



# 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:	23 March 2021
Centre ID:	OSV-0005191
Fieldwork ID:	MON-0031396

## 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:	73
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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
Tuesday 23 March 2021	09:00hrs to 15:00hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

This was a well managed service that provided safe care and services for the residents. The inspector observed that the coffee shop situated in the front foyer was open and the smell of fresh coffee was very welcoming. The inspector observed residents receiving visitors in the coffee shop for the first time in 2021. The expression of joy on residents and relatives faces reflected the sheer delight of being able to have a face to face visit with each other.

Residents' artwork was on display in the front foyer. The display included paintings and handmade flowers made by residents to celebrate Blooms day. One resident explained her delight with winning first prize in the painting competition. The resident said the activities co-ordinators were all marvellous, explaining how they had kept the residents occupied throughout the difficult period of COVID-19 restrictions by involving them in interesting and varied activities.

From what the residents told the inspector and what the inspector observed, it was clear that residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre. One resident said staff deserved a gold medal for protecting them from COVID-19.

Residents said it was a safe and pleasant place to live and that they were warm and comfortable. The inspector observed that the corridors were wide, bright and contained some small comfortable areas where residents could sit, rest and spend some quiet time. These areas overlooked the enclosed courtyard where the pet turtle lived.

Residents were closely monitored for signs and symptoms of COVID-19 with their temperature being monitored and recorded twice each day, however some recent gaps in temperature records were noted. Care staff were aware of the need to report any change in a resident's health or well-being to nursing staff.

Residents told the inspector that staff took an interest in them and their abilities. One resident explained how she enjoyed knitting and was a member of the knitting group. The resident explained how she had knitted a cardigan and hair bands which staff admired. She explained how this initiative driven by staff had made such an amazing difference to her life. She said she now had something to do and was so grateful to the staff for giving her a purpose during this difficult period.

The inspector observed residents having lunch in the dining room. Residents spoken with said it was beautifully cooked, well presented and they always received a choice. However when they were served meals and hot drinks to their bedrooms they were sometimes cold. The inspector observed that the service of morning drinks had improved however the lunch time service required review. The inspector observed residents being disrupted from eating their lunch by the administration of medications and by the noise made from plates being cleared in the dining room

while some residents were still eating.

The next two sections of this report will set out the findings of the inspection and discuss the levels of compliance found under each regulation.

## Capacity and capability

This was a well-governed centre. Good leadership, governance and management arrangements were in place and these had 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).

The Chief inspector had been notified of an outbreak of COVID-19 in August 2020 which effected over 20 staff and 43 residents, sadly four residents who had contracted the virus had died.

The management structure was clear. The management team was made up of the provider representative, the operations manager, the person in charge and an assistant director of nursing. They knew their roles and responsibilities and the lines of authority and accountability were clearly outlined and reflected in the statement of purpose. The management team met every two weeks to discuss all areas of governance and took appropriate actions where necessary.

The centre was well resourced. 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 they all had mandatory training in place.

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

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 and ensured that all new starters were appropriately vetted.

## Regulation 15: Staffing

The staffing numbers and skill mix were good. They enabled staff to meet the needs

of the 73 residents in a holistic manner. Staff were attentive towards residents. The staff had time to sit and interact with residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. They all had attended the required training to enable them to care for residents safely. There was good supervision of staff.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place. Managers were known to staff and residents. Staff were clear about their roles and responsibilities and had the knowledge and skills to carry out their work.

The management team had oversight of the quality care being delivered to residents. There was clear evidence of learning and improvements being made in response to audit reports and feedback from residents.

An annual review had been completed for 2020 and it included consultation with residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in the centre. The procedure reflected the legislative requirements and practice reflected the policy. All complaints received had been addressed and were closed. The complaints process was reviewed on a quarterly basis by a member of the senior management team.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule five of the regulations were available for review. They had been reviewed within the past three years and those read reflected current practices in the centre.

Judgment: Compliant

## Quality and safety

Overall, residents received a good standard of service. Residents' health, social care and spiritual needs were well catered for.

Management and staff had strived to ensure residents received a safe and quality service where their abilities and potential were maximised and their needs were met. Residents were complimentary of staff, facilities and most of the services available to them.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including the right to receive visitors inside the centre in line with the current guidance (COVID-19 Guidance on visits to Long Term Care Facilities. Health Protection and Surveillance Centre 2021). Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. They had access to a schedule of activities which residents appeared to enjoy.

The premises was well maintained inside and outside. Each resident had access to a large single bedroom with an ensuite 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 to interact with each other whilst maintaining social distance.

There were comprehensive processes in place in relation to infection prevention and control. The oversight of infection and prevention assured the inspector that standards in this area were consistent.

The coffee shop was the area allocated for visiting with relatives and friends. The process in place limited visiting to one hour in the morning and one hour in the afternoon, thus ensuring all residents had access to the facility for some part of the day.

## Regulation 11: Visits

Visiting had commenced in line with HSPC on COVID-19 Guidance on visits to Long



Team Residential Care Facilities (LTRCs). Staff from all areas had developed and implemented a procedure which maximised the residents and their relatives safety and minimised the risk of bringing COVID-19 into the centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

The food served was nutritious and residents' received a choice at meal times and during the service of drinks and snacks. Mid-morning drinks were offered together with a choice of fruit and biscuits. This was an improvement since the last inspection. However the service of food required further review to ensure it was hot when residents received it. In addition, the overall dining room experience required review to ensure mealtime was a quiet, enjoyable and social event for residents.

Judgment: Substantially compliant

### Regulation 26: Risk management

A risk management policy and risk register was in place and maintained. A process for hazard identification and assessment of identified risks relating to residents and to the centre were recorded and subject to review. Risks identified were outlined and the plan in place to control these risks was clear.

Judgment: Compliant

### Regulation 27: Infection control

Procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA were implemented by staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessments and care plan reviews took place four monthly or more frequently if required. There was evidence of residents being

involved in the development of their care plan and their review.

Each resident had a COVID-19 care plan in place which identified any specific risks or needs that the resident may have in keeping themselves protected from the virus. However the inspector noted some gaps in the records of residents' twice daily temperature checks which meant that a resident presenting with a raised temperature might not be identified promptly.

Judgment: Substantially 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. Residents' had access to their General Practitioner (GP) who visited the centre a number of times each week. Residents had a medical and medication review completed on a four monthly basis.

Residents had access to members of the allied health care team including occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services as required. Referrals were made promptly. A physiotherapist was employed to work fulltime in the centre and this ensured there was no delay in residents being reviewed.

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. Residents were viewed participating in activities co-ordinated by staff, those residents with dementia were included.

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

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Anovocare Nursing Home OSV-0005191

Inspection ID: MON-0031396

Date of inspection: 23/03/2021

## 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 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 DON provided verbal feedback to the Head Chef and the Groups Catering manager of the inspection on the 23/03/21. A formal meeting was held on the 31/03/21 and an action plan put in place to ensure that the issues identified were addressed. The following was agreed with a timeline of the 30/04/21</p> <ul style="list-style-type: none"> <li>• Head Chef will speak to individual residents identified as having particular tastes and comments regarding food quality.</li> <li>• ADON will create a survey of current dishes on the menu to ask residents to rate and identify favorite meals. Activities staff will assist residents to complete. Results will be shared with Groups Catering Manager and Head Chef to assist in meal planning and menus.</li> <li>• Catering staff will reduce the noise level in the dining room by clearing plates in kitchen and waiting until after meals to clear on first floor.</li> <li>• Dining room to be audited by Group Catering manager to ensure that the overall dining room experience and mealtime was a quiet, enjoyable, and social event for residents.</li> <li>• Residents Food Satisfaction surveys will continue to be completed monthly and reviewed by Trinity Catering Manager.</li> </ul>	
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:</p> <p>As of the 23/03/21 all Residents' temperatures will be taken and recorded twice a day as per Trinity Care COVID 19 Policy Ver 12 and guidance from the HSE. The DON, ADON</p>	

and CNM's will reviewed this process on a daily basis to ensure that there are no further gaps.

## 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	30/04/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	23/03/2021