



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:	Announced
Date of inspection:	07 February 2024
Centre ID:	OSV-0000749
Fieldwork ID:	MON-0032848

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:	48
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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
Wednesday 7 February 2024	09:10hrs to 17:30hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in Anam Cara Housing with Care and spoke in more detail with 11 residents. Residents surveys were completed in advance of the inspection. The inspector also spent time in the communal rooms observing resident and staff engagement. Overall, residents were highly complimentary of the care they received and were happy living in the centre. One resident spoken with said "I love living here". Another resident said "the place is fantastic". Residents also said that staff were good to them and helped them whenever needed.

Following an opening meeting, the person in charge, accompanied the inspector on a tour of the centre. The centre is set out over two levels, with access via a lift or stairs. Residents living in the centre had been assessed as having low or medium dependency needs. Residents residing on the first floor of the centre were very independent and had their own access to the building and could freely come and go. Residents residing on the ground floor had higher dependency needs. Residents were accommodated in single occupancy bedrooms with an en-suite.

Overall, the centre was nicely decorated and had a very pleasant atmosphere. However, the inspector observed that some maintenance was required. This will be discussed in the report below.

On the ground floor, there was a large, bright, open communal space for residents which was overlooked by an atrium for residents on the first floor. At the ground floor entrance there was a sensory area with a fish tank for residents to sit quietly and relax. There was also a smoking room, activities room and a smaller lounge. However, on the day of inspection the lounge was locked. The provider informed the inspector that there was issues with the ceiling and they were awaiting this to be repaired.

Each floor had three dining rooms, some had recently been redecorated and the remainder were underway. Residents also had access to several internal courtyards with raised flower beds, trees, seating areas and paved pathways. Residents on the first floor had a lounge which had a homely atmosphere and comfortable seating. There were also smaller seating areas for residents with bookshelves for residents to use if they wanted a quieter space.

Residents' bedrooms were personalised and homely. Each bedroom also contained a kitchenette. On the ground floor, there were window boxes placed at each residents bedroom with familiar and personalised objects to help them identify their bedroom.

There was a hairdressers located on the first floor for residents and was available every two weeks or if there was a special occasion. There was an activity programme in place with an activity staff working everyday. Activities took place on the ground floor in the large communal space overlooked by the atrium on the first

floor. Residents from the first floor could choose to attend activities on the ground floor and this was facilitated by staff. On the morning of the inspection residents were observed to attend mass which was playing on a large projector in the communal room. In the afternoon, residents were playing mini golf, bowling and basket ball. Following this, residents were singing and playing instruments and later in the evening having a quiz. There was a jovial atmosphere on the ground floor and residents there were very engaged. However, some residents on the first floor spoken with did not always enjoy the activities and thought that these were only for residents on the ground floor. Some residents also said the activities were not in accordance with their interests and capabilities.

Many of the residents were observed to eat in the dining rooms throughout the centre for their meals. Menus were available on notice board for residents to choose their meals from with a visual menu available for residents on the ground floor. Overall, residents spoken with said the food was good and there were lots of options for them to choose from. However, some residents spoken with said the food was overcooked and lacked variety. This was also reflected in the residents feedback survey.

Throughout the day, staff interactions with residents were observed to be patient and kind. Staff and management were very familiar with the residents' needs. Residents spoken with said the staff were "lovely and would do anything to help".

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

Capacity and capability

Overall, the inspector was assured that the service had effective clinical governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. This inspection found that there was a clearly defined management structure in place and was well-resourced. The centre was well-managed with residents expressing a high level of satisfaction regarding the care and support provided to them. However, some action was required for residents rights, records, complaints, food and nutrition, and premises.

This announced inspection was carried out over one day by an inspector of social services. The purpose of this inspection was to assess compliance with regulations and to inform a decision on an application to renew registration for the centre, which was under review. The inspector also reviewed the information submitted by the provider and the person in charge.

Fold Housing Association Ireland Company Limited by Guarantee is the registered provider for the designated centre. The registered provider is also involved in the

operation of another designated centre in Ireland. The person in charge (PIC) facilitated this inspection and was observed to be well-known to the residents. There was a clear line of accountability and responsibility throughout the designated centres team in line with the statement of purpose. The person in charge was supported in their role by the registered provider representative, director of care services, a clinical nurse, a team of senior care staff, carers, activity and laundry staff.

The registered provider had audit and monitoring systems in place to oversee the service. Actions identified for quality improvement, were assigned to a responsible person, with times for completion noted. Updates on these actions were discussed in management meetings. The clinical nurse provided oversight and support to the senior care staff for assessments and care planning. Senior care staff were responsible for completing keywork reports for each resident monthly to ensure oversight of their clinical care. The systems in place identified areas for quality improvement that enhanced the service delivered to residents. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations. Senior management meetings also took place at regular intervals and were under review to continue to improve the operation and function of these meetings.

Staff had access to equipment, which was appropriately serviced, this enabled staff to meet the needs of the residents living in the centre.

An annual review of the quality and safety of care delivered to residents had taken place for 2023 in consultation with residents. Residents had been consulted in the preparation of the annual review through a residents' satisfaction survey.

The provider had a complaints policy in place. The complaints procedure was displayed on notice board of each floor of the centre, however, it was behind locked glass and residents could not access this. It contained the information required by the regulations, however, there was also some additional information in the policy which was not in line with the regulation. This is discussed in Regulation 34: Complaints.

Records were maintained in the centre to a high standard, however, the policy in place which detailed how long the records should be retained was not in line with the regulation. This is detailed under the regulation.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre was received by the Chief Inspector. The application was complete and contained all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. The inspector found that the person in charge knew the residents and was familiar with their needs. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules 2 were maintained in line with the regulation, stored safely and were accessible on request. However, the centres policy detailed the retention period for Schedule 2 documents was six years and not seven as per the regulation.

Judgment: Substantially compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year and this updated copy was available for review. Overall, it contained all the information outlined in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. The complaints procedure was displayed on notice board of each floor of the centre, however, it was behind locked glass and residents could not access this. It contained the information required by the regulations, however, there was also some additional information in the policy which was not in line with the regulation. For example, some areas of complaint were excluded from the complaints process and a time limit was placed on how long after the event a complaint could be made.

Judgment: Substantially compliant

Quality and safety

Overall, the residents received a good quality of care from a dedicated team of staff. Residents' told the inspector that they felt safe living in the centre. Residents' independence, privacy and dignity were upheld through staff policies and practices. The inspector found that the registered provider had taken appropriate measures to ensure a safe and high quality service was provided to the residents at all times. However, action was required for residents rights, food and nutrition, and premises.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Training records indicated that all the staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse. They all expressed that the safety of the resident was their priority and they would report all incidents to the person in charge.

Staff were observed to communicate with residents in a kind and respectful manner. Televisions, newspapers, telephones and computer facilities were available for residents' use. Residents had access to information about independent advocacy services available. There was an activity programme in place for residents to occupy their day. The inspector observed positive interactions which contributed to the calm atmosphere in the centre for residents who engaged with activities available on the day of inspection. However, some residents expressed dissatisfaction with the activities available.

Residents were offered refreshments throughout the day. A sample of menus were reviewed which showed a menu rotation with a variety of food choices each day. Menus were also available with pictures of the meals on offer to support residents with communication needs. The food choices on the menu were also available to residents with particular dietary requirements or those with a modified diet. The dietary needs of residents were based on a nutritional assessment in accordance

with their individual care plan. An adequate number of staff were available to assist residents with their meals and refreshments. However, some residents expressed dissatisfaction with the food on offer and the variety available.

Overall the premises was in a good state of repair and met the needs of residents. The centre was found to be warm and bright. There was appropriate furniture in place to support residents. However, some action was required in relation to premises which impacted on residents rights also, this is discussed under Regulation 17, premises and Regulation 9, residents rights.

There was effective management and monitoring of infection prevention and control practices within the centre, by means of audits and daily walkarounds by management. The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. The centre was clean on the day inspection and the housekeeping staff were knowledgeable regarding cleaning systems.

There was a risk management policy which had been reviewed in April 2023. This policy met the requirement of the regulations. For example, it included the measures and actions in place to control the risk of abuse and the unexplained absence of any resident.

Regulation 17: Premises

The inspector found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations. However, on the day of inspection, the ceiling of the lounge on the ground floor required repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Some residents reported that they were not satisfied with the variety and quality of food provided in the centre. A recent resident's survey conducted also highlighted some residents dissatisfaction with the taste and choice of meals.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in the centre and control measures in place to minimise the associated risk.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. The designated centre was clean and tidy. Management oversight including audits were used to ensure that a high standard of hygiene was maintained.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made.

Prior to commencing employment in the centre, all staff were subjected to An Garda Síochána (police) vetting.

Residents spoken with stated that they felt safe in the centre. All staff had attended training to safeguard residents from abuse. The process for managing residents' pensions was safe.

Judgment: Compliant

Regulation 9: Residents' rights

There was an activity programme in place with an activity staff working everyday. However, the activities took place on the ground floor and some residents on the first floor thought that these were only for residents on the ground floor. Some residents also said the activities were not in accordance with their interests and capabilities. This was also reflected in residents meetings and residents surveys completed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Anam Cara Housing with Care OSV-0000749

Inspection ID: MON-0032848

Date of inspection: 07/02/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Our Policy regarding the retention and storage of staff files has been revised to align with regulatory requirements, extending the retention period from six years to seven years.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A copy of the complaint's procedure is now showcased at the entrance of both the first floor and the ground floor entrance at Anam Cara. Additionally, the procedures are prominently displayed in all residents' dining rooms. Furthermore, we have enhanced our complaints policy to incorporate specific time frames and various stages of the complaints procedure.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The repair work of the ceiling in the residents' lounge has been completed, and residents now have unrestricted access to the lounge area.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>We have scheduled a meeting with the catering manager and our residents to explore the variety and the quality of the food.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A meeting took place with the residents to review the activity programme. On feedback from the residents the activity programme has been updated and all activities are available to both first floor and ground floor residents. Activities are prominently displayed on the first floor and the ground floor.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/03/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	28/03/2024
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	28/03/2024
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained	Substantially Compliant	Yellow	15/03/2024

	for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	15/03/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	15/03/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	15/03/2024