<table>
<thead>
<tr>
<th>Centre name:</th>
<th>AnovoCare Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005191</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Stockhole Lane, Cloghran, Swords, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 563 0400</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:dermot.mccann@anovocare.ie">dermot.mccann@anovocare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Anovocare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Dermot McCann</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>Shane Walsh</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>60</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 29 March 2017 08:00  
To: 29 March 2017 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

The inspection focused on six outcomes and also the journey of a number of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool.

Prior to this inspection the provider had been requested to complete a self-assessment document and review relevant polices. The judgments in the self assessment stated three outcomes were in compliance, and three outcomes - health and social care, staffing, and residents' rights dignity and consultation were in substantial compliance. Forty residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. One resident was in hospital at the time of the inspection.
The statement of purpose outlined that the centre supported residents with dementia. Overall, the inspectors found that the centre met the individual care needs of residents with dementia. The inspectors found the provider was in compliance with five of the six outcomes reviewed, and one outcome required improvement, this related to staff training.

Information was available for residents and relatives about dementia and residents' health care needs were well met. Any resident with responsive behaviours could be managed by staff with good communication techniques, and meaningful activities or diversion. Residents with dementia had their choices in relation to aspects of their daily lives respected by staff.

Feedback from residents and relatives was generally positive with the majority complimenting the kindness of staff and how quickly they responded to resident's needs. Staff were friendly and welcoming and showed respect for residents autonomy. Relatives were also satisfied with how staff kept them informed of any changes in their loved ones health condition.

The staffing in place including numbers and skill-mix were found to meet the needs of residents. Staff had received appropriate training which equipped them to care for residents who had dementia. However, the finding of this inspection were that some improvements were required to fully implement staff mandatory training in safeguarding which the provider was in the process of completing at the time of the inspection.

The action plan at the end of this report identify areas where improvements by the provider and person in charge are required.
### 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 Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Health and Social Care Needs

#### Theme:
Safe care and support

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

#### Findings:
This outcome was judged to be compliant in the self-assessment, the inspectors also judged it as compliant.

Overall the care and welfare of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments was being well met. The nursing, medical and social care needs of these residents were met to a good standard. Residents' confirmed their wellbeing to the inspector during the inspection. Residents with dementia had their choices in relation to aspects of their daily lives respected by staff. All aspects of service provision were found to be individualized and person-centred to promote independence and autonomy of the people living at the centre.

There was an admissions, transfers and discharge policy in place which was based on evidence-based practice. For example, including and reviewing cognitive abilities prior to admission, and detailed records of multi-disciplinary assessment which was reflected in practice. Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital held on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents had access to medical and allied health care professionals. Evidence was seen that a general practitioner (GP) visited the centre to see residents regularly. Access to out of hours medical care was also fully facilitated. Where required, residents had access to a private consultant psychiatrist and acute hospital consultant referrals. Referrals for residents for assessment to any of the allied health care team members were timely, and well documented. A number of residents living at the centre were living with acquired brain injury, mental health difficulties and complex health and social care needs. The provider outlined that provision and access to public mental health services was being sought through the Health Service Executive. Details of referrals made through a private service were reviewed since the time of the last inspection and this had informed the care plans in place for those residents. Records of residents care plans and interventions were found to be well maintained.
The provider facilitated all residents to have routine assessments of eyesight and dental hygiene/needs met. A physiotherapist was employed to support residents' independence with their mobility needs, assess residents and implement treatment plans and review residents if at risk of falls. There was clear evidence that all residents had their medical needs including their medications reviewed by the pharmacist, GP and nursing staff. The pharmacist delivered medicines to the centre as required and provided support and training as required. Detailed audits of medicines management practice took place and any errors or documentary omissions were analysed through this audit process to inform practice. Records of both paper and electronic medicine administration were fully in line with policy and best practice.

Risk assessments and care plans were reviewed on a four monthly basis and those reviewed reflected the residents' changing needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a four monthly basis. A sample of care plans reviews read by the inspectors were up-to-date.

Staff provided end of life care for residents with the support of the general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and a detailed care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life. They were detailed and included input from the resident and their next of kin.

Overall the nutritional needs of residents were met to a good standard and they were supported to enjoy the social aspects of dining. The menu provided a varied choice of meals to residents. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw this was provided in a quiet, calm and professional manner. Some residents were given a choice at each meal time and those residents diagnosed with dementia were also seen to eat their meals with other residents.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents' weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to a dietician. Overall, the inspectors saw that residents' individual likes, dislikes and special diets were recorded and were known to both care and catering staff. The inspectors also reviewed a small number of nutritional care plans which could be more detailed in terms of personal preferences for foods and drinks to support individual needs.

Where appropriate wound assessments and care plans were in place to guide staff in evidence-based practice. The records were also fully reflective of care provided. Pressure ulcer prevention and management practice was found to be adequate and all staff were knowledgeable and well informed about skin care and prevention with the centre's policy implemented in practice.

**Judgment:**


Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was judged to be compliant in the provider's self assessment, and the inspectors judged it as compliant.

The inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The approach used by all staff demonstrated a good standard of a consent led service provision. Elements of good practice to safeguard residents' privacy and dignity and rights were observed during this inspection.

There was an up to date safeguarding policy in place. The inspectors spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing. However, the staff mandatory training records that were reviewed confirmed that not all staff had received training on recognising and responding to elder abuse. All staff were required to attend this mandatory training as outlined in outcome 6 of this report. Since the last inspection there had been one notification of alleged abuse made as required by legislation to the Chief Inspector. The report had been responded to in a timely manner by the provider and all actions taken were in line with centre's policy. An investigation took place, and HIQA was provided with the outcome of which was reviewed by inspectors. Residents were found to be appropriately safeguarded throughout the process.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. They also spoke highly of the care provided by the staff and their caring attitude, and gentle approach.

At the time of the inspection, a small number of residents presented with some identified responsive behaviours. Residents who required support had an assessment completed and care plans were developed that set out how residents should be supported if they had responsive behaviours. The inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. For example, using a low arousal or a sensory approach with music or pet therapy. Staff spoken with were clear about how to manage and re-direct each resident. Staff also considered how residents were responding to their environment and were supporting people to feel calm.
Evidence-based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. The inspectors were informed by the staff that they had training in how to support and communicate with residents with dementia. Training records read confirmed that staff had attended training on responsive behaviours and dementia awareness over the previous few months.

There was a clear written policy on any restrictive practices considered for use in the centre. The policy, practice and assessment forms reviewed reflected practice that was in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). Six residents were found to be using bedrails at the time of the inspection and this was risk assessed. Alternatives to the use of bedrails were available, considered and documented. For example, increased staff supervision measures, low-low beds, sensor alarms and crash mats. The records of residents receiving any prn (as required) psychotropic medicines for responsive behaviours were reviewed by inspectors. Overall, there was clear evidence of review and where required, a detailed behavioural support plan in place to inform staff interactions.

The provider did not act as a pension agent for any resident, and appropriate safeguarding measures were in place for the management of finances.

**Judgment:**
Compliant

**Outcome 03: Residents’ Rights, Dignity and Consultation**

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The rights and dignity of residents including those with dementia were respected. There was evidence that residents were consulted with in relation to the running of the centre and that their feedback influenced practice. Information about advocacy wellbeing and other matters was available at reception and displayed on notice-boards throughout the centre.

Residents’ meetings were held approximately every two months in the centre, minutes of these were viewed by inspectors. These meetings were facilitated by both the Assistant Director of Nursing and by independent advocates. An action plan was attached to these minutes with a person assigned to follow-up each action. The inspectors noted that in one meeting a specific type of activity was requested to be brought back into the centre. The inspectors subsequently noted this had taken place,
as the activity was taking place at the time of the inspection. Inspectors spoke to residents who outlined that suggestions they had made in these meetings had been taken on board by management and implemented in practice. The meetings were also used as a forum to relay information to residents, for example in one meeting members of the community Garda Síochána were invited to introduce themselves to residents and they also provided contact information to residents.

Independence and freedom of movement was promoted in the centre. Inspectors observed residents moving throughout the centre as they wished. Residents were free to choose what they wished to do. Residents had good access to information in the centre. Copies of the last HIQA inspection reports and the resident’s guide to the centre were on display near the front entrance. Information boards were located around the centre with information leaflets on various areas, for example, autonomy, dealing with grief and infection control best practice. The menu for the day was also clearly displayed in both pictorial and written format. Each table in the dining rooms had a menu listing the daily options for the meals. There was also a pictorial menu displayed on the wall of the dining room to assist residents, particularly those with dementia, to know what the daily options were for each meal.

The weekly activity schedule was displayed throughout the centre. The schedule was displayed in a number of areas on each floor and was also on display in the lifts. The schedule was in a pictorial and written format to aid residents with varying cognitive ability to understand it. The person in charge informed the inspectors that there was a plan to introduce a larger and more accessible display of the schedule to facilitate residents with dementia. Residents were kept informed of activities as they were occurring. An intercom system was used to inform residents where and when an activity was occurring, if they wished to attend. Each resident’s access to activities was recorded. The majority of residents were receiving good weekly access to activities. Individual activities were provided to residents who were un-able to participate in group activities, this included activities such as a one to one session with a staff member or a visit from the therapy dog. The inspectors noted that staff were recording preferences for activities in care plans based on observed responses for residents with dementia.

There was a prayer room in the centre and Roman Catholic Mass was said there on a weekly basis. The rosary was also said once a week. Inspectors were informed that services for residents of other religious denominations could be accessed but at the time of inspection no residents had requested or had been identified as requiring this. There was a large and homely family room in the centre to facilitate residents to receive visitors in private if they wished. The inspectors were informed that visitors could visit residents from 11.00 to 21.00 but not during protected meal times, however this policy was flexible for immediate family if the resident wished. Residents had access to various types of media. Television was available in bedrooms and communal areas. Newspapers were available in the centre. Residents also had access to radio and Wi-Fi in the centre. Resident’s civil rights were found to be met. All residents in the centre were registered to vote. The person in charge informed the inspectors that during an election residents would be facilitated to vote in the centre. Residents had access to a landline telephone in their bedrooms.

Judgment:
Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A clear complaint’s procedure and a complaint’s policy was in place that guided practice. The person in charge was the person nominated to deal with all complaints and ensure that they are fully investigated. There was an appeals process outlined within the policy.

The complaint's procedure was displayed prominently and was in line with the information within the complaint's policy. The policy listed the various contacts relating to making a complaint, the process for appealing the outcome of a complaint and clearly differentiated between which contact was involved in the initial complaint and which contact should be contacted to appeal the outcome of a complaint.

The process confirmed by the inspectors was that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by a third party. An appeals process was in the policy and outlined also in the resident's guide. The right for a complainant to access the ombudsman was also clearly outlined.

There had been three complaints recorded and reviewed by the inspectors since the last inspection. All complaints both written and verbal were completed and documented in a separate file, with additional electronic information and follow-up on the centres' electronic record-keeping system. Details were also included in the record if the person was satisfied with the overall outcome of their concerns and/or complaints.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The centre had appropriate staff numbers and skill mix in place to meet the assessed needs of the residents. Throughout the inspection, the inspectors found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm and welcoming. Staff were calm, and were cordial and respectful of all residents, relatives and visitors to the centre.

Provision of care was satisfactory and overall care was undertaken in a person-centred manner. Staff were observed to reassure and communicate clearly with residents, offering choice before continuing to assist them.

Inspectors reviewed the planned and actual rota in the centre. The actual rota was found to be representative of the staff that were on duty during the inspection. Staff recruitment was ongoing as resident numbers increased. Some agency staff were used for unanticipated leave on occasions and inspectors were informed that the centre aims to use regular agency staff, and they had worked in the centre on a number of occasions. Inspectors found that supervision was appropriate for staff. During the day there were three nurses on duty covering the first and second floor. A Clinical Nurse Manager was also on duty between both floors, and the assistant director of nursing. Further to increasing numbers and dependency the staffing in place at night had been increased to three staff nurses from two with one of the registered nurses assuming overall charge.

Staff files were reviewed and it was found that all contained the requirements listed in schedule 2. Inspectors were informed by management that Garda Vetting disclosures were in place for all staff. Inspectors confirmed that this was in place for the three most recently recruited staff members.

Staff mandatory training records were reviewed and inspectors noted that staff training was in place for moving and handling and fire safety. However, there was evidence that not all staff had attended mandatory training in safeguarding, although this was planned for. The assistant director of nursing had recently completed a training course to implement the training required.

No volunteers were working at the centre at the time of the inspection, however, the provider was aware of the requirements of regulations if there were future plans to do so. Staff induction procedures were found to be detailed and supportive of people working in their new roles.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was judged to be compliant in the provider's self assessment, and the inspectors also judged it as compliant.

The build and the design and layout of the centre was in line with the Statement of Purpose and met residents individual and collective needs. The second floor currently does not accommodate any residents. The centre was kept clean and maintained to a good standard of repair and maintenance. Ventilation and lighting was suitable and sufficient.

The centre was purpose built and currently laid out over two floors which are accessed by adequate lifts and staircases. The dining rooms on both floors were spacious and accessible by those who wished to use for mealtimes. All private and communal rooms had an emergency call facility, and each resident was assessed for their use. There was provision of assistive equipment such as hoists and lifts. Suitable storage was provided for all assistive equipment.

The residents' bedrooms were located on the ground and first floor. Nine bedrooms were twin shared rooms, and the remainder were for single private occupancy. Each bedroom was provided with a large wardrobe and a locker for personal items. All bedrooms were en-suite, with a shower, hand wash basin and toilet. There was also sufficient number of assisted communal bathrooms and showers to meet the needs of all residents.

An accessible and secure large, landscaped courtyard garden was directly accessible to residents. Some residents also took walks outside in the grounds of the centre where there were level pathways in place. The inspector found the premises was designed and laid out in the communal areas, to ensure discrete supervision could be maintained from a distance by staff, with due regard for the residents' right to privacy. Adequate private and communal accommodation was provided, a variety of sitting areas for residents to sit in during the day. A bright reception space, with comfortable seating and a coffee shop with tables and chairs overlooking a courtyard garden was available. Each area has a visible nursing desk, with computer equipment for staff use, and secure clinical rooms. As already outlined in this report the centre has a visitor's room and a prayer room, and adequate office and administration space if private meetings are required to be held.

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
**Provider’s response to inspection report**

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<tr>
<td>Date of inspection:</td>
<td>29/03/2017</td>
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<tr>
<td>Date of response:</td>
<td>12/05/2017</td>
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**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.

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Evidence that all staff had completed mandatory safeguarding training working at the centre was not in place.

**1. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
In reference to the action required as outlined above, the provider has organised the following training dates for Mandatory Training as outlined below, in Safeguarding the Vulnerable Person, for all clinical and non-clinical staff onsite, including staff that were rostered or identified as requiring this mandatory training on the day of inspection:

March          May                          June
28th, 30th,    25th, 30th,  31st,       1st, 22nd,

**Proposed Timescale:** 22/06/2017