



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

Issued by the Chief Inspector

Name of designated centre:	Anam Cara Housing with Care
Name of provider:	Fold Housing Association Ireland Company Limited by Guarantee
Address of centre:	Anam Cara, St Canice's Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0000749
Fieldwork ID:	MON-0047098

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:	51
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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
Thursday 19 March 2026	08:45hrs to 15:45hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The centre was calm and peaceful in the morning, with the majority of the residents gathering in the dining rooms to have their breakfast and a small number of residents observed in the process of starting their morning routine in the privacy of their bedroom.

On the day of inspection 20 residents and one visitor provided verbal feedback about life in the centre, it was overwhelmingly positive. Residents said their rights were upheld and they felt safe and secure living in the centre. Those spoken with said they were always treated with dignity and respect by staff. They said their right to choice was upheld and they lived a good life with the support of staff.

The inspector saw that residents had access to their call-bell when in their bedroom alone. Residents said there was always enough staff on duty and that staff were always available to speak with and to answer their call-bell when they called it.

Staff were observed knocking and seeking permission prior to entering residents' bedrooms and each bedroom, en-suite, communal bathroom and toilet had a privacy lock in place. In addition, each resident had access to adequate storage facilities within their bedroom for personal items including a secure storage facility for valuable items. Most residents said their clothes were laundered for them in the centre and were always returned clean and folded.

Residents were involved in how the centre was run and said that they felt their voice was heard. They confirmed that they had a residents' meeting on a three monthly basis, where they had discussions about life in the centre such as, how to safeguard themselves, planned activities and where they brought any issues they had to the chair of the meeting. Residents reiterated that any issues they brought up about the service they received were dealt with promptly and the visitors concurred with this viewpoint.

The complaints policy was on display and it included the contact details for two different advocacy services. The residents and visitors spoken with told the inspector that they brought any issues or concerns they had to the attention of the person in charge without delay and these were acted upon. There was a low volume of complaints on file and those on file were dealt with in-line with the centre's complaints policy.

A residents' survey had been conducted in 2025, the analysis and findings of which were included in the centre's annual review for 2025.

The inspector observed staff supervising residents in the communal living areas and in the dining rooms at lunchtime. On several occasions during the day staff were observed being attentive to residents' individual needs, such as accompanying residents from the dementia unit to go outside for a walk.

Staff were observed meeting residents' requests, such as, assisting them to mobilise to their bedroom, the bathroom, dining room and obtaining items for the residents on their request. There was no delay in attending to residents' needs, residents and one of the visitors who spoke with the inspector confirmed this. One relative described the staff as kind and patient and went on to say that they were 'a wonderful bunch'.

Mass was said in the centre once a month and the blessed sacrament was offered to residents at this time. Each morning Mass was displayed on the television from the church across the road and rosary was said with residents once a week.

There was an activities schedule on display and the residents spoken with said that they had the choice to participate or not and that their choice was respected by staff. The inspector observed residents having fun and laughter during the afternoon music, one of the many activities planned for the week. Residents told the inspector that the exercise classes and music were their favourite activities. They also said they went on outings quite a lot and a number spoken with talked about how they enjoyed the recent theatre performances they had attended.

The premises was clean, tidy, bright and airy. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleaning.

Residents said that the centre provided a safe and secure space in which their rights were upheld.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Residents were receiving a high standard of care where their individual social, religious and healthcare needs were being met in a safe and secure environment.

The level of compliance in this centre continued to be good. The governance and management arrangements remained stable. The statement of purpose described the current management structure of the designated centre. This structure ensured that arrangements were in place which contributed to residents experiencing a quality service, where they were safe-guarded as far as possible from all incidents of abuse.

The provider of Anam Cara is Fold Housing Association Ireland Company Limited by Guarantee. The person in charge was supported in their role by the registered provider, director of care services, a clinical governance nurse and a team of senior care staff, carers, house-keeping and laundry staff. The provider, person in charge and persons participating in management attended the closing meeting. They demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

The centre is embedded in the local community and works closely with local healthcare centres accepting admissions from the community as well as acute settings. These residents can no longer live alone in the community for various reasons but do not require nursing care 24/7, hence the centre does not have a registered nurse on at all times.

There was evidence to indicate that the centre was well-resourced. The centre was clean, warm and well-furnished. There were sufficient numbers of staff on duty at the time of the inspection. Mandatory and relevant training was provided and completed by all staff and staff demonstrated a good knowledge of what constituted abuse and what procedure they would follow if they witnessed any form of abuse.

There was an audit schedule in place for 2026 and a range of tools were used to monitor and audit the quality of care delivered to the residents such as incidents, assessments and care plans, falls, and medication management.

Regulation 15: Staffing

There was a sufficient number of staff rostered on duty to ensure the care needs of the 51 residents were met in a prompt and safe manner. The staffing levels were adjusted according to the number and assessed needs of residents on each unit.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Training records were maintained and updated and the inspector was assured that all staff working with residents in the centre had completed all the required mandatory training on safeguarding vulnerable residents. Staff had also completed all four modules of training on a human rights-based approach to care and all staff had received training in complaint management.

Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Chief Inspector within the required timeframe.

Judgment: Compliant

Regulation 34: Complaints procedure

A copy of the complaints procedure was on display in the reception and on each floor. The policy was up-to-date and identified the designated complaints officer. It also outlined the person responsible for complaints review. There were a low number of complaints in the centre.

Judgment: Compliant

Quality and safety

The inspector found that sufficient staffing levels and overall effective systems of governance and management had a positive impact on the quality, safety, consistence and person-centred care provided to residents.

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

The inspector saw evidence that all staff had garda vetting in place prior to commencing employment in the centre. There was a safeguarding policy in place, which staff had a good knowledge of. Staff files reviewed contained all the required documents and this assured the inspector that residents were safeguarded through a robust human resources policy that was in-line with legislative requirements and implemented in practice.

There were no physical restraints in use, the only restrictive practice was environmental which related to the main entrance and exit door on the ground floor where residents living with a cognitive impairment lived. There were no residents living in the centre who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals. Communication, safeguarding and social care plans were in place and they were person-centred and reflected a person-centred approach to safeguarding residents and upholding their rights.

There was access to advocacy services with contact details displayed in the centre. There were resident meetings held every three months to discuss key issues relating to the service provided. Any issues were addressed hence the residents' voice and feedback was being heard and meaningfully acted on. Residents had access to activities seven days a week and their rights were upheld.

The premises met the needs of the existing residents in its layout, and design. The design was homely and residents said they found it comfortable.

Regulation 10: Communication difficulties

The registered provider had ensured that residents with communication difficulties were facilitated to communicate freely in accordance with their individual needs and abilities. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents. The centre was well-maintained, spacious, warm and welcoming.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person-centred and outlined the residents' wishes and preferences. Each resident's comprehensive care plan had a section in relation to maintaining a safe environment and those requiring a safeguarding care plan had them in place.

The assessments and care plans reviewed were developed within 48 hours of admission and were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning reviews

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint-free environment, in line with national policy. Alternatives to restraint, where in use, were assessed as being suitable.

The policy on managing behaviour that is challenging was available for review. There were no residents who exhibited responsive behaviours living in the centre on the day of inspection. Despite this, staff had completed training in this area of care which assured the inspector that they had the knowledge to support residents if they developed responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all measures to safeguard residents living in the centre. All staff had safeguarding training and garda vetting in place prior to commencement of their role.

The person in charge investigated all allegations of abuse and referred residents to the appropriate supports when required or requested.

The provider was a pension-agent for a small number of residents. There was clear and transparent documentation in place ensuring residents' finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were consulted about and could participate in the organisation of the centre through residents' meetings.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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