



## Office of the Chief Inspector

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

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:	07 March 2019
Centre ID:	OSV-0000749
Fieldwork ID:	MON-0023506

## 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 28 units of accommodation specifically for dementia care 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.**

Current registration end date:	26/04/2021
Number of residents on the date of inspection:	56

## How we inspect

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
07 March 2019	10:05hrs to 18:00hrs	Michael Dunne	Lead

## Views of people who use the service

The inspector spoke with several residents in the course of the inspection and all residents spoken with conveyed high levels of satisfaction with the care and support provided in the centre. In particular residents said that staff were kind and considerate and they always ensured that their needs were attended to. Residents were happy with their room environments and told the inspector that they could personalise their rooms as they wanted. They told the inspector that staff cleaned their room regularly and also provided support with the laundry.

Residents stated that there was a lovely atmosphere in the home and that the staff team were available to ensure that if you did have a problem they would try to resolve it for you. Residents said that staff listened to what you had to say. The inspector reviewed the centres last satisfaction survey and noted that the centre accessed residents views on all aspects of the service and acted upon recommendations made by the residents.

Residents told inspectors that they did not have to worry about their medication or about organising doctor's appointments as staff do that for them. Residents complimented staff on ensuring that their health needs were met.

There was a high degree of satisfaction among the residents with the quality and quantity of food provided. Residents said that if you did not like anything then staff would change it for something else.

Similarly residents said that they liked the activities that the home provided and residents showed the inspectors the computer station that they could use to send emails and get access to the internet.

## Capacity and capability

This was a well-managed centre ensuring that residents received a good service. There were some improvements required relating to the signing of contract documentation for residents who lacked capacity to give consent. The centres statement of purpose accurately described the range of services provided at the centre.

There was a stable management structure in place with the person in charge being supported by the head of care services who had direct links with the board and

operations committee. The management team met with residents on a bi annual basis and also conducted satisfaction surveys in order to identify residents views on the service provided. Service improvements identified in these meetings and surveys were incorporated in the centres annual report and annual improvement plan. Review of clinical and non clinical audits assisted the management team in ensuring that residents health and social care needs were monitored and reviewed.

Staff who were observed liaising with residents appeared knowledgeable of resident needs and resident care plans identified appropriate intervention and follow up. Staff attended a range of mandatory and non mandatory training and were able to explain the reasons behind their interventions with residents. The numbers of staff in the centre and their relevant skill mix was appropriate to meet the needs of the residents.

There was a complaints policy in place for residents or relatives who wished to register a complaint. The complaints policy was advertised throughout the centre and met the requirements of the regulations. Records seen by the inspector indicated that complaints and concerns were dealt with appropriately and where residents needed assistance to raise a complaint or concern then they received the necessary support from the staff team.

#### Regulation 14: Persons in charge

The centre was managed by a qualified person who had worked in an older persons service for over 7 years. The person in charge had recently taken over managing this service and was familiar with the service and management processes currently in place. The manager was solely involved in managing this centre.

Judgment: Compliant

#### Regulation 15: Staffing

A review of current and past rosters was undertaken and it was found that there were sufficient numbers of staff on site with the required skill mix to provide appropriate levels of care and support to the residents. The centre used its own bank of locum staff that they could call upon to cover absences. It was observed that the centre was covering all identified absences. The centre operated a key worker and co key worker system where each member of staff had key roles in supporting residents. Key working processes were reviewed by the management team on a monthly basis. Staff spoken with were knowledgeable of resident needs and their individual preferences. Inspectors observed rapport between staff and residents and noted that staff were courteous and responsive to residents needs. All

residents spoken with confirmed that staff were helpful, friendly and keen to ensure that their needs were met.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the centres training register and found that staff had attended mandatory training on fire safety, safeguarding, and moving and handling. Staff also attended a selection of non mandatory training in 2018 which included diabetes management, risk of falls, health and safety training and dementia. There were arrangements in place for similar training to take place in 2019. Discussion held with members of the staff team indicated that staff practice was benefiting from this training in that they were able to incorporate acquired learning to their day to day work with residents. Staff were supported and encouraged to take responsibility for their work and management supported this through regular supervision and guidance.

Judgment: Compliant

### Regulation 23: Governance and management

There was a stable management structure in place to ensure that the quality and safety of the services provided were monitored on a regular basis. The management team used a range of methods to ensure that residents received a high quality of care which included the use of audits both clinical and operational to inform and improve practice. There was evidence of good internal communication where there were established forums to review health and safety, residents health and welfare and resident engagement. The centre had an annual review of quality and safety in place and it incorporated the views of residents and relatives captured in resident satisfaction surveys. The centre had sufficient resources in place to maintain the effective delivery of care and support services to the residents.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A review of contracts for the provision of services indicated that the majority of

residents had a signed contract in place, however improvements were required in ensuring that contracts for residents who lacked capacity were completed fully containing the required signatures.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed on an annual basis and the inspector found that the current the statement of purpose gave an accurate description of the services and facilities provided by the centre. The statement of purpose was available for residents and relatives to review.

Judgment: Compliant

### Regulation 30: Volunteers

The centre did not currently receive support from volunteers however they did have arrangements in place with a local training agency to provide social care placement opportunity to students. The centre had ensured that all necessary checks were in place prior to setting up this placement. The centre also offered supervision and support to this trainee to ensure that their roles and responsibilities were clear.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a complaints policy in place which met the requirements of the regulations. There was evidence that this policy was advertised in prominent locations within the centre. The inspector reviewed a sample of complaints received by the centre. Records seen indicated that complaints were dealt with in a timely manner consistent with the policy. Those residents spoken with confirmed that they were aware of the complaints policy and felt comfortable raising a complaint if they needed to. Residents were given prompt feedback once complaints had been investigated. The centre used learning gained from complaints received to improve practice.

Judgment: Compliant

## Quality and safety

Overall the inspector found that this was a well-managed service which ensured good social and health outcomes for the residents who lived there. Residents who were admitted to the centre had a comprehensive assessment carried out identifying their health and social care needs. Care plans were constructed taking into account individual wishes and preferences, were based on appropriate risk assessment and on a range of evidence based assessment tools. Care plans reviewed during the inspection described clearly residents identified needs and the interventions that were required to meet those needs. Care plans were reviewed at least four monthly or as and when required. There was a keyworker/co keyworker in place which supported the care planning process.

Resident rights were maintained and promoted where residents were able to exercise choice over their daily routines. Residents were complementary about food provision and it was observed that residents could access additional food and drink outside of the existing meal arrangements. Residents told the inspector that they felt safe in the centre and felt confident that management and staff would support them if they raised a complaint or concern. Residents meetings were held on a regular basis with management and advocacy input. Residents who did not attend these meetings had access to minutes which were advertised on the centres notice board.

The centre had access to a range of healthcare services and had established effective links with the public health nursing service. Referrals for physiotherapy and occupational therapy input were processed through this service and were seen to be done on a timely basis. Health care plans incorporated guidance and treatment provided by specialist health teams. The centre carried out a range of clinical audits to ensure that resident healthcare needs were monitored and met.

The premises were decorated to a high standard. There were facilities available for residents to meet guests or relatives in private or in communal areas. Residents spoken with commented on the homely atmosphere in the centre and it was observed that the units on the ground and first floors were divided into three distinct units based on Dublin street names. Each unit had their own dining areas. Residents spoken with said they were happy with the catering service and in particular with the quality and quantity of food on offer.

The centre was well maintained with contracts in place for cleaning and equipment maintenance. Inspectors observed clear signage orientating residents around the building. Fire exits were clear and there were systems and contracts in place to monitor fire safety in the building. Staff had received fire training which included evacuation of residents. The inspector observed fire maps located throughout the centre.

The centre ensured that clinical and operational risks were identified and monitored on a regular basis. Potential risks were assessed using evidence based systems and

the centre had recently commissioned an outside agency to carry out an audit into the centres existing risk control measures. Guidance and recommendations made were incorporated into the centre's annual improvement plan.

### Regulation 17: Premises

The accommodation was provided over ground and first floors with more independent residents occupying the first floor. Residents who required additional care and support lived on the ground floor. The centre was homely and decorated to a high standard. The centre was clean with evidence that fixtures and fittings were well maintained. The layout and design of the building met the needs of the residents and those residents spoken with said that they liked their bedrooms. Residents were content that they were able to personalise their bedrooms which were all en suite. All bedrooms on the first floor contained a kitchenette which residents said gave them more independence. Residents also has a key to their front door. There was sufficient communal and dining space available to residents to be able to enjoy living in the centre.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk register in place which was updated on a regular basis. The centre actively promoted risk assessment identifying measures and actions to reduce risk. This approach was further supported by a range of policies and procedures which the centre had developed. There was a robust system in place to investigate and review incidents to improve future practice.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place to ensure that fire safety was maintained to a high standard. Staff had received training in fire evacuation procedures on a regular basis and those staff spoken with were able to explain their role and responsibilities in maintaining fire safety. Records seen confirmed evidence of fire drills and there were records available which showed regular maintenance of the fire systems. There was sufficient fire equipment located throughout the building and there was

clear signage indicating route to the nearest fire exits.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The centre had systems in place to ensure that residents medication was well managed. There was a policy in place which gave guidance on ordering,issuing,storing and the return of medication. Meetings with the pharmacist occurred regularly and residents medication was reviewed on a regular basis with their respective GP. The inspector reviewed a sample of resident medication records and found that they were consistent with the residents prescriptions. Records seen showed that medication issued was signed for accordingly. Where residents were prescribed PRN (when required) medication then the maximum dose was recorded on their kardex record.Staff confirmed that they had received training and support from the pharmacist.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A number of resident care plans were looked at and all those seen were constructed on information accessed from a comprehensive assessment of resident need. There was evidence that residents were involved in the construction of these plans and that the centre actively encouraged residents to be involved. Care plans were reviewed on a regular basis and the centre had adopted a key worker/Co- key worker system to ensure residents had an identified staff member to liaise with. Care plans were well written and easy to follow and were based an appropriate risk assessment.

Judgment: Compliant

### Regulation 6: Health care

Residents stated that they were content with the support the centre was giving them in managing their health care needs.There was good access to allied health professionals such as dieticians and tissue viability nurses. The centre had established links with the public health nurse and also had access to their own nurse resource on a part time basis.There was evidence that where referrals were made to outside agencies that they were made on a timely basis and that advice and

guidance given by professionals was acted upon. The centre monitored residents health through a number of healthcare audits which were reviewed on a regular basis. Residents had access to their own GP and pharmacist and were supported to maintain these existing links should residents wish to do so.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were no residents exhibiting behaviours that challenged at the time of the inspection however staff training records showed that staff had received training in this area. Discussions with staff confirmed that they were aware of the process to follow in supporting residents who displayed these behaviours. They were able to explain how residents autonomy could be respected and promoted when faced with such behaviours. Observation of staff liaising with residents confirmed that they promoted a person centre approach to the delivery of care.

Judgment: Compliant

### Regulation 8: Protection

Residents told the inspector that they felt safe in the centre and that management and staff were approachable if they were worried about anything. Records examined showed that the centre had carried out thorough investigations into alleged incidents and were able to use learning from these incidents to inform future practice. The records examined were clear and concise and issues relating to incidents were easily tracked. Staff training records showed that staff had received safeguarding training and those spoken with were also able to describe how they would be able to support a resident who made an allegation of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

There were opportunities for residents to pursue individual activities or to attend group activities organised by the centre. Residents told the inspector that they could choose which activities they wanted to attend. The activity programme was organised around resident capabilities and took into consideration resident views on the type of activities they wanted. Residents were supported to access newspapers, had access to televisions and to social media at the computer station. The centre

assisted residents to maintain links with the local community and actively promoted residents autonomy to maintain these links. Residents were supported to use their vote at election time and were assisted to maintain their name on the voting register. The centre had established links with an advocacy service who attended and facilitated resident meetings and who could provide support to residents as and when required. The inspector observed staff communicating with residents and noted that staff communicated in a person centred manner taking into account the capabilities of the individual resident.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Anam Cara OSV-0000749

Inspection ID: MON-0023506

Date of inspection: 07/03/2019

## 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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contracts for residents that Lacked Capacity have been signed and updated as per Regulation 24: Contract for the Provision of services	

## 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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	08/03/2019