



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:	29 June 2022
Centre ID:	OSV-0000749
Fieldwork ID:	MON-0037322

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:	56
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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
Wednesday 29 June 2022	08:30hrs to 17:05hrs	Margaret Keaveney	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed during the day, the designated centre was a friendly and homely pleasant place to live. Residents' preferences were elicited by staff and their rights were respected in how they spent their days. Throughout the day, the inspector observed that the atmosphere throughout the centre was lively but peaceful.

On entering the reception area, the inspector was required to complete infection control measures, such as a temperature check, the completion of a health questionnaire, mask wearing and hand sanitising, before being permitted full entry to the centre.

Following an opening meeting, the inspector were accompanied on a tour of the premises by the person in charge. The centre is located in a residential area of north Dublin, and is set out over two floors. Bedroom accommodation comprises of 56 single occupancy bedrooms, each with a double bed and an ensuite. One resident told the inspector that they were delighted having their own shower facilities, and that their bedroom was 'better than home'. Each bedroom was fitted with a small kitchenette that facilitated residents to make beverages and snacks when and as they wished. With residents' permission, the inspector viewed two bedrooms and found them to be clean, bright, and homely spaces. They were personalised with ornaments, photographs and small items of furniture and media equipment from home, which suited their individual needs and preferences. The bedrooms were also observed to have sufficient storage for residents' personal possessions.

The person in charge and staff team were committed to providing quality and appropriate care while respecting residents' choice and independence. Early in the day, the inspector observed many residents up and dressed for the day, and relaxing in communal areas with breakfast tea, and with soft music playing in the background. Others chose to relax in their bedrooms and were facilitated to make their own breakfast in their bedrooms. Residents living with a diagnosis of dementia were accommodated on the ground floor to promote their safety and well-being, while residents on the first floor were provided with a bedroom door key, should they choose to use it.

The design and layout of the centre promoted a good quality of life for residents. The centre was clean, warm and well-maintained throughout. Residents had access to a number of communal spaces on each floor, including a sitting room and a dining room, which were clean and tidy and furnished comfortably for residents' use. There were board games, books and a TV available in each sitting room for residents' use outside scheduled activities. The person in charge informed the inspector that a redecorating budget had been allocated for the communal areas of the centre. There were also a number of smaller alcove seating areas available to residents, where they could sit in small groups or with their visitors. There was a dedicated hairdressing room in the centre, and a hairdresser visited once a fortnight

to attend to resident's needs.

Residents on the first floor overlooked a large, bright atrium from a furnished balcony area. The atrium had floor to ceiling windows which provided residents with views of the playing fields adjoining the centre. Some residents reported to the inspector that they enjoyed sitting and simply watching the sports games in action. The inspector observed that the atrium and overlooking balcony area were used to host residents' group activities, such as exercise classes, bingo, sing-a-longs and quizzes. Residents were also supported to enjoy time alone, as one resident told the inspector that staff provided her with colouring books that she enjoyed alone in her bedroom, while another was provided with wool for knitting.

Residents had access to a number of safe enclosed and interconnecting courtyard gardens with seating, flowering plants, trees and water features. There were raised beds freshly dug for residents to plant, and the inspector observed a brightly coloured garden shed that residents had painted and also a mural of a hand tree created by residents. The inspector observed that some corridors had window wall, windows with adjoining seating, that afforded residents opportunities to sit and look into the well-maintained garden courtyards.

The inspector spoke with six residents, who stated that they felt safe and well cared for living in the centre. They said that that staff were 'great', 'lovely' and 'so kind'. The inspector observed the staff speaking with residents in a gentle and respectful manner, during encounters along corridors and activities. The inspector observed that staff were respectful in their approach to those residents who became agitated or who displayed responsive behaviours, providing positive reassurance and support for residents at these times. The rapport and interaction between the person in charge, staff and residents demonstrated a familiarity with each other, and interactions appeared normal and effortless.

Dining rooms were bright and clean, with the tables laid with brightly coloured crockery and napkins. The inspector observed staff assisting residents with their lunchtime meal in a patient and kind manner. Residents were presented with two options of what they wished to eat at both the lunchtime and evening meals. Some residents told the inspector that the meals provided to them were very tasty, while others reported that the food was not as good as previously. This was discussed with the Director of Care at the end of the inspection, who had identified this issue and who had an action plan in place to address it. Hand hygiene was incorporated into the mealtime routine and staff were observed to remind residents to clean their hands and assist those who needed help. Bowls of fruit and fresh water were available to residents in the dining area throughout the day.

There was good evidence that residents were kept informed regarding the running of the centre and that their views were welcomed. The inspector observed that feedback from residents was used effectively to improve their overall quality of life in the designated centre. For example, at the resident's request the person in charge was planning a number of external outings to local places of interest over the summer months and residents had been consulted on the refurbishment of

communal areas within the centre.

Residents were supported to maintain social links within the community. There were post-boxes within the centre and computers for residents' use. The person in charge had recently secured funding to upgrade the computers, for resident outings and to develop a ground floor area of the centre into a sensory area for resident's benefit. The inspector was informed that residents had recently enjoyed outings to the local cinema and to Farmleigh, with a trip to Howth was planned for later in the summer. A large screen in the atrium was also used to display National Concert Hall shows and a Christmas pantomime.

Overall, there was a warm and happy atmosphere in the centre. Some residents spoken with had lived in the centre for many years, while others had been recently admitted. All expressed satisfaction and content living in the designated centre.

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

This unannounced inspection was carried out to assess compliance with the Health Act 2007 and to follow up on solicited information submitted to the Office of the Chief Inspector of Social Services. This is a well-managed designated centre, with a management and staff team who are focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were management structures and resources in place that ensured appropriate care was being provided to residents. This was a good inspection with the registered provider demonstrating full compliance with the regulations.

Anam Cara is operated by Fold Housing Association of Ireland who is the registered provider. The person in charge worked full time in the centre and was supported by the Director of Care Services and the Clinical Nurse Governance person, who provided clinical, operational and administrative expertise. The person in charge reported, and inspectors observed, that the registered provider had allocated adequate resources to the centre in terms of staffing, equipment and facilities arrangements. The person in charge was also supported in her role by a team of senior carers and carers, who provided personal and social care, and assistance with all activities of daily living to the residents in the centre.

The management team used a number of systems to monitor the quality and safety of the service, such as the measurement of key clinical parameters and clinical and operational audits. The person in charge developed a monthly Key Worker report on the clinical care delivered to residents, which was then analysed by the Director of Care and the registered provider. The inspector observed that action plans were

developed for areas requiring improvement.

Governance and management meetings were also held every two months to discuss, amongst other issues, staffing levels, risk management, complaints, the facilities and areas of the service requiring improvement. Overall there was good oversight of the service being delivered to residents in the centre, that ensured care provided was effective and that residents were supported to live a good quality of life. Written policies and procedures to inform practice were available and there was a system in place to ensure that policies, procedures and practices were regularly reviewed.

A review of staffing rosters showed that there were sufficient staff available to support the needs of residents day and night. As Anam Cara is a residential care facility, accommodating residents who do not require full-time nursing care, there was no requirement under Regulation 15: Staffing, for the provider to have a nurse on duty at all times. However, residents had access to the public health nurse Monday to Friday, should they require such care. Bank staff and the centre's own staff covered unplanned leave, with agency staff not in use.

Records showed that staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety and manual handling. Staff had also completed training in infection prevention and control, hand hygiene, basic first aid, responsive behaviours and dementia care. Senior care staff had completed medicines management training, and the inspector was informed that further external training in the safe administration of medication had been arranged for this group of staff. Four senior staff were trained in taking COVID-19 swabs, and they swabbed all staff fortnightly to monitor them for COVID-19. The inspector was informed that one care staff member was to receive training as a 'Digicare Champion', which would enable them to train residents in safe online practices on laptops and on their mobile phones.

The inspector reviewed three contracts for the provision of services and found that they were in line with the regulations. Each clearly specified the terms and conditions of the residents' residency in the centre. The inspector noted that a single monthly fee was charged to residents for the facilities and care provided to them, and that the contracts did not list any fees for additional services. The management team informed the inspector that should a resident choose to avail of an additional service, that the registered provider was not involved in the invoicing and payment for the service and that the agreement was between the resident and additional service provider only.

Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing and appropriate training to staff. There was a training schedule in place and training was scheduled on an on-going basis.

Staff were appropriately supervised day and night over seven days of the week. There was a formal induction programme for all new staff, and an annual appraisal system in place for all staff, that was overseen by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

An annual review of the quality of the service in 2021 had been completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Three contracts of care between the resident and the provider were reviewed, and each clearly set out the terms and conditions of their residency in the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to the inspector and to staff for review. They had all been updated to reflect the practices and procedures in the centre.

Judgment: Compliant

Quality and safety

This was a good service that delivered high quality care to the residents with low and medium dependency needs. Residents' independence, privacy and dignity were upheld through staff policies and practices. There were sufficient recreational opportunities available to residents if they wished and residents could choose how to spend their time.

In the sample of care plans reviewed, the inspector observed that resident's needs were comprehensively assessed on admission. Care staff used a variety of accredited assessment tools to regularly assess each resident's risk of falling, skin integrity, unintentional weight loss and social and recreational needs. These assessments informed residents' care plans. Care plans reviewed were person-centred with residents' and, where appropriate their representatives', wishes were evident. Care plans were reviewed every four months or earlier if a resident's condition changed, again in consultation with the resident or where appropriate their representative.

Residents had access to appropriate medical, with two General Practitioners (GP) attending the centre weekly. Referrals to both public and private allied health care professionals, such as the physiotherapist, dietitian and Psychiatry of Old Age, were offered to residents as required. A review of residents' records showed that resident referrals to the general medical service schemes were regularly monitored by staff, due to the wait times in accessing these services. Residents were also supported to avail of the National Screening Programme, and were actively monitored for signs and symptoms of COVID-19.

At the time of the inspection, physical and environmental restraints were not used in the designated centre. Staff knew the residents well and had received training in how to support and understand those residents who displayed responsive behaviours. As a result staff demonstrated the knowledge and skills to provide effective and person-centred care to residents in need of additional supports. The care plans reviewed, gave clear guidance on what may cause residents' behaviour and how to manage such issues if they arose. The person in charge actively monitored the use and effectiveness of chemical restraint in the centre, and staff meeting records showed that it's use was discussed with staff.

A visiting policy was in place, which included the most recent public health guidance on each resident having a Nominated Support Person in place. Infection prevention and control procedures were applied to all visitors, and included completing a health

questionnaire, hand hygiene and wearing masks.

There was effective management and monitoring of infection prevention and control practices within the centre, by means of audits and daily walk-arounds by management. Staff were observed to adhere to good hand hygiene practices and to be compliant with wearing appropriate personal protective equipment, to minimise the spread of infection in the service. Daily temperature checks of staff were seen to be documented. The centre was clean on the day inspection and the contracted housekeeping staff were knowledgeable regarding cleaning systems.

Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week. Residents were able to receive visitors in a variety of locations both inside and outside the designated centre.

Judgment: Compliant

Regulation 27: Infection control

Records of completed hand hygiene and environmental audits showed any issues identified were promptly addressed, to control and prevent the spread of the infections in the designated centre. The centre was observed to be clean, and there were sufficient facilities for hand hygiene throughout the building and appropriate wearing of personal protective equipment by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on pre-admission and person-centred care plans were developed. Care plans were reviewed every four months or as residents' needs changed. A variety of evidence based clinical assessment tools were used to assess needs including mobility, nutrition and skin integrity.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services, with two GPs visiting the centre weekly and residents being facilitated to retain the services of their own GP.

When required, residents were referred to allied health professionals through the general medical services (GMS) scheme. Residents were also offered referrals to private allied health care professionals. Health care interventions were documented, and residents care was recorded in daily notes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that when restraint was used, a risk assessment was completed and protocols were in place to ensure it was used in line with best practice. The assessments were used to inform behavioural plans which were regularly reviewed by a multi-disciplinary team.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant