



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

## Issued by the Chief Inspector

Name of designated centre:	Anovocare Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Stockhole Lane, Cloghran, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 January 2020
Centre ID:	OSV-0005191
Fieldwork ID:	MON-0028654

## 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 park lands and shopping centres. There is an established bus service to and from Stockhole Lane.

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

Number of residents on the date of inspection:	85
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 15 January 2020	09:30hrs to 16:30hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

Residents were complimentary about the services, staff and facilities available to them. Those spoken with were happy living in the centre and said that they felt safe and secure. They told the inspector they liked living there.

Residents told the inspector they were happy with the care they were receiving. They were extremely happy with the choice and standard of food provided to them.

They said that staff were very kind to them and they felt there was always enough staff on duty to care for their needs. They said the staff treated them with respect and were attentive. The inspector observed good communications between all staff disciplines and residents. Residents told the inspector that they enjoyed the activities especially the exercise class, it was described as fun. The inspector saw residents actively participating in a music session which they said they were enjoying.

The inspector spoke with a relative visiting residents. The relative said there were no restriction on visitors, they were always made feel welcome and they felt it was homely place to live. They stated the they were always kept informed of their relatives condition. The residents and relative spoken with had no complaints.

## Capacity and capability

This was a well-governed centre. The new provider had put good leadership, governance and management arrangements in place and this contributed to the centre's high level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and helped to ensure that residents enjoyed a good quality of life.

The management structure was clear. The management team was made up of the provider representative, the clinical operations manager and the newly appointed person in charge and the newly appointed assistant director of nursing. They all knew their roles and responsibilities and the lines of authority and accountability were clearly outlined in the statement of purpose and reflected in the organisational structure. The management team met every week to discuss all areas of governance and any issues identified were addressed without delay.

The centre was well resourced. It was clean, tidy and furnished in a homely manner. It was well maintained and continued to meet the needs of residents.

The staffing numbers and skill mix on the day of this inspection were adequate to

meet the needs residents. The supervision of staff was good. Staff had appraisals completed on an annual basis and all had mandatory training in place.

The premises was well maintained and servicing of equipment was kept up-to-date, including fire fighting equipment.

Staff files reviewed contained all the required documents outlined in Schedule 2 of the regulations. As a result the inspector was assured that residents were safeguarded by a robust recruitment policy which was implemented in practice.

The directory of residents included details of all the residents. The statement of purpose, certificate of insurance, contracts of care, directory of residents and all Schedule 5 policies and procedures were available for review and met the legislative requirements. However, some policies were not reflected in practice.

### Regulation 14: Persons in charge

A new person in charge had been appointed in December 2020. She had previously held the role of assistant director of nursing in the centre. She had the relevant skills, qualifications and experience to undertake the role and was deemed fit to be named person in charge of the centre. She was supported by the provider representative, the clinical operations manager, assistant director of nursing and a well-trained team of staff.

Judgment: Compliant

### Regulation 15: Staffing

The staffing levels and skill-mix were adequate to meet the needs of the residents living in the centre on the day of inspection. Staffing levels were reviewed on a frequent basis by the person in charge to ensure they met residents' needs.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge, assistant director of nursing and clinical nurse manager supervised staff when on duty. There was minimum of three registered nurses on each 12 hour shift.

All staff had the required mandatory training in place. Some staff had received

additional training to ensure they remained competent in their role, this included training in cardio-pulmonary resuscitation, infection control and medication management.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre, and contained all of the information required by the regulations.

Judgment: Compliant

### Regulation 22: Insurance

There was a contract of insurance in place which included cover against injury to residents. The contract also included cover against other risks, including loss or damage to a resident's property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an newly established system of communication which ensured support for the newly appointed person in charge.

New management systems had been implemented by the new provider to ensure the service provided was safe, appropriate, consistent and effectively monitored. The comprehensive process included all aspects of care.

An annual review for 2019 was at the final stage of completion and was subsequently submitted to the Chief Inspector for review. It included residents views of the service.

Judgment: Compliant

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

A contract of care outlining the terms and conditions of each resident's stay were completed on admission. Those reviewed included the fees to be charged, potential additional charges and the number of the bedroom occupied by the resident. A sample of contracts was reviewed by the inspector and they included the fact that the contract was now between the resident and the new named provider. The records showed that contracts were signed by the resident and/or their next-of-kin.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed to reflect the new provider, organisational structure and management team. A copy was on display in the centre. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

### Regulation 30: Volunteers

There were a small number of volunteers coming into the centre. They all had Garda Vetting clearance in place and had their roles and responsibilities set out in writing.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of all accidents and incidents showed that all those which were required to have been notified in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure



The complaints procedure had been changed since the new provider took over the centre. It was on display in the centre and the updated procedure reflected the legislative requirements. The inspector reviewed the complaints on file and was satisfied that the complaints procedure was followed in practice.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All policies outlined in schedule 5 were available. They had been reviewed in the past three years, however some had not been implemented effectively and as a result they were not reflected in practice. For example, the policy on the management of residents' monies and the end of life policy.

Judgment: Substantially compliant

#### Quality and safety

Overall, residents received a high standard of care and were enjoying their lives in the designated centre. Residents' health, social care and spiritual needs were well catered for. Some areas for improvement were identified, in the main this was in relation to the nursing assessments and care plans for residents. However, other areas included the service of snacks and drinks between meals and the procedures for accepting and auditing residents petty cash held on their behalf.

Management and staff had strived to ensure residents received a safe and quality service where their abilities and potential was maximised and their needs were maintained. This was done by continuously monitoring the service provided and asking residents for their feedback on the service.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety and respond to incidents reported.

Residents with dementia were being effectively supported by staff. The person in charge and staff were committed to implementing the national policy 'Towards a restraint free environment', and overall the use of restrictive practice in the centre was low.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. They were enabled through the provision of a wide variety of stimulating activities to maintain a healthy and active social life. They had access to religious services through the local Legion of Mary

volunteers, which they enjoyed.

The premises was well maintained inside and outside. Each resident had access to a large single bedroom with an en-suite bathroom which contained a shower, toilet and wash hand basin. This facilitated residents to remain independent for as long as possible and enabled them to maintain their privacy. The communal rooms were a mixture of small and large rooms, which facilitated residents receiving visitors in private. The fully operational cafe at reception was a popular meeting spot which extended out into a enclosed courtyard with well established flower and shrubbery beds.

### Regulation 18: Food and nutrition

Residents had a choice of meals and access to a fresh supply of drinking water. Adequate quantities of wholesome food were prepared, cooked and served to residents at the three main meal-times. The inspector observed residents being offered only biscuits at 11:00 , there was no choice of snack offered with the choice of hot drink.

The trolley service required review as the inspector observed that the delph in use was not clean. When this was pointed out to members of the senior management team the delph in use on the trolley was replaced.

There was an adequate amount of staff to provide assistance to residents in the dining room at lunch time.

Judgment: Substantially compliant

### Regulation 27: Infection control

Procedures consistent with the standards for the prevention and control of health care associated infections published by the Health Information and Quality Authority were implemented by staff.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire alarm, emergency lighting and fire extinguishers were serviced as required, records were available for review.

Fire drills and fire training had been completed on several occasions with all staff, and all had received this mandatory training within the past year. Simulated fire evacuations had been practiced on a number of occasions in 2019.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' assessments and care plans were completed on admission and were reviewed on a four monthly basis. A sample of residents assessments and care plans were reviewed by the inspector. The information in the assessment conflicted with that in the care plan. For example, one resident's mobility assessment stated they were not a risk of falling in contrast to their care plan which stated they were at medium risk of falling. A resident with breathing problems had a care plan which instructed staff to monitor the resident's oxygen saturation's continuously but did not state what the normal oxygen saturation's range for this resident were. In addition a number of end-of-life care plans did not reflect the end of life resuscitation choices which had been made by residents.

Judgment: Not compliant

### Regulation 6: Health care

A high standard of evidence-based nursing care, in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais was provided for the residents.

Residents had access to members of the allied health care team. Referrals were made promptly and there was no delay in residents been assessed. Residents were seen regularly by their (GP) including post a fall or when transferred back to the centre after a stay in hospital.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust policies and procedures for the recruitment of staff. All staff had mandatory safe guarding training in place.

The provider was not a pension agent for any of the residents. Petty cash was held

on behalf of a small number of residents. These monies were stored in a safe and secure environment. The procedures followed for receiving money and the monthly audit of monies held required reviewed to ensure practices reflected the local policy and procedures.

Judgment: Compliant

### Regulation 9: Residents' rights

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. On the day of the inspection residents were observed participating in activities coordinated by activities staff. Residents living with dementia were included in the activities on offer. The weekly activities schedule was on display and residents were aware of what the days activity schedule offered.

Residents had access to an environment which enabled them to undertake activities in private. They were offered choices in all aspects of their day-to-day life and their choices were being respected.

Residents were facilitated to exercise their civil, political and religious rights and had access to radio, television, newspapers both local and national, together with access to the Internet.

Judgment: Compliant

### Regulation 11: Visits

A new keycode operated pad had been inserted inside and outside the front door. The operational procedures put in place for its use ensured the safety of residents, staff and visitors at all times. Arrangements were in place for residents to receive visitors in private. There were no restrictions on residents receiving visitors; however, visitors were asked to respect mealtimes. There was a visitors' sign-in book at the front reception.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 11: Visits	Compliant

# Compliance Plan for Anovocare Nursing Home OSV-0005191

Inspection ID: MON-0028654

Date of inspection: 15/01/2020

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All schedule 5 policies are in place in all nurses stations and in the Director of Nursing's office. The two policies highlighted as not been implemented effectively, namely the Policy on End of Life and Management of Residents Monies will be discussed at both handovers up until the 01/03/20, ensuring that all staff have signed that they understand and can implement same in practice. The policy on Management of Residents Monies was discussed with the administration staff on the 16/01/20 following the inspection ensuring they are fully aware of all their responsibilities in relation to the implementation of same.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The snacks available to the residents were reviewed on the 16/01/20, and all trollies now have a wide variety of snacks available, including plain and chocolate biscuits, sugar and gluten free biscuits, fruit, yogurts, rice puddings, fruit jellies, tea coffee, milk and a selection of cold flavored sugar free squash. The Catering Manager will also carry out random inspections of the snack trollies to ensure this standard is maintained. All the Catering dishwashers were serviced on 16/01/2020 by Precision Catering Engineering and an audit of all chemicals used in the dishwashers was completed by Irish distributors during the week of 27/01/2020. The serving trollies have all been deep cleaned, and a new cleaning schedule has been put in place as of the 16/01/20. Trollies are also cleaned regularly throughout the daily service. The Group Catering Manager and Head Chef will</p>	

continue to monitor cleaning schedules and works carried out to maintain consistent level of cleanliness.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
All residents care plans are reviewed at least every four months. From September 2019 a new Care Plan Audit was introduced ensuring that 10% of Care Plans would be audited monthly. Following this inspection, a full forensic audit of all assessments and care plans commenced on the 16/01/20 and will be completed by the 01/03/20. From that date the PIC will ensure that the Monthly Care Plan Audit commences again ensuring that all Care Plans are maintained and updated as required to a high standard. A meeting was held with all Staff Nurses on the 22/01/20 highlighting the importance of ensuring that all assessments and Care Plans are continuously updated to reflect the current needs of the residents



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	27/01/2020
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/03/2020
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who	Substantially Compliant	Yellow	01/03/2020

	intends to be a resident immediately before or on the person's admission to a designated centre.			
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.	Not Compliant	Orange	01/03/2020