



# 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:	Short Notice Announced
Date of inspection:	19 November 2020
Centre ID:	OSV-0000749
Fieldwork ID:	MON-0030802

## 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.**

Number of residents on the date of inspection:	54
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## 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
Thursday 19 November 2020	09:00hrs to 17:15hrs	Michael Dunne	Lead
Thursday 19 November 2020	09:00hrs to 17:15hrs	Niamh Moore	Support

## What residents told us and what inspectors observed

Inspectors spoke with a number of residents throughout the day of the inspection. Residents' spoke positively about their experiences in Anam Cara and had a lot of praise for the management and staff team of the centre. Staff were observed to be kind and respectful towards residents. All residents spoken with stated that they did not have any complaints but if they did that they felt comfortable to speak with those in charge and were confident that appropriate action would be taken.

Residents told inspectors how their daily routines had changed in recent months and spoke about the impact of self isolation during the COVID-19 outbreak in April 2020. Residents mentioned they were aware of the necessity for the visiting restrictions and were thankful that staff assisted them to keep in contact with their families using social media devices. At the time of the inspection there were restrictions on visitations to the centre in line with national guidelines.

Residents spoken with stated that they enjoyed the food and indicated that there was plenty of choice. Residents were observed to be given the option of choosing their meal the day before with staff available to assist residents in making an informed meal choice.

The centre consisted of two floors and was served by a lift. All bedrooms were single en-suite and were found to be sufficient in size for residents to store their personal belongings safely. Residents told inspectors that they were happy with their rooms with many being able to bring in their own furniture and decorate their rooms to their own personal taste.

Residents on the first floor were seen accessing their own garden area which was a separate garden from the one accessed by residents living on the ground floor. Both garden areas were suitable for resident use and were sufficient in size to cater for social distancing.

## Capacity and capability

Fold housing association Ireland is a company limited by guarantee and is primarily involved in the provision of housing and associated services to older people and families in Ireland. Anam Cara is one of its two centres located in Dublin which provides housing with care services.

This was a short notice announced inspection with the provider notified the day prior to the inspection visit. This was done in order to ascertain the COVID-19 status in the centre and to give the provider an opportunity to have key documents ready

for review. Upon arrival inspectors were asked for their COVID-19 status and had their temperatures taken before entering the centre.

Inspectors noted high levels of compliance with the regulations on the previous inspection held in March 2019. There were low levels of notifications received from the centre since then. The provider was currently engaged in communication with the Office of the Chief Inspector regarding the provision of information to support the renewal of the centres registration which expires on 26/04/2021.

This was a well run service with residents expressing high levels of satisfaction regarding the care and support provided to them. Inspectors found a stable management structure in place who focused on improving resident care experiences and their overall quality of life. There was a good appreciation of risk with evidence available to indicate that risk assessments were carried out at regular intervals and were subject to review. Inspectors found full compliance with all of the regulations inspected.

The centre experienced a COVID-19 outbreak in April 2020 with nine residents hospitalised out of a total of 11 COVID-19 cases detected among residents. Sadly three residents passed away due to the virus. There was also an impact on the staff team with 20 staff affected who either contracted the infection or were required to self isolate. There was evidence that the provider engaged with the Health Service Executive (HSE) and public health representatives during the outbreak to ensure best practice arrangements were in place to mitigate against the spread of infection. Guidance issued by an infection prevention and control nurse regarding the use of Personal Protective Equipment (PPE) was seen to have been followed by the staff team as observed by inspectors on the day.

During the outbreak the provider ensured sufficient staffing levels were maintained by using their own bank staff and by arranging overtime. The centre also availed of support from four Health Service Executive (HSE) employees who were redeployed from local day centres. In addition the provider accessed agency staff who were only allocated to the centre.

The centre had a robust preparedness plan in place which was based on national guidance issued by the Health Protection Surveillance Centre. The plan contained arrangements for the cohorting of both staff and residents to minimise the risk of infection spreading within the centre. The centres COVID-19 policy had also been updated and included measures and strategies to control risks associated with COVID-19. An emergency management team had been created by the provider which identified a covid lead to coordinate the centres responses to the ongoing risk of COVID-19.

Inspectors found that there were clear lines of accountability and responsibility in the centre, staff knew who to report to and felt sufficiently supported by the person in charge and senior carers. Staff morale was good and staff spoke highly of the support they received during the COVID-19 outbreak within the centre. Staff mentioned they had received infection prevention and control training and found this useful in protecting residents and themselves from contracting the

infection.

### Regulation 15: Staffing

As Anam Cara is a residential care facility there was no requirement under the regulations for the provider to have a nurse on duty at all times although the provider did arrange for the centre to have access to nursing input two days per week. There were sufficient staff available to support the needs of the residents on the day of inspection. The centre was made up of two floors with each floor having their own cohort of staff in order to minimise the risk of infection spread among the residents.

The roster set out clearly the roles of all staff working in the centre. There were also a range of support staff in place, including cleaners, laundry staff and administrative staff.

Contingency plans were in place for management cover and additional staff should there be another outbreak of COVID-19 which included sufficient staff rostered at night to manage any residents with suspected or confirmed COVID-19 symptoms.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors spoke with the Person In Charge and HR representative related to training. All staff in the centre had completed mandatory training in fire safety, safeguarding vulnerable adults and manual handling. Moving and handling was to be scheduled when COVID-19 restrictions allowed. A range of additional courses were provided to staff including COVID-19 Infection control training and there was a system for oversight to ensure training for all staff was up to date.

There was sufficient supervision of staff seen by inspectors from the person in charge and senior care assistants. There were staff allocated in a management role per shift to provide oversight and supervision of day-to-day practice in the centre. There was an induction program for new and agency staff. Records of annual appraisals for staff were seen to be completed.

Staff informed inspectors that they were well supported by management throughout the outbreak of COVID-19 within the centre and they were very thankful for the support offered to them during that time.

Judgment: Compliant

## Regulation 21: Records

Schedule 2 records of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were reviewed for a sample of staff. Records were found to be well maintained, meeting the criteria of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

Inspectors found that standards regarding the governance and management of the centre had been maintained since the last inspection in March 2019. There was a stable management team in place that provided regular oversight to ensure the timely delivery of care and support services to meet the needs of the residents. There was a clearly defined management structure in place which identified the lines of authority and accountability in the centre.

Team meetings were held on a consistent basis with separate meetings arranged for care and household staff. There were additional team briefings held on a weekly basis by management to augment daily handovers which ensured that key information was shared among all team members. Staff told inspectors that they found this communication helpful during the outbreak of COVID-19 in the centre.

There was evidence that the registered provider had engaged positively with Public Health in managing a COVID-19 outbreak in April 2020. Inspectors noted there were a range of clinical and operational audits carried out to monitor and improve the quality of services provided to the residents.

The centre was clean, warm, well maintained and decorated to a high standard. Staffing resources were consistent with those as described in the statement of purpose.

A resident satisfaction survey carried out in 2019 indicated that 70% of residents gave a positive response regarding their views on the quality of food, the lived environment, and the quality of services offered. There was an annual plan of quality and safety in place for 2019

Judgment: Compliant

## Regulation 24: Contract for the provision of services



Residents contracts were reviewed with the contract between the provider and the residents set out in a document called a licence agreement. A sample of license agreements were reviewed. Each license agreement detailed the services provided, room allocation, details relating to occupancy and service fees. All license agreements had been signed by the resident and Person in Charge.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and noted that it described accurately the facilities and services available in the designated centre. The registered provider updated their statement of purpose according to guidance set out in schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which met the requirements of the regulations. The policy was advertised in numerous locations throughout the centre. Upon admission to the centre residents and or their families were issued with a copy of the complaints policy. Inspectors noted that the complaints policy comprised of four stages and identified the personnel involved in managing complaints. It also identified the steps to follow if a complainant was unhappy with the outcome of the complaint.

Records reviewed for 2019 and 2020 showed that the majority of complaints were related to food provision. All of the issues raised were dealt with at stage one of the complaints process. Records also indicated that complaints received were actioned within the timelines identified in the centres complaints policy. Complaints logs also noted the complainant's level of satisfaction at how the complaint was dealt with.

There was evidence that management reviewed complaints through an auditing process in order to identify learning to improve practice.

Judgment: Compliant

## Quality and safety

The inspectors found that that care was provided by a team of dedicated staff who knew the residents and their families. As a result staff were able to care for residents in a person centred manner.

There were arrangements in place for the assessment, care planning and regular review of residents' care needs. Care plans seen on inspection were client centred and formally reviewed on a four monthly basis or as and when the need arose. Care records showed that residents had timely access to medical input from allied healthcare and community based medical professionals as needed. Residents who wished to retain their GP's while living in the community could do so. In instances where residents wanted to retain control of their medication regimen this was risk assessed by the residents GP. Daily care notes reflected the care interventions made by staff in addressing individual resident care needs.

The centre was found to be homely, well-laid out and suitably furnished. There was suitable communal areas for residents' to use which included a focus on reminiscence for residents living on the ground floor. Memory boxes and the effective use of colours and signage assisted residents orientate and navigate the building. There was access to two separate garden areas for the first and ground floors both of which were secure and safe for residents to use.

Residents who spoke with inspectors said they felt comfortable in the centre, and feedback was very positive about the care and support provided by the management and staff team. Inspectors observed many interactions between residents and staff that were respectful and staff were seen to have time to spend with residents, as well as meeting their needs. Activities were provided by care staff on the ground floor throughout the day with residents encouraged and supported to engage according to their abilities. Maintaining connections with loved ones was facilitated through social media and telephone. Residents who were more independent used the centres WIFI to make video calls from their own devices and phones to connect with their families

Observations made by inspectors showed that alcohol hand gel, and PPE supplies were available for staff use with monitoring in place to ensure stock levels were maintained.. Information posters to support practices were clearly displayed throughout the centre. Staff followed good hand hygiene techniques and appropriate use of face masks were worn by all staff.

There were policies and procedures in place regarding the management of resident laundry requirements. Inspectors observed residents laundry transported, segregated and stored in a safe manner. The centre was clean and free from malodours. Records seen indicated that regular cleaning was taking place including the cleaning of equipment and regular cleaning of frequently used touch points. Cleaning records were seen to be filled in and completed and were subject to management oversight.

## Regulation 13: End of life

There were no residents at end of life on the day of inspection. Inspectors reviewed a selection of end of life care plans. Care plans reviewed were formally reviewed every four months. Residents wishes were clearly outlined and documented within their care plan. There was also evidence that family were consulted with and aware of their loved ones wishes.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents had access to a safe supply of drinking water and other drinks throughout the day. Residents had the choice of where they wished to dine with many preferring to have their breakfasts in their own rooms. A meal service was observed on a unit where residents were supported with their dining needs. Meals were transported from the kitchen via a bain marie which maintained the temperature of the meal in a sealed container. Meals provided were well presented and tasty.

Residents were seen to be offered a choice of meal with alternatives provided should they not like the meal on offer on a particular day. . Daily menus were displayed in the dementia specific unit and were presented in pictorial form to assist residents with cognitive needs chose their favourite meal. The chef met with residents on a regular basis to discuss the menus and was available to respond to queries about the quality and quantity of food

Residents spoken with confirmed that they were happy with the food on offer within the centre. Care plans reviewed relating to weight loss were appropriately reviewed, assessed and interventions completed relevant to the residents nutritional needs.

Judgment: Compliant

## Regulation 20: Information for residents

Upon admission all residents were issued with a residents guide which gave specific information relating to their placement. This guide included information on visiting, how to register a complaint, a description of the services offered and information on the licence agreement which or the contract between the provider and the resident.

Inspectors noted that the provider gave information about the current pandemic to

residents on a regular basis and communicated directly with residents who presented as COVID-19 detected. There was appropriate signage located throughout the centre to assist residents move about without hindrance. Inspectors also noted that noticeboards were kept up to date with current information and was presented in a manner that residents could process.

Residents were also kept updated about key events happening in the centre via resident meetings or on a one to one basis by the staff team.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk register in place which identified a comprehensive range of both clinical and operational risks relevant to the designated centre. A risk management policy was in place and outlined how risks were rated, mitigated and reviewed. The risk register also contained a number of risks associated with COVID-19 and identified measures to mitigate against the spread of infection in the centre. The registered provider had established an emergency management team to provide guidance and leadership on ensuring that all measures were in place to manage the risks associated with COVID-19.

There were a range of audits in place to monitor accidents and incidents in order to identify areas for improvement. A safety statement dated October 2019 outlined how the centre responded to a range of other health and safety issues pertaining to the designated centre and included information on fire safety and maintenance of the designated centre. Roles and responsibilities of individual staff members in maintaining a safe working environment were also set out in this document.

Scrutiny and oversight of all health and safety issues in the centre were monitored at Health and Safety committee meetings which were held on a three monthly basis. Additional oversight was achieved through referrals to an operational committee which included members of the board

Judgment: Compliant

### Regulation 27: Infection control

The designated centre had a robust COVID-19 preparedness plan in place to manage the risk of the infection entering and spreading within the centre. An emergency management team was created to provide ongoing leadership and guidance to mitigate against this ongoing risk. There were a range of risk assessments in place covering key areas related to Infection prevention and control

and included guidance on cohorting of staff and residents. Residents living on the ground floor and on the first floor had their own dedicated staff team in place. Staff in both units had their own entrances and exits including their own changing facilities and staff rooms.

The centre was clean and well maintained. There were effective cleaning protocols in place with cleaning schedules signed off by staff and senior personnel. Regular touch points were decontaminated every hour by household staff with work surfaces also subject to regular cleaning. Household trolleys, food and medication trolleys also appeared to be in good condition and were also observed to be clean. There was signage located in key locations throughout the building reminding staff and residents to adhere to infection, prevention and control protocols. There were sufficient numbers of hand sanitizers located on each floor.

Staff were seen to adhere to social distancing and were wearing appropriate personal protective equipment (PPE) for the task they were carrying out. Appropriate donning and doffing procedures were observed when staff carried out care and support input for a resident who had returned from hospital and was currently self-isolating. Staff were also seen to encourage residents with communication needs to adhere to social distancing as well. Discussions with numerous staff members indicated they were knowledgeable about the current COVID-19 pandemic and the important role they had in addressing the risks associated with COVID-19. All staff spoken with commented on the training they had received in house and mentioned they found this training useful in their day to day work. Staff also mentioned that they had their temperature taken twice daily and also indicated that they were made aware of the contents of the centres COVID-19 preparedness plan.

The registered provider had good supplies of PPE in stock and had arrangements in place to monitor stock levels. In addition there were procedures in place for the safe management of laundry and of waste management.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care plans were maintained on a password protected computerised system. Inspectors reviewed a sample of care plans focusing on residents who were losing weight and residents who were high risk of falls.

A review of care plans indicated they were person-centred and reviewed within the appropriate time frames as per the regulations. Care plans were based on appropriate risk assessments where a need was identified, a screening tool was carried out which guided care plan interventions including referrals to medical and allied health professionals. Clinical input from the centres nurse/clinical director was also visible within the relevant care plans.

Inspectors observed family and next-of-kin engagement within care plans of their loved ones.

Judgment: Compliant

### Regulation 6: Health care

Anam Cara is a residential care facility and therefore there was no requirement for the provider to have a nurse on duty at all times. The provider did however arrange for the centre to have access to a nurse/ clinical director on a part time basis. This resource assisted the provider in managing the healthcare needs of the residents and provided a degree of clinical input.

The Public Health Nurse was attending the centre on a daily basis to provide nursing care for three residents. Residents had the choice of maintaining their own G.P or to attend the centres G.P who attended on a weekly basis. Residents who were more independent would access their own G.P outside the centre.

Community services were accessible to residents via referral process from their G.P and records showed that referrals were made. Residents notes showed resident access and input from health professionals such as Geriatricians, Tissue Viability Nursing and Physiotherapy.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken measures to ensure that residents were protected from abuse. There was an elder abuse policy in place to guide staff as to the relevant interventions to make should a concern be raised in the centre. Staff spoken with in the course of the inspection confirmed they had attended safeguarding training and found this useful in helping them supporting a resident who may wish to register a safeguarding concern.

The inspectors observed interactions between residents and staff throughout the day and found they were based on respect for the individual. Staff were seen to be kind and caring. Residents who had communication needs were listened to and given the time and space to make their views known.

The inspector reviewed a concern from January 2019 and found that it was investigated thoroughly. Where an allegation was made resident safety was prioritised with referrals made to the safeguarding team where necessary. There

was evidence that the provider was keen to learn from concerns received to improve practice going forward. There were no active cases open at the time of the inspection.

The person in charge acted as a pension agent for four residents living in the centre. There were policies and procedures in place to manage this activity which ensured that all resident accounts were subject to regular financial monitoring and reconciliation.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors spoke with numerous residents during the inspection and all said that they enjoyed living in the centre. Residents said the staff and management team were supportive and approachable. Residents mentioned that they felt safe in the centre and said they could talk to any staff member if they had a problem. All residents observed during the inspection were well dressed in appropriate clothing and footwear.

The designated centre was clean, warm and well decorated. There were sufficient communal spaces for residents use including access to separate garden areas for residents living on the first and ground floors. Resident rooms were of sufficient size for residents to be able to store their belongings in a safe manner.

Residents living on the first floor had low support needs and were encouraged and supported to be as independent as possible, while the ground floor provided care and support to residents with dementia care needs. Inspectors observed staff supporting these residents in a person centre manner. Residents who required assistance to actively participate in activities were given encouragement and support in a timely manner. Residents preferences and interests were captured on admission through a "key to me" assessment tool and it was clear on the inspection day that staff had a good knowledge of the residents and their individual needs.

Residents were encouraged to live their lives as independently as possible. Inspectors noted that residents could maintain contact with their GP's in the community when they moved in and where appropriate residents on the first floor were able to manage their own medicine regime subject to a risk assessment process. When required residents were supported to access advocacy services from the community. The annual review for 2019 gave details of how residents were assisted to vote in both of the 2019 elections, with support given to residents to attend the relevant polling station or with assistance to register their postal votes.

Inspectors noted that resident meetings had recommenced in October 2019 with key issues and topics discussed such as the current visiting restrictions and arrangements for Christmas 2020. There was an annual plan of quality and safety carried out for 2019. The provider also carried out a resident satisfaction survey in

2019 where 18 out of 56 residents responded to questions related to the quality of services offered to the residents by the provider. The provider was keen to improve upon the low numbers of respondents and was in the process of accessing external assistance to improve resident feedback. The provider gave assurance that resident's views regarding improvements to the service would be included in the annual review of quality and safety for 2020.

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>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

