

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Anam Cara
<b>Centre ID:</b>	OSV-0000749
<b>Centre address:</b>	Anam Cara Housing with Care, St Canice's Road, Glasnevin, Dublin 11.
<b>Telephone number:</b>	01 857 2362
<b>Email address:</b>	sarah.mulvihill@foldireland.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Fold Housing Association Ireland Company Limited by Guarantee
<b>Provider Nominee:</b>	Martina Conroy
<b>Lead inspector:</b>	Ann Wallace
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
08 August 2017 10:00	08 August 2017 18:00
09 August 2017 08:30	09 August 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This inspection sets out the findings of an announced inspection carried out as part of the centre's application to renew its registration. The inspector also considered information received by the Authority in the form of notifications and other relevant information.

Changes to the management team were notified to the Authority prior to the inspection and a suitable person in charge (PIC) had been appointed in April 2017. The fitness of the PIC had been assessed by interview prior to the inspection and they had been found to have satisfactory experience and knowledge of their role, their responsibilities and of relevant legislation. During the inspection the PIC was found to be established in their role within the centre and was well supported by the provider nominee.

The designated centre is based in a purpose built two storey building, situated close to health services and other local amenities. It provides housing with care and

services for low to medium dependency residents. The inspector found that the designated centre provided a good standard of care and services to the residents. Staff were observed to be responsive to individual residents' needs and displayed genuine empathy and respect in their dealings with residents and their families. Staff knew individual residents well and used 'The Key to Being Me' assessment tool on admission to gather information about each resident's past life, their interests and their preferences for how they liked to spend their days. As a result, the care was found to be person centered.

The inspector found that residents had access to a range of medical and specialist health and social care services and that timely referrals helped to ensure that individual residents had access to the health and social care that they needed. However the inspector noted that there was delay in accessing community dietician services for one resident. The provider nominee explained that this was due to limited community dietician resources within the local area. The designated centre employed a qualified nurse who provided nursing advice and supervision when required. The nurse worked in another of the parent company's centres and was in the designated centre four mornings each week. Residents with ongoing nursing needs were seen by the public health nurse who visited the centre twice daily. Residents had access to the centre's General Practitioner (GP) and pharmacy services and out of hours GP services. Those residents who preferred to keep their own GPs could do so. Local community services including physiotherapy, occupational therapy, speech and language therapy and dietician were accessed for residents when required. Community mental health and specialist services were also made available for residents who needed to access them..

The layout of the building over two floors was found to meet the needs of the residents who lived at the designated centre. The ground floor provided care for residents who needed a higher level of supervision and support in their daily lives. It was laid out over three corridors each with a Dublin street name. All rooms were single ensuite and each resident had their own front door. On admission the rooms were unfurnished and residents provided their own furniture and brought in pictures and artefacts from home in order to personalize their space. Memory boxes, colours and specialist signage were used to help residents navigate their way around the unit. There was a newly developed dementia friendly garden which provided a safe and secure outside space for residents. There were two further garden areas one of which was being used by a resident to start a vegetable garden in a large polytunnel.

The first floor provided accommodation for residents who needed less support and supervision. The first floor mirrored the ground floor and was laid out over three corridors each with a different Dublin street name and Dublin scenes decorated the walls on some corridors. Residents on this unit were encouraged to go out into the local community and the inspector observed that over the two days of the inspection that a number of residents spent some or all of their day away from the centre. Residents on the first floor were accommodated in single ensuite rooms each with a small kitchenette including a fridge. Kettles could be provided following a risk assessment of the individual's ability to use one safely. As with the ground floor vacant rooms were unfurnished and residents provided their own furniture and brought in pictures and artefacts from home in order to personalize their space.

Communal areas were carefully arranged to provide adequate social spaces for residents where they could participate in the activities and entertainments provided by the centre. There was a large central atrium where most residents congregated. A number of smaller quiet seating areas were provided on each floor and these were well used by residents chatting together or meeting with their visitors. Each floor had three small dining rooms and residents chose where they wanted to eat each day.

Staff were seen to provide appropriate levels of supervision and support for residents. Care was found to be enabling and residents told the inspector that they were "doing well" at the designated centre, describing improvements in their mobility, mood and general health and well being since their admission. One resident told the inspector that they had not felt ready to settle in long term care but had since changed their mind and were now happy to stay.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the statement of purpose and found it described the services and facilities provided in the centre as required by schedule 1 of the Regulations. It was kept up to date and had been revised on 24th April 2017.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There were effective management arrangements in place to monitor the quality and safety of the service.

There was a clearly defined management structure in place. The organisational structure helped to ensure that staff were clear about reporting arrangements within the

centre. The provider nominee was based in the centre three days per week and was in regular contact with the person in charge. The person in charge worked full-time at the centre. Residents and staff told the inspection team that they were clear about who to raise any issues with and that managers was approachable and available to them.

The person in charge was supported in their role by the senior care workers, a nurse consultant and an administrator. Catering services were provided by the nearby HSE long term care centre. The chef from the HSE kitchen delivered and served the meals in each dining room every day and was in regular contact with staff and managers in the centre. Housekeeping services were provided by an external company. The local supervisor visited the centre on a regular basis and met with the person in charge and the person nominated to represent the provider.

Documents showed that there were a range of meetings in the centre including the senior management team meeting which was attended by the person in charge. Other meetings included health and safety meetings, residents' meetings and general staff meetings with staff from each of the departments. Minutes of the meetings showed that they were well attended and that they helped to ensure effective communications between line managers and their staff and between the departments in the centre.

The inspector found that the care and services provided were found to be in line with the centre's statement of purpose and its ethos of care. There were a range of systems in place to monitor care and services, helping to ensure that safe and effective care were provided. Monitoring systems included staff performance reviews, health and safety and risk management processes and a comprehensive internal and external audit programme. Audit documentation reviewed by the inspector showed that information was gathered about practices in the centre and was used to identify areas for improvements, for example in falls prevention and staff training needs.

Feedback from residents and relatives was actively sought through residents' meetings, a suggestion box and the annual review. The inspector found clear evidence of changes being made in response to resident feedback, for example in the centre's activities programme and its menus.

The inspector found that the centre had sufficient resources in place to ensure care and services were provided to meet the needs of the residents who lived at the centre

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre was managed by a suitably qualified and experienced manager who worked full time in her role as Person in Charge [PIC] at the centre.

The PIC was a qualified social care worker who had worked in older persons services for more than three years. The PIC was committed to providing person centred care for residents. Feedback from staff and residents was that the PIC was approachable and that the focus of her work was the residents and the quality of their care and ongoing lives at the centre.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that procedures were in place to safeguard and protect residents from abuse. The inspector found that the designated centre was mostly a restraint-free environment with minimal use of medications for managing responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspector reviewed the designated centre's policy on the management of responsive behaviours. The policy described the types of responsive behaviours and the approaches that should be used for identifying causes of responsive behaviours. Staff had attended training on the management of responsive behaviours.

Staff interviewed by the inspector knew the residents who might display challenging behaviours and were able to describe the triggers for such behaviour and the most appropriate way to respond to reassure and support the resident. The inspector found that this was documented in individual resident's care plans. During the inspection staff were observed using a gentle approach to calm and support residents who became agitated. The inspector noted that the care provided in the designated centre was very



person centred.

There was a policy in place setting out the procedures relating to the use of restraint (physical, chemical or environmental). On the few occasions where restraints had been used, the inspector found that a risk assessment had been completed that identified the risks and the options that had been tried prior to the decision to use restraint. All as required medications were clearly prescribed by the resident's GP. The administration of as required medications were recorded and reviewed monthly or more often if a resident's needs changed. The designated centre carried out regular audits of as required medications.

There was a policy in place that set out clear procedures for the prevention, detection and response to elder abuse. The staff training records documented that staff had attended training on safeguarding and elder abuse during induction and ongoing training in the centre. The inspector spoke with staff and found that they were able to articulate the policy and procedure to follow in the event of an allegation, suspicion or disclosure of abuse. Staff were also clear about who to go to report concerns regarding abuse. The inspector was satisfied that the person in charge knew how to respond to an allegation of abuse if it was reported to them. Residents who spoke with the inspector said that they felt safe at the centre.

The centre had clear systems in place in relation to resident's finances. Money and valuables kept on behalf of a resident were stored securely.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the health and safety of residents, staff and visitors was actively promoted.

There were comprehensive policies in place relating to health and safety and risk management. The inspector found that these had been recently reviewed and met the requirements of the regulations. There was an up-to-date Health and Safety Statement. A comprehensive emergency plan was in place. The risk register had been updated and included the measures that had been put into place to mitigate identified risks; however, the inspector was not assured that the risk register was sufficiently detailed to include

site specific risks as they were identified for example residents who smoked.

Records showed that there were systems in place in the centre for recording, investigating and learning following incidents that occurred. Staff who spoke with the inspector told them that information about incidents and learning from incident investigations was communicated to them during staff meetings and handovers.

The designated centre had contracts in place for maintenance of equipment. Records showed that equipment was serviced regularly in line with manufacturers and best practice guidance and legislation. The designated centre had appropriate insurance in place.

There was sufficient fire equipment in place throughout the building. Fire exits were clearly marked and were kept free from obstruction. The service records for fire safety equipment confirmed that they were being serviced on a quarterly basis. The centre was compartmentalised through the use of fire doors which would automatically close in the event of the fire alarm sounding. Fire doors had heat seals and smoke seals in place to protect residents from the spread of fire and smoke. Each resident had an individual personal evacuation plan (PEEP) and these were kept in an accessible place close to the reception area on each floor.

The designated centre had a clear fire safety policy in place and this was displayed prominently at access routes and fire equipment points throughout the building. Records showed that staff had received annual fire safety training as part of their mandatory training updates. Fire drills were carried out regularly in the designated centre and included residents and staff. Staff who spoke with the inspector were able to articulate the fire safety procedures and what to do in a fire emergency.

The designated centre was well maintained and kept clean and tidy. Maintenance staff were provided by the parent company and were carrying out minor repairs in the building during the inspection. Staff reported that repairs were dealt with promptly.

The inspector found that there were comprehensive infection control policies and procedures in place. The nurse advisor took responsibility for developing and maintaining the policies and for training staff in infection control procedures. All hand wash basins had hand soap, sanitizing gel and paper towels available. The inspector observed that these were renewed by housekeeping staff throughout the days of the inspection. Staff demonstrated good hand washing and infection control procedures.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate management systems in place to ensure safe medication practices. The inspector noted that this was a particular strength of the designated centre.

There was a comprehensive medication policy in place which gave clear guidance to senior care staff on the procedures to follow for ordering, monitoring, documenting, administering and the disposing of un-used and out-of-date medications. The policy included the procedure to follow in the event of medication errors. Records showed that medication audits were carried out bi-monthly by the centre's management team and the pharmacist. In 2017 the designated centre had undergone a comprehensive medication audit completed by external auditors as part of the parent company's audit programme. Audit documentation showed that the centre had achieved good compliance rates with the audits.

A sample of medication records was reviewed. The inspector found that the records recorded the name of the drug and the time of the administration and that the senior care worker signed the medication record after each administration. The drugs were administered within the prescribed timeframes. If a resident refused medication this was recorded correctly. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing and liquid alternatives had been sourced where possible. Staff administering medication were seen to follow appropriate medication management practices in line with relevant professional best practice guidance. Residents' medication was reviewed regularly by their GP.

Medications were stored securely. Controlled drugs were stored in a locked cupboard within a locked cupboard in the medications room. Senior care staff kept a register of controlled drugs. They were checked by two senior carers at the change of each shift. The inspector checked a selection of controlled drug medication balances and found them to be correct.

There was an effective system in place to manage the return of out-of-date and un-used medications with records providing a clear audit trail.

There were eight residents managing their own medications at the time of the inspection. Records showed that each resident had an assessment of their self care abilities relating to their medications and a risk assessment carried out to assess their suitability for self-medication. Residents who self medicated had a locked drawer in their room for safe storage of medications. Senior care staff carried out regular reviews of self medication care plans to ensure the resident was still safe to administer their own medications.

**Judgment:**

Compliant

**Outcome 11: Health and Social Care Needs**

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Each resident had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and or their families.

There was a comprehensive policy in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre. The policy also described the review processes in place to ensure that resident's needs were reviewed four monthly or if there was a change in their health or wellbeing and that their care plan was updated accordingly.

A selection of residents' clinical records was reviewed. The inspector found that each resident had a pre-admission assessment completed by the care services manager prior to coming into the centre. Following admission, senior care staff worked with the resident and or their family to complete a comprehensive assessment of the resident's needs including actual and potential risks such as weight loss, falls or responsive behaviours. Where nursing needs were identified such as dressings or ongoing medication the resident was referred to the public health nurse who visited the centre twice daily.

Care plans were reviewed regularly by senior care staff. Care plans were found to provide clear information to staff providing care and support for residents and in most cases were found to reflect the resident's current needs. However one care plan relating to wound care had not been updated to reflect the current dressing requirements.

Care plans were person centred and 'The key to me' assessment was used to identify residents' preferences for care and support, for example, what time they liked to get up and retire at, and what activities they preferred. Risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs, smoking and responsive behaviours. Risk management plans were seen to promote residents' independence and self-care abilities where possible. The inspector saw clear evidence of resident's improving in functional and physical abilities following admission to the

centre.

The inspector found that residents had good access to GP services and a range of allied health care professionals and specialist teams such as speech and language therapy, physiotherapy, dietitian, chiropody, dentist and optician, community mental health services and Psychiatry of Later Life. Referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented. For example; modified diets as recommended by the dietitian or speech and language therapist.

Residents and families who spoke with the inspector said that the residents were being well supported and cared for by the staff in the centre. This reflected the findings in the questionnaires that were returned to the inspector during the inspection. Residents and their families reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in their care or services.

" I am always informed about plans then it is left to me to decide what I want to do"

" I was in hospital for seven weeks. I was so glad to get "Home" so that says it all"

" It is a great relief to us knowing my mother is safe and looked after very well."

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also, when residents returned from another care setting to the centre there was a clear summary of the resident's needs and plan of care

**Judgment:**

Substantially Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The location layout and design of the centre is suitable for its stated purpose and meets the residents' individual and collective needs in a comfortable and homely way.

The centre was purpose built to provide housing with care for vulnerable adults in the north Dublin area. Accommodation was provided over two floors and there was a

passenger service lift to access the first floor.

The ground floor provided accommodation for residents who needed a higher level of supervision and support in their daily lives. It was laid out over three corridors each with a Dublin street name. Familiar Dublin scenes decorated the walls. All rooms were single ensuite and each resident had their own front door. On admission the rooms were unfurnished and residents provided their own furniture and brought in pictures and artefacts from home in order to personalize their space. Memory boxes, colours and specialist signage were used to help residents navigate their way around the unit.

The first floor provided accommodation for residents who needed less support and supervision. This unit mirrored the ground floor being laid out over three corridors each with a different Dublin street name and Dublin scenes decorated the walls on some corridors. Residents on the first floor were accommodated in single ensuite rooms again with their own front doors. Each bedroom contained a small kitchenette including a fridge. Kettles could be provided following a risk assessment of the individual's ability to use one safely. As with the ground floor vacant rooms were unfurnished and residents provided their own furniture and brought in pictures and artefacts from home in order to personalize their space.

Communal areas were carefully arranged to provide adequate social spaces for residents where they could participate in the activities and entertainments provided by the centre. Each area benefited from natural light and views over the gardens. There was a large central atrium where most residents congregated. A number of smaller quiet seating areas were provided on each floor and these were well used by residents chatting together or meeting with their visitors. Residents were using the communal areas throughout the two days of the inspection giving the centre a real sense of community.

Each floor had three small dining rooms and residents chose where they wanted to eat each day. The dining rooms were arranged as domestic kitchen/dining areas and were very homely.

There was a newly developed dementia friendly garden which provided a safe and secure outside space for residents. The garden was arranged with clear pathways and sensory garden areas. There were two further garden areas one of which was being used by a resident to start a vegetable garden in a large polytunnel.

The centre was found to be clean and tidy, comfortably warm and well maintained. Private and communal areas were nicely decorated and comfortably furnished for residents and their visitors. The corridors and walkways throughout the building were wide and clutter free. Handrails were in place along corridors and on staircases.

There were sufficient numbers of accessible toilets, bathrooms and showers in the centre. Bathrooms and toilets were fitted with grab-rails and assistive devices such as shower chairs.

**Judgment:**  
Compliant

**Outcome 15: Food and Nutrition**

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to ensure that individual resident's nutritional needs were met.

The centre used the kitchen from the adjoining Health Service Executive (HSE) premises to provide the meals for residents. Meals were transported in heated trollies and served in each dining room by the chef and a catering assistant from the HSE kitchen.

The inspector observed residents taking lunch and their evening meal. Residents could choose where they wanted to take their meals and with whom they wanted to sit at meal times. The small dining rooms were nicely arranged to provide a homely kitchen/dining area. Tables were nicely set with placemats, cutlery, napkins and condiments. Specialist cutlery was available for residents who needed it to eat independently.

Residents had a choice at each meal time. Pictorial menus were available to support residents who had cognitive impairment to make choices about what they wanted to eat. Hot and cold drinks were served at meal times. The inspector found that residents were encouraged to eat their meals independently and that staff offered discreet support and encouragement to those residents who needed prompting and assistance at meal times. Overall the residents who spoke with the inspector were positive about the meals at the centre. However some feedback reported that on occasions the meals were not hot enough and the texture of the cooked meats was tough. Managers were aware of these comments through the centre's quality assurance processes and were working with the catering team to investigate the issues.

Resident's records showed that there were clear systems in place in the centre to ensure that resident's nutritional needs were met and that residents were encouraged to take sufficient fluids to maintain health and wellbeing. Resident's weights were checked monthly or more often if a nutritional risk was identified. Hydration care plans were in place to ensure that residents were offered sufficient fluids throughout the day. Fluid balance charts were maintained by care staff and these were found to be up to date.

Input from speech and language therapists and dieticians was recorded in residents' records and their recommendations put into individual resident's care plans in order to

guide staff. Specialist diets were recorded on a specific dietary sheet and the information was available to catering and care staff. Care staff who spoke with the inspector were able to articulate the specific dietary and hydration needs of the residents for whom they were caring and the individuals likes and dislikes regarding meals and drinks.

Overall the residents who spoke with the inspector were positive about the meals at the centre, however feedback from the questionnaires stated that on occasions the meal was not hot enough and the texture of the cooked meats was tough.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was a person-centred approach to providing care and services in the centre that respected individual resident's rights and privacy and promoted their independence and autonomy.

Residents were consulted about how the centre was run and were given the opportunity to provide feedback about the service. This process was facilitated through well run residents' meetings, regular contact with the person in charge and the provider nominee and through feedback processes such as the suggestion box and the annual review. The inspector found evidence of changes being made in response to residents' feedback, for example in the daily routines and activities in the centre.

Residents had access to independent advocacy services as needed. Information about independent advocacy services was available on the resident notice boards and in the resident information guide. A representative from an advocacy services facilitated the resident's meetings.

Residents were supported to attend religious activities of their choice. Weekly mass was available for residents through a wireless loop system from the local church. Other residents were supported to go out to mass in the local area. Communion and the Rosary



were also available in the centre.

Residents who spoke with the inspector said that they were able to exercise choices in a variety of ways including where to eat, choice of food, how to spend their time and where to spend time in the centre during the day. The inspector found evidence of preferences for care and routine recorded in individual resident's records. Where residents were not able to express their preferences the inspector found that the residents were still consulted and offered choice and that staff worked together and with the resident's family to put together a routine that suited the resident.

The provider nominee explained the processes that were in place to ensure that residents who wished to could exercise their voting rights. Residents could vote at the centre or attend the local polling station to register their vote. The inspector was assured that residents were able to exercise their civil and political right as they wished.

All residents had access to TV, radio and newspapers and magazines. The inspector observed staff talking with residents about local and national issues. Residents were supported to go to the local shops and to attend events within the local community as they wanted to. For example male residents were accessing the local Men's Shed group and some residents attended the local Active Age group for tea dances. The local library provided a visiting service for the centre so that reading material was renewed regularly for those residents who continued to enjoy reading.

There was a telephone available for residents to use in private and some residents had personal mobile phones.

The centre had an open visiting policy with limited restrictions around meal times. The inspector observed a number of visitors attending the centre throughout the inspection. Visitors who spoke with the inspector said that they were always made welcome and that they were encouraged to have input into the residents' day-to-day life at the centre. Staff knew the families and visitors that visited. Residents could meet with their visitors in private in the small lounges and seating areas situated at various points around the centre. There was also a visitor's overnight room which was nicely arranged for families to stay over with the residents when they wished to do so.

Documents showed that there were clear and transparent systems in place for the management of resident's finances. Money and valuables held on behalf of the residents was stored securely. Where the centre was acting as a pension agent for residents the systems in place were in line with the guidelines from the Department of Social Protection.

The inspector found that the centre provided a range of activities and entertainments for residents. This was a particular strength of the centre and residents and families told the inspector how much the residents enjoyed the activities programme.

" Mam loves the bingo, arts and crafts and Zumba."

" I try to take part in all activities. I enjoy bingo and exercises."

The programme provided opportunities for residents with a range of dependencies to be

meaningfully occupied. For example a large, colourful wipe board was used for bingo and board games so that residents were better able to see and understand what was going on. Many of the residents were from the Dublin area and supported the Dublin Gaelic Football team and their progress in the national championship which was being keenly debated during the two days of the inspection.

The group and one-to-one activities were provided in a variety of areas throughout the centre but were mainly concentrated in the spacious atrium which was the heart of the centre.

During the inspection the activities included music and singing, relaxation, gentle exercise, Zumba dancing, reminiscence and bingo. The inspector observed staff supporting residents to attend the activities. Where a resident did not wish to attend an activity this was respected by staff and recorded in their records. Resident care plans documented preferences for activities and entertainments and staff knew which activities individual residents preferred to attend.

Staff interactions with residents were seen to be with warm and empathetic. Staff were observed to respond patiently to residents who repeated questions and requests for information. Staff demonstrated skills in helping to reassure residents who became agitated or anxious.

Where residents had communication needs these were identified in their assessment and a care plan agreed with the resident and or their family. The inspector found that communication needs and relevant care plans were recorded in individual resident's records. Staff were aware of residents' communication needs and were seen to provide support to residents when it was needed, for example in choosing what to eat and which activities to attend.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were appropriate numbers of staff with the necessary skills and experience to meet the needs of residents.

The inspector reviewed the staffing levels, actual and planned staff rosters, staff training records and spoke with staff, residents and visitors. The inspector found that there were sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents who lived at the centre. The planned rosters took into account the layout of the centre and the levels of care and supervision required.

Staff allocation and key worker systems were in place to ensure that staff were accountable and were clear about their role and responsibilities in ensuring that they provided safe and appropriate care for residents. Supervision and oversight was provided by senior care workers and the PIC. The clinical nurse advisor was on site regularly to support care staff who were caring for residents with clinical needs. The provider nominee assured the inspector that staffing levels were reviewed regularly in response to changing resident dependencies and care requirements.

There was also sufficient housekeeping, laundry and administration staff to ensure that the centre was run effectively for the benefit of the residents who lived there. Staff from these departments were observed to be interacting with residents and their families during the inspection. Staff were seen to be respectful and cooperative in their dealings with each other and with the residents and their visitors. Residents and their families expressed high levels of satisfaction in their relationships with the staff team at the centre often commenting on their cheerful and helpful manner and their kindness and courtesy.

" I find that all staff are very respectful and courteous to all residents and visitors."

Training records showed that all staff had been provided with mandatory training in moving, fire safety and handling and prevention of elder abuse. Prevention of abuse update training was booked for September 2017. Staff had also attended additional training sessions including: dementia care, nutrition, consent and capacity, responsive behaviours, medication management and care planning.

The centre had clear recruitment and selection policies and procedures in place. Staff files reviewed by the inspector contained all the data required in Schedule 2 of the regulations. The provider nominee stated that all staff employed at the centre were Gardaí vetted. There were no volunteers working in the centre at the time of the inspection.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Ann Wallace  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Anam Cara
<b>Centre ID:</b>	OSV-0000749
<b>Date of inspection:</b>	08/08/2017 and 09/08/2017
<b>Date of response:</b>	28/08/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector was not assured that the risk register was sufficiently detailed to include site specific risks as they were identified for example residents who smoked.

#### 1. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the designated centre.

**Please state the actions you have taken or are planning to take:**

As per inspector's recommendation, The Provider Nominee along with the PIC will update and amend the risk register to provide more granularities around specific site risks. Once updated, the provider nominee will furnish the inspector with a copy for review.

**Proposed Timescale:** 08/09/2017

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

One resident's wound care plan was not up to date.

**2. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

**Please state the actions you have taken or are planning to take:**

This resident's wound care plan has been updated and amended to reflect the above.

**Proposed Timescale:** 10/08/2017