training on risk identification and actions required to reduce the risks.  
 Monthly audits are in place to monitor quality improvement.  
 Risks discussed at clinical governance meetings as part of ongoing shared learnings to improve governance.

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

Residents are offered choices during the meal serving time, not only preordered choices.  
Menus are checked, changed and displayed daily by the catering department team.  
Care plans update ongoing with reflecting preferences.  
Staff are required to complete refresher training on residents rights.  
Continue monthly residents meetings  
Compliance will be monitored through regular audits.

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## 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 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Substantially Compliant	Yellow	27/02/2026
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	20/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	11/05/2026

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	29/05/2026