## AnovoCare Nursing Home

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>AnovoCare Nursing Home</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005191</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Stockhole Lane, Cloghran, Swords, Co. Dublin.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>01 563 0400</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:info@anovocare.ie">info@anovocare.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Anovocare Limited</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Dermot McCann</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Valerie McLoughlin</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>89</td>
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</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times
From: 25 August 2015 09:30 To: 25 August 2015 17:30

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

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<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<td>Outcome 13: Complaints procedures</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
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<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This announced inspection took place over one day in response to an application to register a new purpose built centre called AnovoCare. The registered provider requested to register 89 places for residents of varying dependencies requiring extended / long-term care, transitional / step down care and respite and convalescent care.
Mr. Dermot Mc Cann is the nominated person on behalf of the provider and he is also the person in charge of the centre. He is not involved in the management of any other centres.

An inspection of the premises was carried out and documentation such as staffing schedules, policies and procedures were reviewed.

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

The design and layout of the new building met all of the requirements of the regulations and the standards. It was noted to be furnished and decorated to a very high standard and provided a comfortable spacious and inviting living environment.

A formal interview undertaken with the person in charge determined his fitness as the person in charge and also within his role as the provider nominee.

There was a system in place to enable residents to be involved in the running of the centre and to make their own choices about how they liked to spend their day.

There was a multidisciplinary team in place to meet residents' needs. An activities programme was in place and there was access to the local community with staff assistance.

Staffing and skill mix were satisfactory to meet residents' needs as outlined in the statement of purpose and there were systems in place to monitor and respond to residents changing health care needs.

There was a spacious outdoor garden area which was secure.

Due to the preparedness of person in charge and his staff in the centre no improvements were required and an action plan is not included in this report.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the statement of purpose contained all of the information as required by the regulations. This clearly described the range of care needs that the designated centre intended to meet. The person in charge was aware that he was required to make a copy available to the residents on admission. He outlined his plans for incrementally increasing staffing and skill mix in relation to increased resident numbers over a period of time. He was aware that the statement of purpose would reflect these changes as they occurred and to provide the Authority with up to date versions as required.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There is a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The person in charge works full time in the centre and is supported by a multidisciplinary team. The person in charge
spoke of his plan to strengthen the management structure in line with increased capacity in the new building.

The reporting structure in place is as follows:
The person in charge is supported by the board of directors and he reports to the board of directors on a weekly basis. There are three directors on the board; Ms. Mary Purcell, Peter Purcell and Mr. Donagh Higgins. He reports to the board of directors on all aspects of the operational management of the centre, including clinical governance and risk management.

There is a supporting administrative management team led by the administration manager, this person is supported by the human resource manager and the administrative reception team. The financial controller is supported by the accounts and payroll assistant. The finance controller reports to the board of directors. Personnel from the account department report to the financial controller. The payroll assistant reports to the accounts personnel.

The administration manager reports to the person in charge and the administration staff report to the administration manager. The human resource manager and the facilities manager report to the person in charge. The household, catering, laundry, maintenance and portering staff report to the facilities manager.

The person in charge is also supported by a clinical team as follows:

The assistant director of nursing reports to the person in charge. The clinical nurse managers report to the assistant director of nursing. The staff nurses report to the clinical nurse manager or the nurse in charge of the shift. The health care assistants and the activities staff report to the nurse in charge of the shift.

Evidence of plans to strengthen the management structure in line increased capacity in the new building was found. These plans included the recruitment of an assistant director of nursing position and additional nursing and health care staff to support the person in charge. The assistant director of nursing post and the clinical nurse manager post are full time positions and are supernumerary to the nursing team for direct care provision.

The inspector found that systems were in place to ensure that the quality of care to be provided to residents would be monitored, developed and improved on an ongoing basis. Audit templates had been developed in line with the policies in many aspects of care such as care planning, falls, medication management and restraint.

The person in charge explained that he planned to collected data on a monthly basis on a number of key performance indicators such as the use of anti-psychotic medications, antibiotic use and the use of restraint to monitor trends and identify areas for improvement.

The person in charge told the inspector that there is a clinical governance committee which will oversee the quality and safety of the service. The committee plan to meet on a scheduled basis to review information collected about the individual care of residents.
For example, a review of clinical quality indicators, incident reports, risk assessments, complaints and audits. The role of the committee will be to trend and analyse information, initiate action plans for continuous improvement and maintain a risk register for the centre. Evidenced based policies, procedures and guidelines will be reviewed on a scheduled basis by the clinical governance committee, to ensure that the provision of care and services are informed by the best available evidence.

Appropriate resources were allocated to meet residents’ needs, for example the person in charge said that the board of management will ensure that adequate staffing and skill mix would be in place to consistently meet residents’ needs. Resources are also in place for staff training and development, appropriate equipment for moving and handling, and residents’ activities.

The person in charge explained that quality assurance will be maintained continuous staff development in areas related to the care of older persons. This is supported by the board of directors and the clinical governance committee. In promoting an environment of openness and communication between staff and the management team, regular staff meetings are planned and staff members will be invited to attend clinical governance meetings on a rotational basis. The person in charge explained that he would review the audit results with staff and ensure that systems and process would be put in place to drive continuous quality improvement and safety in the care that residents will receive.

A proposed schedule of admissions was prepared by the person in charge. This indicates the person in charge's intention to manage admissions in a safe and appropriate manner. The person in charge does not envisage admitting more than two people per week until the centre is fully occupied. He explained that this will give staff the time to get to know the residents and enable the residents to settle into their new environment safely and comfortably. He also explained that it will also provide him with an opportunity to ensure that all of the systems and process in place are working effectively.

There was a system in place to ensure that residents and family members will be consulted about the management of the centre. The person in charge spoke of having regular formal meetings with residents. There are also suggestion box's in the centre to obtain feedback. The person in charge said that minutes of all committee meetings will be shared with all residents and advocates and will be displayed on various notice boards throughout the building. A summary of action points from the residents committee will also be displayed in the internal newsletter, delivered to each resident’s bedroom, with copies also on display at the main reception for residents and visitors.

Judgment:
Compliant

**Outcome 03: Information for residents**
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.
Theme: Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
A residents’ guide is available to each resident which describes the services.
The inspector read a sample of completed contracts and saw that they adequately met
the requirements of the regulations as they included adequate details of the services to
be provided and the fees to be charged.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced
person with authority, accountability and responsibility for the provision of
the service.

Theme: Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

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

The person in charge was a registered nurse and he worked full-time in the centre. He
has many years experience at senior management level in the care of older people. He
holds a B.Sc. in Nursing Science and a Master’s degree in Nursing Science. The person
in charge is also qualified to provide staff education on protection of older persons. He
had good knowledge of the Health Act 2007 (Care and Welfare of Residents in
Designated Centres for Older People) Regulations 2013 in relation to his role as the
person in charge and also within his role as the provider nominee. He had good
knowledge of the Authority’s Standards.

He had deputising and on call arrangements in place. He demonstrated strong
leadership and good communication with his team.

The person in charge had maintained his continuous professional development as
previously mentioned and had recently completed courses in care of the older person,
governance, leadership and all other courses mentioned in outcome 18.
He was an organised manager and all documentation requested by the inspector was
readily available.
He was on duty for the duration of the inspection. New staff had been recruited and
were in the process of orientation at the time of inspection. The human resources
manager and the chef were available during the inspection. The person in charge introduced all of the new staff to the inspector.

**Judgment:**
Compliant

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

The inspector found there were systems in place to ensure that all records relating to residents and staff would be maintained in a secure and confidential manner.

An up to date insurance policy was in place for the centre which included cover for resident’s personal property and accident and injury to residents in compliance with all the requirements of the regulations.

**Judgment:**
Compliant

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The person in charge was aware of his responsibility in his capacity as the provider nominee to notify the Chief Inspector of his absence as the person in charge. There was a suitably qualified person to provide coverage in the absence of the person in charge. The assistant director of nursing who deputises for the person in charge was suitably qualified and experienced. She had also maintained her professional development and had attended all courses mentioned in outcome 18.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 07: Safeguarding and Safety</th>
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<tbody>
<tr>
<td>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.</td>
</tr>
</tbody>
</table>

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The person in charge was knowledgeable of the different forms of elder abuse and he had a system in place for the investigation and management of any instance of allegations of abuse. The person in charge is assured that he will have adequate staffing and skill mix in place to meet the needs of all of the residents needs.

There is twenty-four hour security and CCTV in place to promote residents safety. The centre has a receptionist in the main foyer seven days per week and at night a staff porter will be available at reception and in the main building during the night.

The gardens behind the building are secure and prevent any unauthorised access from outside the grounds. There is also sensor lighting to all the external areas of the grounds to promote residents safety.

All bedrooms are equipped with a call bell system to contact a staff member should residents require assistance.

There is a policy and systems and processes in place to safeguard residents’ monies.

There is a comprehensive policy and procedures for managing behaviours that
challenge. All staff will receive training on behaviours that challenge. The person in charge explained that residents will have access to the General Practitioner (GP) and Psychiatric services as required.

There is a policy in place for the management of restraint in line with the national policy on restraint. The person in charge explained that he would be working towards a restraint free environment. For example, the person in charge showed the inspector the low-low beds in place. All residents will have a low-low bed to minimise the use of bedrails, thus reducing the risk of entrapment and injury to residents.

Other forms of restraint that will be in use are locked doors and wander alarms if all other alternatives trialled have failed to be effective. There is no free access to the stairs in the building to minimise the risk of injury to residents with cognitive impairment and dementia related conditions. Staff are available to take residents outside whenever they wish. External doors can be accessed by staff, visitors and residents using a swipe card. Residents with a history of cognitive decline and or dementia related conditions have a risk assessment completed to determine their safety to leave the centre unescorted. There is also a wander guard system in place to promote residents safety. There is a policy in place regarding missing persons.

The person in charge showed the inspector evidenced based risk assessment tools in place that can be used to determine the necessity of using restraint. He explained that should restraint be necessary where alternatives were trialled and found to be unsuccessful, that a frequent monitoring system of any resident using restraint will be in place. For example, the use of a restraint register and regular multidisciplinary team reviews.

**Judgment:**
Compliant

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**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
There is a system in place to ensure that the health and safety of residents, visitors and staff is promoted and protected.

A safety statement was in place and it related to the health and safety of residents, visitors and staff. The inspector found that there were robust systems in place relating to promoting the health and safety of residents, staff and visitors.

The inspector read the risk management policies which were developed in line with the
regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

The risk register contained a number of environmental risks and control measures to mitigate risk. For example risks associated with smoking, absconding, and falls prevention and management. Appropriate controls were in place for example, supervision of residents who smoke.

The person in charge had arrangements in place for investigating and learning from incidents. For example slips, trips and falls. As previously mentioned the person in charge explained that there is a clinical governance committee in place to review incidents, residents’ feedback and complaints.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency. For example, it identified alternative accommodation where residents may be relocated too should a full evacuation of the centre be required.

The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by the person in charge. He had arranged for a person experienced in fire safety management to carry out drills and mock evacuation. There was a system in place to ensure staff knew how to deal with any persons clothing catching fire.

The inspector viewed fire records which showed that the fire equipment had been serviced. The inspector found that all internal fire doors were unobstructed during the inspection.

Fire evacuation procedures are prominently displayed throughout the building. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. All staff on duty were trainee in fire safety management including mock evacuation. The person in charge told the inspector that he plans to have fire drills at a minimum every six months. Fire records are kept which include details of fire drills, fire alarm tests, emergency lighting and fire fighting equipment. Smoke detectors and fire blankets were in place. Ski sheets were available under every bed mattress.

A review of staff training records indicated that the current staff had been trained in manual handling and this was confirmed by the person in charge.

The inspector found that there were measures in place to control and prevent infection. Training had been provided on the induction programme. Staff had access to supplies of gloves, disposable aprons, hand wash basins and alcohol hand gels which were available discretely throughout the centre.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a comprehensive medication management policy in place to guide practice which gave clear guidance to nursing staff on electronic medication management system (E- medication management) in place. The policy provided guidance on areas such as ordering, transcribing, prescribing, administration of medicines ‘as required’ (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

An E-prescribing system was in place using e mar tablets which are approved by the Nursing and of Midwifery Board of Ireland. There was a system of auditing medication management built into the tablet. Data protection was in place.

There is a system in place should residents wish to manage their own medications. The person in charge said that medications would be regularly reviewed by resident's GP as required by the regulations.

There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The person in charge said that medications that required strict control measures (MDA's) would be carefully managed and kept in a secure cabinet in keeping with professional guidelines. A register of MDA’s would be maintained and stock balances would be checked and signed by two nurses at the change of each shift in line with professional guidelines. All MDA's would be prescribed in a hand written format in keeping with professional guidelines.

The person in charge explained that medications would be audited monthly and corrective measures would be put in place to ensure medication practices are safe.

All nursing staff received a training course on the medication management system in use in the centre.
Residents will have a choice of pharmacist where possible.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. He was familiar with what information was required to be reported to the Chief Inspector and the time frames.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there is a nursing care system in place to promote each resident’s care. There is access to medical and allied health care. The admission and discharge policy would guide good practice.

There is a computerised system of recording the nursing process using an activity of living model of nursing. The inspector reviewed the computerised nursing care templates and found that there is a system in place for residents to have a comprehensive pre admission assessment, and an assessment completed within three days of admission as required by the regulations. There is a range of validated risk assessments to assist the nursing staff in developing a person centred care plan based on residents assessed needs.

Resident’s assessed needs would include their physical, psychological, spiritual needs and their social interests and their preferences.

There is a system in place to ensure that each resident will have an assessment completed prior to admission to ensure that the centre has the facilities and services in place to meet their needs. All residents will have a comprehensive assessment and care plans completed by a qualified nurse to direct their care, within three days of admission to the centre.

The person in charge said that where possible residents would be actively involved in the assessment and care planning process, or their family if this was their choice. Care
plans would continue to be reviewed four monthly or more frequently if required, for example following a change in the residents’ condition.

The inspector was satisfied that there was a good system in place for ensuring residents healthcare needs would continue to be met. For example, falls’ prevention and management, tissue viability, and nutrition. The inspector reviewed policies and found that they would guide practice. The person in charge provided an overview of how residents’ healthcare needs would continue to be met. For example, fall preventative measures would include the use of chair alarms, low low beds and increased staffing to ensure good supervision of residents. A physiotherapist will provide a baseline assessment of a resident’s mobility, moving and handling needs and subsequently any post-fall assessments, should a resident experience a fall.

Staff had received training on prevention and management of pressure ulcers. All residents will have a risk assessment completed on admission and this would be updated four monthly or more frequently if there is a change in the residents condition. There is a systems in place to minimise the risk of residents getting a pressure ulcer for example enough staff on duty to assist the residents to change position regularly, and to manage continence issues. There is a supply of alternating pressure relieving mattresses and availability of pressure relieving cushions. An evidenced based policy on nutrition and hydration was in place and would guide practice.

Residents will have regular access a GP and doctor-on-call services will be used in the evening time and over the weekend. A full range of services will be available on referral including speech and language (SALT), chiropody and a dietician. Dental, optical and audiology services will be provided locally. Additional physiotherapy can be availed of and occupational therapist will be available on a referral basis.

The service of specialist psychiatry and geriatrician can be availed of when required. Access to a psychologist can be made through the primary care team as required. Palliative care specialities are available on a referral basis. An acute care hospital had been identified locally to provide acute care as required.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**

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

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises takes account of the residents’ needs and is in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The design and layout of the centre are in line with the statement of purpose. The premises meets the needs of all residents and the design and layout promotes residents’ dignity, independence and wellbeing.

The centre is designed to meet the needs of older people, including people with dementia, and communication difficulties. The person in charge explained that an interior designer manager with expertise in designing nursing homes for people with dementia had been contracted to design and oversee the implementation of dementia specific best practice design for residents with dementia. For example, the door signage is in word/picture and brail. All bathroom doors are painted in dark purple with yellow, picture/word/brail signage to promote consistency in enabling residents to distinguish the function of the room.

There is suitable heating, lighting and ventilation. The lighting system is anti-glare to promote residents safety, and the public address system in place is linked to an induction loop system to assist people using induction loop hearing aids to hear more clearly.

There is a built in air exchange ventilation system.

The centre is located in a countryside setting, within in close proximity to Swords and Malahide. Is can be accessed by public transport.

The nursing home consists of 89 bedrooms over two floors accessed by four stairwells, one at each corner of the centre. There are also passenger lifts in place that are large enough to take a resident upstairs comfortably on a stretcher if required.

Ground floor:
The main entrance door has an inner porch which allows for safe access to the main foyer. There is a reception desk, hairdressing salon and a spacious lounge in the main foyer. The seating in the lounge area overlooks a landscaped inner courtyard where there are raised sensory flower beds and water features. The corresponding rear exit of the courtyard is adjacent to a ‘quiet’ lounge and it also has a view of the courtyard.

There are twenty-six spacious en-suite bedrooms and six spacious twin en-suite bedrooms on the ground floor. Room sizes exceed the requirements of the regulations. All bedrooms are decorated and furnished to a very high standard. The interior design of the bedrooms reflect a theme of either wind, earth, fire or water. For example, the water themed bedroom has pale blue curtains and is decorated in a range of shades of blue. The person in charge told the inspector that residents can have the decor changed to whatever colour they choose, and they can bring in some of their own personal
effects to make it feel more homely and personal to them.

The bedrooms are situated around the internal court yard with views of the internal courtyard and of the local countryside.

Each bedroom contains a low low profiling bed, designed with attention to detail to promote a homely atmosphere. For example the head board and foot rest are curved and matched the same design as the wardrobe and bedside lockers. All beds had a pressure relieving built in mattress.

There is ample storage space and there is a lockable facility in each room. Each bedroom had a comfortable homely style arm chair (two arm chairs in the twin rooms) with different covering, for example tweed and, or leather. There was ample space in the bedrooms for any specialised assistive equipment or furniture that a resident might require. The shared rooms provide screening to ensure privacy for personal care, for example, free movement of residents and staff, and free movement of a hoist or other assistive equipment and access to both sides of the bed.

Thought was given to the design of wardrobe door handles for residents who may suffer from arthritis or stroke. For example the door handles were curved and wide fitting and it was easy to open and close the doors.

The en-suites are tiled and there is non slip flooring in place. There is a sensor lighting system on entry, and an emergency call bell system that can be used by a resident in the event of feeling unwell and requiring staff assistance.

Mixer taps are thermostatically controlled to minimise the risk of scalding. Radiators are not too hot to touch and there can be controlled manually if required.

Under floor heating systems are installed and the centre was comfortably warm on the day of inspection.

There is a sluice room on each floor. Both are key padlocked to minimise any risk of residents accessing the room where chemicals may be stored. Both rooms contain stainless steel sluice sink as required by the regulations. Each also had a pulp macerator to enable safe disposal of used disposable urinals and bedpans.

The main dining room with a separate lounge/sitting room/cinema room leads to secure gardens to the rear of the building, incorporating pathways suitable for wheelchair and disabled persons. At the time of inspection lawn seed had been planted and there were raised flowering beds in place. There were plans to build a poly tunnel, chicken run and a therapy area for the therapy dog.

The person in charge explained that a designated smoking facility will be made available to residents.

Additional facilities on the ground floor consist of administration offices and a kiosk/shop, two main nursing stations and two night observation stations. Also, on the ground floor is the main kitchen, storage rooms, linen stores, household stores, clinical
treatment rooms, laundry room, and a prayer room. The ground floor facilitates residents through numerous small seating areas.

There are wheelchair assisted toilet facilities in close proximity to all communal areas on both floors. There is a staff room and changing facilities for male and female staff with toilet and shower facilities. Male and female catering staff are accommodated with their own separate staff room for changing and toilet/shower facilities.

First floor.
The first floor contains forty-five single en-suite bedrooms and three twin en-suite bedrooms. These are decorated and furnished to the same high standard as the bedrooms on the first floor.
Additional facilities consist of two main nursing stations and two night observation stations, a dining room with a well equipped kitchen. There is also a spacious activities room and a quiet room for residents to meet privately with friends and family.

A dedicated family/visitors room is available for family to stay overnight to spend time with their loved ones, at the transitional or end of life care.

Residents have access to appropriate equipment which promotes their independence and comfort. There is a process in place for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced.

There is a central laundry store in place with a system to ensure segregation of clean and soiled laundry. Laundry will be outsourced. There is adequate storage space for linen.

Staff are trained to use equipment safely, for example the use of hoists. There are adequate storage facilities for equipment. Handrails are provided in circulation areas. Grab rails are provided in bath shower and toilet areas. Handrails are provided on both sides of the stairs. There is no free access to the stairs as previously discussed under outcome 8.

There is suitable storage for residents’ belongings. There is a functioning call bell system in place.
There are thermostatic control valves installed to prevent residents from being scalded. The radiators can be controlled manually if required.

A supply of personal protective equipment will be in place discreetly, for example, gloves and disposable aprons to minimise the risk of cross infection. There is safety data information in place, for example to ensure that staff know how to respond to a chemical spillage from cleaning materials they may be using at work.

Waste disposal including the management of sharps and chemicals were in line with the policy.

There is a maintenance and repair programme in place, for example to ensure that the hoists and weighing scales and beds are safe to use.
The building is certified to accommodate people with a disability.

There is ample parking for family and visitors.

**Judgment:**
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector found that there was an effective system in place for the management of complaints. The person in charge had a positive attitude to receiving complaints and considered them as a means of improving the service. The inspector reviewed the complaint’s policy and found it to be comprehensive. It met the requirements of the regulations. It described in detail how to make a complaint, who to make the complaint to and the procedure to be followed on receipt of a complaint. It also contained an independent appeals process. There was a system in place to record verbal and written complaints. The person in charge told the inspector that any complaint received would be thoroughly investigated and the outcome would be discussed with the residents. This would also include if the residents was satisfied with the outcome of not. There is a nominated person separate to the nominated person in article 34(1) (c), who holds a monitoring role to ensure that all complaints are managed appropriately.

**Judgment:**
Compliant

**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector found that there was a good system in place to ensure residents would
receive a high standard of end-of-life-care which would be person centred and respect the values and preferences of the individual and result in positive outcomes for residents.

There was a policy on end-of-life care which was centre specific and provided detailed guidance for staff. There is a system in place for decision making with residents and their families where requested concerning future healthcare needs. Families are facilitated to be with the residents when they are dying. The person in charge explained that there is access and support available from the local palliative care team.

While there is no mortuary available in the centre there is a funeral home locally. Access to other religious representatives from other faiths will be available if requested.

The person in charge explained that there is a system in place to ensure residents and visitors will be informed sensitively when a resident dies in the centre. Residents’ will receive one to one support from staff when a resident dies in the centre. As previously mentioned there are facilities available for family to stay with their relative, and refreshments provided.

The person in charge said that all staff will receive training in end-of-life care on their induction programme.

The person in charge explained that last writes would be provided and documented. Appropriate bags would be used to handover personal possessions. All returned property would be documented and signed in the property check list.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There is a system in place to ensure that each resident will be provided with food and drink at times and in quantities adequate for his/her needs.

The person in charge had arrangements in place for residents to dine in one of two dining rooms. Food will be served through a hatch from the chef to the care staff. Each meal will be checked by the chef and the care staff from an up to date list of residents recommended meals by the speech and language therapist, for example, modified
consistency diets or meals recommended by the dietician for health related conditions such as diabetes or cholesterol reducing meals.

Staff nurses and healthcare assistants will be available in the dining room to supervise meals to ensure each resident receives the correct diet and to provide appropriate assistance as required.

There is a comprehensive policy for the monitoring and recording nutritional intake which will be implemented and monitored by the person in charge. Processes are in place to ensure residents do not experience poor nutrition and hydration. Access to fresh drinking water will be available at all times. There are water dispensers located in the building.

The person in charge showed the inspector four weekly rotational menus. He explained that the chef and the dietician spent time planning the menus. The chef told the inspector that he will be actively involved in meeting residents and obtaining their views on any changes they would like to be made to the menu, and their satisfaction with the quality of the meals.

The person in charge said that residents could choose to eat in their room, and have family join them if they wished.

The chef bakes cakes and pastries on a daily basis and there will be snacks and drinks served regularly during the day and evening time. There is a coffee doc at the reception area and tea, coffee and snacks will be available at any time.

The chef had commenced making menus available in picture/word format for residents who may have difficulty in communicating verbally to assist them in making choices at meal times.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 16: Residents' Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.</td>
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Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that there will be a system in place to ensure that residents will be
consulted with and participate in the organisation of the centre. The person in charge explained how each resident’s privacy and dignity will be respected, including receiving visitors in private. Residents will be facilitated to communicate and exercise choice and control over his/her life and to maximise his/her independence. As previously mentioned residents will have opportunities to participate in meaningful activities, in line with his or her interests and preferences.

Activities will be provided in the centre by trained staff seven days per week, including residents who may be confined to bed for part of the day. Residents can also access activities of their choice in the community. The person in charge has transport and a driver available to take residents out to local parks and for a coffee. Staff will also available to take residents out by local taxi if they so wish. There is an extensive garden at the centre and the person in charge had commenced developing the garden to make it homely and inviting for the residents to enjoy. He spoke of developing raised flower and vegetable beds in the garden for residents who may like to garden.

There is an opportunity for residents to become involved in pet therapy, and also to have their pets visit. The person in charge also had plans to have some chickens in one area of the garden which he felt some resident may enjoy.

There is a visiting policy in place. There was a quiet room available that could be used by visitors.

The person in charge said that voting rights will be respected and the process was outlined to the inspector.

There is a small shop in the foyer where residents can purchase newspapers, magazines and toiletries if required. Newspapers will be delivered to residents on request.

The person in charge was very clear that residents can make independent choice in how they planned their day, such as when they would like to get up and the time they would like to go to bed. The person in charge said that routines would be dictated by the needs and wishes of the residents, not by the routines of the centre. Residents will have access to a private phone in their bedroom if they wish. A television will be made available in the resident’s bedroom also if they wish.

**Judgment:**
Compliant

**Outcome 17: Residents’ clothing and personal property and possessions**

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that there is adequate space provided for residents’ personal possessions. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. There is a policy on residents’ personal property and possessions and the person in charge explained that personal property will be kept safe through appropriate record keeping. There is adequate space for each resident to store and maintain his/her clothes and other personal effects.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There are appropriate staff numbers and skill mix to meet the proposed needs of residents. The inspector reviewed the planned rota and found that there is enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre and the rate of planned admissions. The person in charge explained that additional staff will be in place as more residents are admitted to the centre.

The person in charge used two evidenced based tools to quantify the staff number and the skill mix required to provide a good standard of sustainable safe quality care. He explained that the provider had made a commitment to ensure financial arrangements are in place to provide adequate staffing, skill mix, and resources at all times based on residents assessed needs, their dependencies and the size and lay out of the building (over two floors).

Staff have up-to-date mandatory training. They also have access to other education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. For example, falls prevention and management, wound care management, infection control,
pain management, dysphagia, the use of the malnutrition universal screening tool and training on behaviour that challenges.

The training plan for the remaining months of 2015 was reviewed by the inspector and found to be satisfactory. For example, the new safeguarding policy is in place and additional staff training is planned for September and October 2015.

All healthcare assistants are trained to FETAC Level 5.

The person in charge provided an overview of how staff will be supervised appropriately and how staff are recruited, selected and vetted in accordance with best recruitment practice. There is a system in place to ensure that all staff are orientated to the environment. New staff will always work closely with a more experienced member of staff, who acts as their mentor throughout their induction programme.

At the time of inspection there were no volunteers in place but the person in charge was aware of the vetting procedures that need to be in place should volunteers become part of the team.

There is a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the regulations. A sample of staff files had been examined and all relevant documents were present. All relevant members of staff have an up-to-date registration with the relevant professional body.

There is a good system of formal supervision and appraisal is in place. The person in charge said that he has a system of supervisory meetings planned for each staff discipline. He also had a process of staff appraisal in place for implementation where staff would also have an opportunity to request additional training relevant to their role.

Systems were in place to provide relief cover for planned and unplanned leave. The person in charge said that staff cover will be provided from within the existing staff compliment to ensure consistency in providing care.

The person in charge explained how he planned to have appropriate and sufficient supervision and staff guidance in place including auditing of care deliver by the senior management team in place.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents’ condition. Also relevant updates on policies and procedures; call bell codes, sluicing system and phone number extensions to enable a smooth transition of residents and staff into the new centre.

The inspector observed staff interacting with the person in charge in a professional manner. Staff said that they were enjoying their induction programme.

The number and skill mix of staff on duty is subject to constant review by the person in charge and the clinical governance committee.

**Judgment:**
Compliant
Closing the Visit

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

Acknowledgements

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

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