



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

Issued by the Chief Inspector

Name of designated centre:	Anam Cara
Name of provider:	Fold Housing Association Ireland Company Limited by Guarantee
Address of centre:	Anam Cara Housing with Care, St Canice's Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	13 June 2023
Centre ID:	OSV-0000749
Fieldwork ID:	MON-0040434

About the designated centre

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

Anam Cara opened in 2007 as the second scheme of its type in Dublin, offering further choice in care to those in need of a more supported living environment. Anam Cara provides accommodation for 56 residents, 28 units accommodate residents living with dementia and 28 units for older people in need of 24 hour care and support. Anam Cara is not a nursing home and residents in upstairs accommodation have complete freedom to come and go as they please. Each dwelling is carpeted and ensuite bathrooms are provided with non slip flooring. A range of storage is provided within each dwelling, including lockable units for use by residents. Each dwelling had a TV and telephone point. Residents on the first floor had keys to the front door of their own dwelling. Additional supervision and support is provided to residents living on the ground floor. Staff call points were provided throughout each dwelling in case the resident required assistance. Anam Cara provides a homely environment and is adjacent to local shops at Ballygall Road in Glasnevin.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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 13 June 2023	09:20hrs to 18:00hrs	Lisa Walsh	Lead
Tuesday 13 June 2023	09:20hrs to 18:00hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents in the designated centre to gain insight into their experience of living in Anam Cara. Residents were highly complementary of the staff, management and the care they received, with one resident saying "staff here are A1". Throughout the day, inspectors observed staff to be kind and patient with residents. Interactions observed on the day between the residents and the person in charge demonstrated how comfortable they were with each other. Residents said they felt safe living there and had no complaints.

Following an introductory meeting with the person in charge, inspectors were accompanied on a tour of the premises. The centre was clean and bright and set out over two floors with a very positive and relaxed atmosphere. Residents living in the centre had low or medium dependency needs. All bedrooms were single occupancy with an en-suite and kitchenette where residents could make hot beverages and snacks. Residents had sufficient storage space for their personal belongings and were able to decorate their rooms to their own preferences.

Residents on the first floor were very independent and observed to go out into the local community for shopping and socialising. For residents on the ground floor of the centre there was a large communal space with a projector which was overlooked by an atrium for residents on the first floor. This space was used for a host of activities. Residents were observed to use this space for bingo, listening to music to relax, enjoy the sunshine and watch live Mass which was streamed from residents' various home counties on different days.

Residents also had access to internal courtyards with raised flower beds, trees, seating areas and paved pathways. Each courtyard had an individual layout and was planted with different flowers, which gave residents a variety of outdoor spaces to choose from. On the day of inspection some residents choose to sit in the courtyards reading a newspaper while having a cup of tea and enjoy the sunshine. There was also a well-maintained seating area at the front of the centre for residents to use. Inspectors observed one resident sunbathing in this area and other residents meeting their relatives in this space.

Improvements and ongoing refurbishment was taking place in the centre. For example, new seating had been placed in the courtyards, a new clinical hand wash sink had been installed on each floor and a sitting room on the first floor was newly painted with new furniture and two karaoke machines for residents to use. A sensory area had also been created with a large fish tank, lighting and a sound machine which played sounds of the ocean. This created a calm area where residents could relax.

Residents spoken with said the food was very good and that there were lots of options for them to choose from. During lunch time, inspectors observed that the food was served hot and smelled appetising. Each dining room had menus available

for residents to choose from and was spacious and well laid out. Plans to refurbish the dining rooms had been developed by the person in charge in consultation with residents and a budget request for the improvements had been submitted.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall the inspectors were assured that the residents were supported and facilitated to have a good quality of life living at the centre. The centre has a good history of compliance with the regulations and this was evident on the day of inspection. The centre was well-resourced. This inspection found that there was a clearly defined management structure in place, with effective management systems ensuring oversight of the service and the delivery of quality care to residents. The centre was well managed with residents expressing a high level of satisfaction regarding the care and support provided to them. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and managing risks in the centre.

Staff spoken with were familiar with residents' needs. Staff confirmed that they felt supported, and that they could raise issues readily with the person in charge. There was a good system of supervision in each of the departments. Staff had access to the equipment and training required to ensure they could meet the needs of residents.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements. Anam Cara is one of two centres operated by Fold Housing Association Ireland Company Limited by Guarantee, which is the registered provider. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The person in charge was supported the provider representative, director of care services and the clinical nurse manager (CNM), a team of senior care staff, carers and laundry staff. The CNM provided clinical oversight of care planning and clinical expertise.

The senior management team was kept informed about the performance of the service with a comprehensive auditing programme which was reviewed at regular intervals. The system resulted in improvements in practice and addressed any issues identified with improvement action plans in place. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations including operations committee meetings, middle management meetings, senior carers and

carers support meetings to discuss care plans and keyworker reports and laundry meetings.

An annual review of the quality and safety of care delivered to residents had taken place for 2022 in consultation with residents. Residents were offered a copy of the annual review in an accessible format.

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

There was a good system for the supervision of staff across all disciplines, and a formal induction programme for all new staff.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and CNM were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. The

registered provider ensured that sufficient resources were available to provide a high standard of care for the residents.

Effective management systems were in place to ensure the service was appropriately managed. The management team worked well together, supporting each other through a well-established and maintained system of communication.

An annual review for 2022 was reviewed and it met the regulatory requirements.

Judgment: Compliant

Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre. The person in charge understood the regulatory requirements if volunteers commenced attending the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector of Social Services in a timely fashion and in compliance with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to residents. Staff were observed to speak with residents in a kind and respectful manner, and to interact with them in a friendly manner. Residents told inspectors that they felt safe living in the centre.

A sample of care plan documentation was reviewed. Residents' needs were comprehensively assessed prior to and following admission. Nursing assessments and person-centred care plans were maintained on an electronic system, and reviewed when necessary or on a four monthly basis. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments in consultation with the resident. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and

contained information to guide staff on individualised care, residents' wishes and care needs.

Residents with communication difficulties had personalised care plans in place and staff were aware of their specialist communication needs. Assistive technology was in place for those who needed it including laptops and a loop hearing system.

Residents' health and well-being was promoted and residents had timely access to the general practitioner (GP), health and social care professionals, such as, the community intervention team (CIT), physiotherapy, occupational health, phlebotomy and public health nursing (PHN), as required. The GP from a local practice attended the centre weekly and some residents attended a GP of their choosing in the community. Residents had access to a mobile x-ray unit and 24-hour access to a pharmacy for prescriptions. Residents who wished to maintain control of their medication were supported to do so. This was risk assessed in consultation with the resident and their GP. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

A sample of medication management charts were examined. The systems in place were safe and staff had a good knowledge of safe medication management, which was observed by the inspector during this inspection. Residents that wanted to self-administer medication were supported to do so, following a comprehensive risk assessment. The medication management policy was available, up-to-date and included information in relation to safe prescribing, storing, dispensing, shared medications, and administration of medicines.

Residents had adequate lockable space to store and maintain personal possessions in their own bedrooms. Laundry was carried out in the centre and residents confirmed that their clothes were well laundered and they had no complaints regarding the management of laundry.

The premises was of suitable size to support the number and needs of residents. The centre was bright and airy with adequate lighting and heating. The internal gardens were well-maintained with residents observed to enjoy sitting outside at various times during the day. The lounge on the first floor had been recently re-decorated to a very high standard. Each compartment in the centre had its own dining room. Although the dining rooms throughout the centre needed some refurbishment from wear and tear, the person in charge had already identified this as part of the maintenance schedule and had already requested funding.

The residents' guide had been updated in 2023. It included details of all the services and facilities available in the nursing home. It also, included details of the complaints process. The person in charge had liaised with advocacy services in order to include further updates to the guide.

Documents reviewed in relation to residents who had been transferred into and out of the service were available for review. Transfer letters with information on resident transfers were seen to be comprehensive.

Cleaning services were provided by an external company. The centre was clean and tidy and residents reported they were happy with the cleanliness of the communal areas and their living space. Inspectors reviewed cleaning schedules and audits were in place to ensure that the standard of hygiene was maintained. Residents' equipment, handrails and door handles were cleaned as part of the night cleaning schedule. The person in charge completed a daily walk-around of the centre. Two new hand wash sinks had been installed in assisted bathrooms, one on each floor. Posters were displayed beside hand wash sinks to guide staff and residents on the correct procedure. Staff were knowledgeable of infection prevention procedures and appropriate training was in place for staff.

The laundry was shared with a neighbouring designated centre. Areas for handling clean and dirty laundry were clearly segregated and staff were knowledgeable about the procedures to follow to avoid cross-contamination. A cleaning room on the first floor had items stored under and beside the sink which prevented clear access to the sink, and proper cleaning of this area. The person in charge ensured that the room was cleared and cleaned on the day of inspection. Cleaning trolleys were well-organised and had a clear system of separating cleaning cloths to ensure that there was no cross-contamination.

Personal emergency evacuation plans (PEEPs) were completed for all residents and were stored on the wall in each compartment to ensure that they were easily accessible. The plans were reviewed on a monthly basis by the person in charge or updated when a residents' mobility needs changed. Details of fire drills were provided for inspectors to review. These contained different scenarios and outlined the time it took to complete each drill and any learning from the drill. However, while reviewing the outside of the building inspectors were not assured that adequate arrangements for evacuation were in place. Staff spoken with were knowledgeable about what to do in the event of a fire. The smoking room was well-ventilated and contained ashtrays, a fire blanket, and a call bell. Inspectors reviewed records of the up-to-date maintenance of the fire alarm system and the emergency lighting. A fire risk assessment had been completed by an external organisation in August 2022 and the majority of recommendations had been completed, with plans in place for those remaining.

Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Specialist communication requirements were documented in care plans and was clear, concise and personalised. Staff were knowledgeable of residents who had communications difficulties.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the designated centre. It was in a good state of repair with a well-organised maintenance schedule to ensure that the high standard of decor was continued. Communal areas contained comfortable furniture to meet residents' needs, while corridors and bathrooms had handrails to assist residents' mobility.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider produced a residents' handbook, which provided information about the services and facilities available, terms and conditions of residing in the designated centre, complaints, visiting and advocacy.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

An electronic record system in the designated centre created a template letter when residents were transferring out of the designated centre. The letter included GP details, current medication, contact details and the most recent resident notes. Inspectors viewed a recent letter which had been saved on a residents' file. Hospital discharge summaries were also saved on resident files and they included details of investigations, medications and diagnoses.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that there was a good standard of infection prevention and control (IPC) in the centre. The person in charge was the (IPC) lead. A review of the last COVID -19 outbreak had taken place and an up-to-date contingency plan was reviewed by inspectors. Residents were receiving their COVID-19 booster vaccinations on the day of inspection. The designated centre was clean and tidy. Management oversight including audits were used to ensure that a high standard of hygiene was maintained.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors were not assured that adequate arrangements for the evacuation of residents were in place. For example:

- Vegetation at the corners of the building was overgrown and encroached on the external evacuation routes. This could lead to delays in evacuation as the route was not clear.
- A raised manhole was observed in the middle of an external evacuation route which was a trip hazard and could delay safe evacuation.
- The fire assembly point at the front of the building was blocked by parked cars and inspectors were not assured about the safety of residents using this area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good pharmacy oversight with regular medication reviews carried out.

Inspectors observed good medication administration practices. A sample of medication administration charts were reviewed and these were comprehensive. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions.

Residents who self-administered medication had a risk assessment, which was completed with input from their GP. This was regularly reviewed and updated as required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described individualised person-centred care interventions to meet the assessed needs of residents. Residents' pre-admission health and social care needs were assessed and care plans were reviewed every four months or as residents' needs changed. Validated risk assessments were routinely completed to assess various clinical risks including risks of falls and residents' self-management of medication. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). The person in charge confirmed that a GP visited the centre once a week and as required. Timely referrals were made to specialist services and residents had access to the community intervention team (CIT), physiotherapy, occupational health, phlebotomy, public health nursing (PHN), a mobile x-ray unit and 24-hour access to a pharmacy for prescriptions, as required.

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
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Anam Cara OSV-0000749

Inspection ID: MON-0040434

Date of inspection: 13/06/2023

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • The overgrown vegetation has been cut back and the gardening contractor has been informed to keep this area maintained. • The Raised manhole has been repaired. • The Fire Service contractor has been contacted and suitable location for the signage has been identified and new signage ordered and will be in place 1.09.2023. 	

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 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/09/2023