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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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:	22 October 2024
Centre ID:	OSV-0000749
Fieldwork ID:	MON-0043540

## 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:	53
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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
Tuesday 22 October 2024	08:15hrs to 16:00hrs	Aoife Byrne	Lead

## What residents told us and what inspectors observed

The inspector found that Anam Cara Housing with Care was a well-run centre where residents were supported to enjoy a good quality of life.

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Anam Cara Housing with Care. The centre had a cheerful and vibrant atmosphere. Residents spoke highly of the staff and the centre, with comments such as "it's a wonderful place" and "delighted with the freedom". Those residents who could not articulate for themselves appeared comfortable and content. In conversation with one resident they felt there was a lack of communication from management to residents for example; The resident had arranged for visitors to visit following advice that the norovirus outbreak was closed. On the day of the planned visit the resident was contacted by their visitor that restrictions were back in place and they could not visit. This information was not filtered down to the residents prior to advising visitors.

The designated centre is located in Glasnevin, Dublin 11. The centre is registered for 56 residents with three vacancies on the day of the inspection. The centre is laid out over two floors and was accessible by stairs and a lift. Residents' living on the first floor are independent with low dependency levels and have the freedom to come and go as they please. While the residents on the ground floor include residents with a diagnosis of mild to moderate dementia with low or medium dependency levels. Residents are accommodated in single occupancy bedrooms with en suite.

The inspector found that the centre was warm, comfortable, and had appropriate lighting throughout. Each corridor throughout the unit were named after familiar Dublin streets for example; Henry Street, O'Connell Street and Moore Street. A Bus stop pole was seen on the ground floor of the dementia unit. On the ground floor, the atrium was the heart of the centre where residents gathered to enjoy the activities. The inspector observed residents enjoying mass on the large screen projector, and an exercise programme with plenty of friendly conversation and good humoured fun happening between residents and staff. Separate, smaller sitting rooms were also in use, and some residents choose to spend quieter time in these areas. The activities on offer included exercise bike, karaoke, bingo, puzzles and walk to local park.

Residents were observed to eat in the dining rooms throughout the centre or have their meals in their bedroom if they preferred. Place settings were laid out for residents prior to their meals and residents appeared relaxed and comfortable in the dining spaces where they enjoyed conversation between fellow residents and staff during their meals. Menus were prominently displayed on a large board. On the ground floor pictorial menus were also displayed outside the dining rooms for residents.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection which took place over one day. The centre has a history of good regulatory compliance. Overall there were good governance systems in this centre, which is evidenced in the high levels of compliance found on this inspection. The inspector found that the governance and management arrangements in place were effective and ensured that the service was appropriate to the needs of the residents.

Fold Housing Association Ireland Company Limited by Guarantee is the registered provider for the designated centre. The person in charge was supported in their role by the registered provider representative, director of care services, a team of senior care staff, carer, and laundry staff. The clinical nurse position is due to commence on 1 November 2024 and will support the person in charge in the management role.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly audits including financial, hygiene, key worker and care plans audits. An annual review of the quality and safety of care delivered to residents had been completed for 2023.

The inspector followed up on the actions taken by the provider to address improvements following the last inspection in February 2024. The compliance plan had been actioned and there were sustained levels of compliance seen with respect to the regulations assessed. The person in charge reported all incidents set out in Schedule 4 within the appropriate time frames.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

## Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulation, including the name and contact details for the resident's next of kin and the date of the resident's admission.

Judgment: Compliant

### Regulation 21: Records

Inspector followed up on the compliance plan from the last inspection in relation to Regulation 21: Records and found that the policy regarding retention and storage of staff files has been revised to align with the regulatory requirement, extending the retention period from six years to seven years.

Judgment: Compliant

### Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined, management structure in place. The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents.

A comprehensive annual review of the quality and safety of care provided to residents in 2023 had been completed by the person in charge, with targeted action plans for improvement set out for 2024. The review also contained feedback and consultation with residents.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

Inspector followed up on the compliance plan from the last inspection in relation to Regulation 34: Complaints and found that there was an up to date complaints procedure in place that reflected the requirements of the regulations. This was displayed in the main receptions and in each dining room

Judgment: Compliant

## Quality and safety

The inspector found that residents' rights were upheld and staff supported residents to receive a good standard of care in the centre. There was good opportunities for residents to participate in and enjoy social engagement. Residents were supported to maintain their independence and it was evident that staff knew residents well and were committed to providing person centred care. There was one area for improvement relating to residents support needs in relation to responsive behaviour being clearly documented.

Residents had access to medical care and had a choice to retain their own general practitioner (GP), while others chose a GP service closer to the centre. Doctor on call was also available after hours and weekends. There was evidence from a review of residents' records that residents were reviewed by health and social care professionals such as occupational therapy, public health nurse, dietician and chiropody as required.

Inspectors observed that residents 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) were being effectively supported by staff and staff spoken with knew them well. However, staff's knowledge of the resident's triggers, responsive behaviours and diversional therapies were not reflected in their responsive behaviour care plan. Further



improvements were required to ensure they were person centred and reflected the current needs of the resident.

The centre had a restraints register in place to record the use of restrictive practices in the centre. On the day of the inspection the dining rooms on the ground floor were locked outside of mealtimes, however on discussion with the person in charge and maintenance the fobs for the dining rooms were scheduled to be deactivated this week to allow residents unrestricted access.

Improvements were made following the last inspection in relation to the variety and quality of the meals. Inspectors observed that the meals served looked appetising. Residents spoken to were happy with the overall improvement in food, one resident mentioned menus can change last minute depending on availability.

### Regulation 17: Premises

Inspector followed up on the compliance plan from the last inspection in relation to Regulation 17: Premises and found that the repair work of the ceiling in the residents lounge has been completed.

Judgment: Compliant

### Regulation 18: Food and nutrition

Inspector followed up on the compliance plan from the last inspection in relation to Regulation 18: Food and Nutrition and found that improvements were seen by residents in relation to the variety and quality of food. Residents were included in regular meetings regards the menu and different meals available to them.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans in relation to responsive behaviour were reviewed and it was observed there was a lack of detail in some care plans, which meant that staff were not effectively guided in the provision of care to the residents with responsive behaviours.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that residents were receiving a good standard of health care. They had access to their general practitioner (GP) and to a range of health and social care professionals as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff that spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspector followed up on the compliance plan from the last inspection in relation to Regulation 9: Residents rights and found that there were activities available on both the ground and first floor residents.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Anam Cara Housing with Care OSV-0000749

Inspection ID: MON-0043540

Date of inspection: 22/10/2024

## 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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>In response to the recent review findings regarding the care plans, we acknowledge the observation that some plans lacked the necessary detail, which affected the staff’s ability to effectively guide the provision of care for residents with responsive behaviors.</p> <p>To address this issue, we have undertaken the following actions:</p> <ol style="list-style-type: none"> <li><b>Care Plan Revision</b>: We have thoroughly reviewed and revised the care plans identified in the assessment. Each plan has been updated to include comprehensive details that provide clear guidance for staff in managing responsive behaviors.</li> <li><b>Staff Training</b>: The Person in Charge (PIC) has conducted sessions to go through the revised care plans with the staff, ensuring everyone understands the updates and how to implement them effectively.</li> <li><b>Monitoring and Evaluation</b>: We will continue to complete regular audits for ongoing monitoring of the care plans to ensure they are being effectively followed and remain relevant to residents’ needs.</li> </ol> <p>These steps have been taken to ensure compliance and enhance the quality of care provided to our residents. We are committed to ongoing improvement and will continue to monitor the effectiveness of these changes.</p>	



## 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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	02/12/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/12/2024