



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	AnovoCare Nursing Home
Name of provider:	Anovocare Limited
Address of centre:	Stockhole Lane, Cloghran, Swords, Co. Dublin
Type of inspection:	Announced
Date of inspection:	25 April 2018
Centre ID:	OSV-0005191
Fieldwork ID:	MON-0021435

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

AnovoCare Nursing Home is a purpose-built facility located in a countryside setting while remaining in close proximity within the local metropolitan community. The centre is registered to provide residential care to 89 residents, both male and female, over the age of 18 years. It provides care on an extended/long-term basis as well as transitional, step down, respite and convalescent care basis.

Residents with health and social care needs at all dependency levels are considered for admission. Care is provided to residents with varying facets of cognitive impairment and dementia; residents with features of physical, neurological and sensory impairments and residents with end-of-life and mental health needs.

Residents are accommodated on two floors. There are 71 single and nine twin bedrooms all with their own en-suite bathroom facility. This modern building has its own inner courtyard and secure landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home.

AnovoCare Nursing Home is situated in the North Dublin region close to the vibrant villages of Malahide and Swords. There is close access to hotels, restaurants, pubs, local parklands and shopping centres. There is an established bus service to and from Stockhole Lane.

**The following information outlines some additional data on this centre.**

Current registration end date:	17/09/2018
Number of residents on the date of inspection:	86

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
25 April 2018	09:30hrs to 19:30hrs	Sheila McKeivitt	Lead

## Views of people who use the service

Residents who communicated with the inspector stated they were happy with the services they receive and were happy living in the centre. They felt safe and secure and referred to it as home. They said there were plenty of staff on duty at all times and they answered the call-bell quickly when residents rang it.

Residents expressed a high level of satisfaction with the staff who cared for them. They said staff were kind and respectful and treated them in a courteous and dignified manner.

There was a schedule of activities available to them which they had the choice to attend or not.

They had a choice at each meal and the food served was usually nice. When residents got food served in their bedroom, they said it was often cold.

They had a say in their daily care routines and had regular resident meetings. They would go to one of the nurses if they had a complaint. Relatives expressed satisfaction with the visiting arrangements and said the communication with staff about their loved one was good.

## Capacity and capability

This was a well-organised and managed centre. The provider representative has a dual role as person in charge. Both roles were carried out effectively with support from the board of directors and the assistant director of nursing. There were well established systems and processes in place to ensure appropriate oversight of the quality of care and services provided to residents. Improvements were required in relation to information provided to residents in the contract of care and their involvement in the annual review of the service.

The management team monitored the quality of care and services delivered to residents by reviewing and trending key performance indicators on a monthly basis. Audits on areas of clinical practice were completed by clinical nurse managers, areas for improvement were identified, addressed promptly and a repeat audit was conducted. These monitoring measures ensured good quality care was consistently being delivered to residents. The detailed annual report of the quality and safety of care would be further enhanced if feedback was sought from residents and their families and included in the review.

Staffing numbers and skill-mix was appropriate to meet residents' needs. Residents were protected by good recruitment and vetting disclosure procedures. A training needs analysis had been completed with staff and a training plan for 2018 was in place. Staff were provided with mandatory training and training on other areas of practice such as dementia care, use of restraint, infection control practices, falls management, medication management and cardio-pulmonary resuscitation (CPR). This enabled staff to deliver evidence-based care to residents.

Residents had signed a contract of care on admission. It included details of the services and facilities provided and fees charged. Details of the room occupied by the resident and the makeup of this room was not always included. This required review.

Residents gathered around the coffee shop at the main reception which was a hive of activity with residents and relatives. Residents particularly enjoyed watching the animals which included ducks, chickens, a dog, a tortoise, birds and a rabbit, all of whom resided in the enclosed courtyard accessed from the coffee shop.

The residents confirmed they enjoyed the schedule of activities provided for them. The schedule contained a good variety of activities, some chosen by them at their monthly meetings. Minutes of these meetings with an action plan were available to residents in large print.

Volunteers were actively involved in the centre, mostly facilitating the provision of religious services to residents.

#### Regulation 14: Persons in charge

A full-time person in charge is employed in the centre, with the required skills and experience as outlined in the regulation.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mix were adequate to meet the needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had received training appropriate to their role and the needs of the residents. There was a training plan in place for 2018.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear governance and management arrangements in place to ensure the centre was providing the service described in the statement of purpose. An annual review document submitted for review set out the performance of the centre but there was no evidence that the document had been prepared in consultation with residents and their families.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Each resident had a contract of care signed on admission that described the terms of their residency. Some of the sample reviewed did not set out the bedroom to be provided for the resident or the occupancy of that bedroom.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose had been updated in 2018. It set out the service to be provided and arrangement for admissions to the centre. A more detailed description of the premises was required.

Judgment: Substantially compliant

### Regulation 30: Volunteers

Each volunteer involved with the centre had their roles and responsibilities set out in writing and had a Garda Síochána (police) vetting disclosure in place.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints procedure was available for review. It met the legislative requirements. The procedure to make a complaint was on display in different areas of the centre.

Judgment: Compliant

### Quality and safety

Overall, residents in this centre were well cared for, and the quality and safety of care provided was to a high standard. Some improvements were required to the service of food, content of care plans and the provision of wash hand basins in cleaning rooms.

The premises was homely, clean, tidy and well maintained. Residents were facilitated to personalise their bedrooms. They were encouraged to use the memory boxes outside their bedroom to facilitate them to locate their bedroom independently. Signage throughout the centre was good. Pictures were used on doors to enable residents to maintain their independence and find their way around. Seating areas for residents were located in bright, quite areas over-looking the courtyard where the animals wandered freely.

Residents' health and well being was supported by good access to allied health care services, an engaging environment and a social care programme which was interesting and met the needs of both male and female residents. A healthy life style was encouraged, residents had formed a 'green finger club' where they grew their own herbs, vegetables and flowers. Residents contributed to the development of the centre's menu and had established a fine dining club. Staff were observed prompting residents to exercise and walk along the wide corridors supporting themselves on the hand rails provided. Residents were observed sitting in different areas of the centre including the bustling coffee shop where they were actively stimulated.

Staff knew the residents well. Residents had been assessed using validated assessment tools on admission and had care plans in place to reflect each need identified on assessment. The content of these care plans did not always reflect the person-centred care being delivered. Medication management was good, and this was contributed to by the consistent oversight of practices and the implementation of good quality training to staff nurses. Residents' medications were reviewed by



their general practitioner (GP) and pharmacist on a four-monthly basis.

Residents' nutritional needs were met. They could choose where they dined and what they had to eat. Residents' independence was promoted by the provision of assistive cutlery and crockery. However, there was scope to further promote independent dining. The food served appeared wholesome and nutritious with quantities to meet the needs and dietary requirements of the resident. The noise levels in the dining rooms during meal times was high. This was due to task-orientated work being carried out when residents were dining. The service of food and the whole dining experience for residents required review to ensure it was a positive experience for residents.

### Regulation 17: Premises

The premises met the needs of residents. It is home like and domestic in character. The size and layout gives residents small, quiet spaces to rest which reflects good dementia design space. The cleaners' rooms did not contain wash hand basins.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were offered a choice of food. They were provided with adequate quantities of food and drink. The food appeared wholesome and nutritious with a good variety of foods on offer. However, the service of food and drinks required review.

Judgment: Substantially compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified in the risk register it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking the action.

Judgment: Compliant

## Regulation 27: Infection control

The procedures followed by staff to prevent the spread of infection were to a high standard. The good practice observed was consistent. Staff had access to wash hand basins, hand wash and drying facilities on all corridors together with hand sanitisers.

Judgment: Compliant

## Regulation 28: Fire precautions

There were adequate arrangements in place against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the fire systems. The support needs of each resident in the event of a fire were recorded. Staff had attended training and had participated in practice drills to evacuate residents.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Medication practice in the centre was in line with national standards. There were clear arrangements in place for the receipt, storage, disposal and administration of medication in the centre. Residents were observed receiving their medication as prescribed.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Resident care records showed that pre-admission and admission assessments were completed, care plans were put in place and reviews took place every four months or more frequently if required. Improvement was required to ensure care plans consistently reflected the individual resident's current needs, and described how the healthcare needs were to be met.

Judgment: Substantially compliant

## Regulation 6: Health care

There was good access to allied healthcare services, and residents' needs were assessed regularly by their general practitioner (GP) to ensure their needs were met.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a low use of restraint in the centre. Behaviours associated with dementia were assessed and good practices were described by staff in the management of these behaviours.

Judgment: Compliant

## Regulation 8: Protection

There were measures in place to ensure residents were protected from abuse and were safe in the centre. Training was provided to staff to guide them in recognising and responding to actual, alleged or suspected incidents of abuse. Staff spoken with knew their responsibilities in relation to ensuring residents were safe and protected.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for AnovoCare Nursing Home OSV-0005191

Inspection ID: MON-0021435

Date of inspection: 25/04/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In Line with Regulation 23: Governance and management and Theme 1. of the National Standards for Residential Care Settings for Older People in Ireland 2016.</p> <p>We will place the Annual Review and Action Plan on the agenda for discussion at the scheduled resident committee meetings and relatives meetings. The current Annual Review and Action Plan for 2017 is on each information sharing notice board on each floor for reference purposes for residents and relatives. We will listen and document meetings with the residents and relatives and provide feedback at these ongoing meetings.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>In line with Regulation 24: Contract for the provision of services and Theme 1. of the National Standards for Residential Care Settings for Older People in Ireland 2016.</p> <p>Every resident upon admission receives a Contract of Care. This Contract of Care will be updated to include an identified bedroom number and also identify the category of bedroom, for example single bedroom or twin bedroom. The current audit tool will be updated. An audit of all Contracts of Care will be completed twice yearly, to ensure they clearly reflect the residents' bedroom number and category of bedroom. Any updates to the residents Contract of Care within the control or responsibility of AnovoCare Limited, will be informed to the resident or their nominated co-decision maker.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

<p>In line with Regulation 3: Statement of purpose and Theme 5. of the National Standards for Residential Care Settings for Older People in Ireland 2016.</p> <p>We will update our current Statement of Purpose to reflect the size of each individual single bedroom, twin bedroom and en-suite in square meters rather than the combined bedroom en-suite in square meters. We will include in the premises description that all en-suites, peninsular bathrooms are described as assisted bathrooms with a hand wash basin and toilet. We will also separately describe the one assisted bathroom on the ground floor which includes a hand wash basin, bath and toilet.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In line with Regulation 17: Premises and Theme 2. of the National Standards for Residential Care Settings for Older People in Ireland 2016.</p> <p>As of 15/5/2018 we have installed, a new hand wash basin in each of the two chemical store rooms on each floor. They are stainless steel, with mixer tap and are knee operated hand wash basins. Also included is a hand soap dispenser and a hand towel dispenser in each chemical store room.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: In line with Regulation 18: Food and nutrition and Theme 2. of the National Standards for Residential Care Settings for Older People in Ireland 2016.</p> <p>We are completing an audit during meal times on both floors to identify those residents who would have a choice or preference for having a choice of cordial drinks on their dining table. We plan to identify through this audit those residents who would have a choice or preference for having food complimentary hot sauces on their dining tables. The audits are currently being complied during every meal time on both floors. We are also reviewing processes in order to try and reduce the ambient noise of certain kitchen equipment utilised during meal times such as the dishwasher..</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: In line with Regulations 5: Individual assessment and care plan and Theme 2. of the National Standards for Residential Care Settings for Older People in Ireland 2016.</p> <p>We will be updating all individual residents care plans, to reflect the generic name of each prescribed as required medication (PRN Medication), in particular any individual</p>	

residents prescribed (PRN Psychotropic medications).

The individual care plans are and will continue to be updated every four months or more frequently if there is a significant change in the residents care or prescribed medications.

|



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/6/2018
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	15/6/2018
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	15/6/2018
Regulation 24(1)	The registered provider shall agree	Substantially Compliant	Yellow	15/6/2018

	in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/6/2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/6/2018