

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	AnovoCare Nursing Home
Centre ID:	OSV-0005191
Centre address:	Stockhole Lane, Cloghran, Swords, Co. Dublin.
Telephone number:	01 563 0400
Email address:	dermot.mccann@anovocare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Anovocare Limited
Provider Nominee:	Dermot McCann
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	80

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 March 2016 10:30 To: 22 March 2016 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, the inspector met with residents, relatives and staff members. The purpose of this inspection was to monitor ongoing compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The centre had completed a registration process and the first residents had been admitted in early October 2015. Long and short term residents were living at the centre and the inspector met with most residents on the day of the inspection. The centre was warm, welcoming and hygienic. Residents' informed the inspector of their levels of satisfaction with their quality of life and the quality of care available to them.

There was a clear management structure in place. Management systems were in place to ensure that the service to be provided was safe, appropriate to residents' needs, consistent and effectively monitored. The person in charge (who is also the

provider nominee) has the required experience in the area of nursing of the older person and demonstrated a good understanding of the statutory responsibilities of the post.

The centre had policies and procedures relating to health and safety, including risk management to ensure that the health and safety of residents, visitors and staff is protected. There were systems in place to ensure residents' needs would be met with a good standard of nursing care and with access to appropriate medical and allied health care professionals. Residents are consulted about and participate in the organisation of the centre and each resident's rights would be upheld. There were policies and procedures in place to ensure all residents were appropriately safeguarded and protected. The centre had a robust recruitment procedure in place, and induction training to ensure that there were suitable staff and skill mix to staff the centre.

The centre was found to be compliant with the Regulations in the nine outcomes inspected, and as a result there are no actions required in the action plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

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):

No actions were required from the previous inspection.

Findings:

The written statement of purpose was in place further to the recent registration process and accurately described the services provided to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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):

No actions were required from the previous inspection.

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):

No actions were required from the previous inspection.

Findings:

The person in charge had not changed since the time of the last inspection and he worked full-time in this role, and also fulfilled the role of provider nominee. He was suitably qualified and experienced with the authority accountability and responsibility for the provision of the service.

There was a clearly defined management structure in place to support the person in charge. The person in charge is supported by a full time assistant director of nursing and a clinical nurse manager.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

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 written policy was in place and training had taken place when new staff were recruited, staff interviewed by the inspector were knowledgeable about safeguarding measures in place.

All staff on duty were 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. 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.

There is a policy and systems and processes in place to safeguard residents' monies, the provider does not act as a pension agent for any resident.

There is a comprehensive policy and procedures for managing behaviours that challenge. All staff have received training on behaviours that challenge. There is a policy in place for the management of any restraint in line with the National policy on restraint. The person in charge and all staff were committed to working towards a restraint free environment. For example, the use of low-low beds in place at the centre. There is also a wander guard system in place to promote residents safety and freedom of travel. There is a policy in place regarding missing persons, and each resident had an up to date information sheet and photograph completed.

The clinical nurse manager discussed the policy on restraint and, that should restraint be considered that this would only be considered where alternatives were trialed and found to be unsuccessful. 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

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):

No actions were required from the previous inspection.

Findings:

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

An up to date 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 was reviewed and 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, a resident had been identified at risk of falls and close observation at night took place and identified a risk relating to moving in the bed at night, and measures were put in place to address this.

The person in charge had arrangements in place for investigating and learning from incidents. For example slips, trips and falls. The person in charge explained that there is a clinical governance committee was established and met 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. Fire safety training had taken place and all staff were familiar with actions to take should the fire alarm sound. 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 all the fire safety equipment had been serviced.

The inspector reviewed the fire safety records. 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. 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. Additional information requested further to alarm activation reported to the Authority was submitted in a timely manner to ensure compliance with the relevant legislation. 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 staff confirmed this during interviews and contact with the inspector.

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 used frequently and readily available.

Judgment:
Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

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 tablet. There was a system of auditing medication management built into the tablet. Medication audit took place monthly and corrective measures (where required) would be put in place to ensure medication practices are safe. The last medication audit took place on 18 March 2016. Data protection was in place. A drugs and therapeutics meeting took place and included the review of any clinical risks.

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. One resident who spoke to the inspector confirmed that a lockable cabinet was available to ensure medication was stored safely and she was able to maintain her independence with her own medication.

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

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. A register of MDA's was fully maintained and stock balances were 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.

All nursing staff had received a training course on the medication management system in use in the centre.

Residents had a choice of pharmacist where possible.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was a nursing care system in place to promote each resident's care. There was access to medical and allied health care, including the option of retaining your own General Practitioner (GP). The admission and discharge policy informed and guided good practice. Residents confirmed that their health and social care needs were met well, and independence and wellness promoted by all staff.

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 was a range of validated risk assessments fully implemented 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.

Residents confirmed that they are actively involved in the assessment and care planning process. Care plans are 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, pain management and nutrition. The inspector reviewed policies and found that they were evidence based and would guide practice. The person in charge provided an overview of how residents' healthcare needs would continue to be met.

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. The inspector found that 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 was 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 guided practice.

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

The service of specialist psychiatry and medicine for the elderly 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. Some residents had been followed up with community outreach services for the older person.

Activity and choice of pastimes for residents was fully facilitated and choices respected, including the right to refuse to be involved with form of planned activity. The inspector was informed that the hairdresser visited weekly, there were a number of activities in place including pet therapy, and involvement of advocacy group SAGE was also in place. Residents informed the inspector that they could also be involved with crafts, bingo, knitting, music therapy, films and gardening activity. Resident involvement with planning activities within and outside the centre was sought and facilitated by staff.

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):
No actions were required from the previous inspection.

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.

One written complaint had been received since the time of the last inspection, which

had been investigated in line with the policy. Records reviewed included a written response to the complainant with a copy of the investigation report.
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.

Access to advocacy supports were established with a national advocacy support agency for older people.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there are appropriate numbers and skill mix to meet the assessed needs of residents and to the size and layout of the designated centre. Residents confirmed that staff provided a good standard of care and were attentive to all their care needs, and communicated well at all times. The inspector reviewed the staff 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. At present one section of the ground floor bedrooms were occupied.

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 person in charge provided an overview of how staff are supervised 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. There was a robust recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the regulations. A sample of staff files was examined and all relevant Schedule 2 documents were available for inspection.

Registered nurses employed had evidence of up to date personal identification numbers with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

All healthcare assistants are trained to FETAC Level 5 level or above.

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 was evidence of formal supervision and appraisal in place. The person in charge said that he had supervisory meetings were in place for all staff. 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.

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.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	AnovoCare Nursing Home
Centre ID:	OSV-0005191
Date of inspection:	22/03/2016
Date of response:	11/04/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Theme:

The is failing to comply with a regulatory requirement in the following respect:

1. Action Required:

Under Regulation you are required to:

Please state the actions you have taken or are planning to take:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: