

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Anam Cara
Centre ID:	OSV-0000749
Centre address:	St Canice's Road, Glasnevin, Dublin 11.
Telephone number:	01 857 2362
Email address:	fiona.mcanespie@foldgroup.co.uk
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fold Housing Association Ireland Limited
Provider Nominee:	Martina Conroy
Lead inspector:	Nuala Rafferty
Support inspector(s):	Gearoid Harrahill;
Type of inspection	Unannounced Dementia Care Thematic Inspections 2015
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 November 2015 09:30 To: 25 November 2015 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered information received by the Authority in the form of notifications and other relevant information.

Changes to the management team were notified to the Authority prior to this inspection in that an interim person in charge was appointed for a fixed period of time.

The fitness of the person in charge was assessed through interview and was found to have satisfactory knowledge of their role and responsibilities and sufficient experience and knowledge as required by the legislation.

The provider had completed a self assessment tool on dementia care earlier in the year and had assessed the compliance level of the centre as substantially compliant.

The findings of this inspection are in agreement with the provider's assessment. Inspectors found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviour's that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner.

As a result of continued progress in all areas in implementing the required improvements identified by previous inspections, the provider was found to be in compliance and an action plan was not required.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had access to GP services. In conversation with residents and their relatives, the inspectors were told that they were facilitated to keep their own GP on admission to the centre. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by public health nurses, palliative care, speech and language therapists, physiotherapy and occupational therapist reviews.

Samples of clinical documentation including nursing and medical records were reviewed, these showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the care services manager who looked at both the health and social needs of the potential resident. Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place. Care plans were found to reflect the care delivered and detailed enough to guide staff on the appropriate use of interventions to manage the identified need. They were also found to be updated regularly as needs changed.

There were systems in place to ensure residents' nutritional needs were met, and that

they did not experience poor hydration. Residents' weights were checked on a monthly basis, and eating and drinking care plans were in place that outlined the recommendations of dieticians and speech and language therapists were appropriate. Nutritional intake records were in place, and completed were required. A diet sheet was available to all staff including catering staff outlining residents who were on special diets including diabetic, high protein and fortified diets, or low calorie.

The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Assistance was discreet good humoured and punctuated with lots of smiles Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity Conversation was general but also included chats to residents about their families, interests or to discover how they were feeling.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Staff were observed administering medicines to residents and follow appropriate administration practices.

It was noted that staff were familiar with each resident's medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded

It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

Staff spoken to by the inspectors confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. Inspectors spoke with a number of residents during the inspection who were satisfied with the overall level of

care being provided, and stated that any concerns they raised were addressed.

There was a policy in place for behaviour that is challenging, and staff had received training on understanding and managing challenging behaviour as part of dementia care training. Staff spoken to by the inspectors were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents. Residents had been regularly reviewed by their GP, and there was access to psychiatric services for further specialist input.

In conversation with several residents all confirmed they were happy living in the centre. Each resident had a key to their own 'flatlet' although none said they needed or wished to use it. All were full of praise for staff working in the centre and felt safe and well cared for. Inspectors observed interactions between residents and staff were mutually respectful friendly and warm. There was also a sense of community between the residents themselves who were very understanding of each other's need for space or help from staff. Friendly conversations took place on corridors, in the sitting rooms or at meal times and were reminiscent of a close supportive neighbourhood.

It was noted that there was a culture of promoting a restraint free environment. Bed rails or lap belts were not in use but instead alternative measures such as low low beds, mat and bed alarms were in place.

A transparent system was in place to manage small sums of monies on behalf of residents. All transactions were appropriately documented with lodgements and withdrawals. A bank account separate to the centre's main account was provided for the monitoring of monies belonging to residents and all transactions were appropriately recorded

Information in the form of a concern was received by the Authority and reviewed in full during this inspection. The provider was also requested to undertake a full investigation and furnish the Authority with a report on the outcome.

Based on the findings of the inspection and the report from the provider the concerns outlined were not upheld.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Evidence that residents with dementia were consulted with, enabled to vote in national referenda and elections and actively participated in the organisation of the centre was found. Rights to privacy and dignity were respected with personal care delivered in their own rooms with privacy locks and the right to receive visitor's in private. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the circular atrium room which was bright and spacious with soft comfortable furnishings.

Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A bimonthly meeting was held where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on; requests for staff to show some people how to use the TV remote control; suggestions for the menu; different movies and poetry readings. These meetings were facilitated by an external independent advocacy service.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity.

Inspectors found there was a varied activities programme with arts and crafts, exercise and drama included. There were also a mix of group and individual sessions. Residents life stories were collated by staff and a review of the activity programme was currently being undertaken by staff to make the programme more relevant to residents past lives and interests.

As most of the residents come from the greater Dublin area there was great interest and enjoyment of the Gaelic Football Championship and many of the residents walking sticks and frames were still decorated with a rope braid in the Dublin Team colour made during the arts and crafts.

The communal areas were supervised and apart from short periods at least one staff member was present to ensure resident safety. Inspectors observed a musical exercise class delivered by two staff to around 12 residents.

Both staff demonstrated the exercises and one explained how each exercise helped improve circulation or strength and muscle tone.

The staff tried to create an atmosphere of relaxed fun through gentle exercise.

Residents were encouraged to join in but those who didn't were left to read their paper or simply observe or sing along to the background music appropriate to the age and era of residents. Several of the residents were noted to enjoy the music singing along to '

My Bonny lies over the Ocean or 'Somewhere over the Rainbow'. Instances of warm and caring interactions between staff and residents were observed with hugs exchanged. The quality of interactions were found to be person centred with staff patiently responding to repeated questions or requests and using every opportunity to enquire about how they were feeling. Staff were familiar with residents' care needs and family background and efforts were continuously made to chat to them about their family, previous interests or working life.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints, there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

Findings:

All lines of enquiry were not reviewed on this inspection.

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile.

A clinical nurse advisor was on site to support care staff with identification and management of clinical care needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Although agency staff were used to cover gaps in the roster it was noted that the majority were regular in an effort to maintain consistency of care.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.

Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents' condition.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Additional training in communication with persons with dementia, nutrition; consent and capacity; management of behaviour that challenges; medication management and care planning was also provided.

Suitable arrangements were in place for periods of absence of the person in charge and the provider complied with responsibilities to notify the Authority when a change occurred to both the person in charge and the nominated person to replace them. The fitness of the person in charge was determined throughout the inspection process and was found to have sufficient experience and knowledge as required by the legislation. The recently appointed person in charge has a BA in social care studies and has extensive experience working in a range of community based healthcare settings such as Childrens and Intellectual Disabilities.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

Findings:
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There was a dementia specific unit on the ground floor.

The premises were found to meet the needs of the residents at the time of the inspection. The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to

ensure resident safety when mobilising.

The centre consisted of 28 bedrooms on two floors all with en suite containing toilet, wash-hand basin and shower. Each floor has a dedicated entrance secured through key code access which is remotely linked to a hand held device carried by all staff on duty. All external doors are linked to the fire and security alarm systems.

Other facilities on the ground floor included a variety of separate communal spaces for use by residents such as a large atrium which is used as a sitting area and activity space, sitting room, oratory, visitors/quiet room and three dining rooms. Areas of diversion and interest through the provision of seated alcoves or areas of rest were spaced throughout the ground floor to facilitate residents with tendency to constantly mobilise to take frequent rests. Appropriate signage and cueing to support freedom of movement for residents with dementia was also found. A personalised enclosed box was fixed outside each residents room door containing photo's and mementos relevant to their past life and interests to help them identify their own room

Colour cueing was also used with the colours of bathroom/toilet doors and grab rails contrasting with bedroom doors and wall colours.

Picture cueing on menus and activity programmes and other communication notices were in place.

A Bus Stop sign strategically placed beside a leather couch to encourage residents who wander to rest was found to be very effective.

Resident's accommodation is described by the provider as a 'flat-let'. Essentially the accommodation consists of spacious L-shaped rooms which consist of a small kitchenette on entry consisting of a kitchen sink and fridge with cupboards and worktop. Opposite the 'kitchenette' are built in wardrobes with a dresser to the side. The main aspect of the room usually contains a sitting area and bed with side locker. A full ensuite adjoins the room. Each room is furnished by the resident individually and to their taste, with beds, bedside table/locker, armchairs, footstools, small dining table, TV's radio, DVD, vases, pictures, photos, lamps and other personal items.

The premises and grounds were clean and well maintained. Grab rails and hand rails were installed where required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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