



**Health  
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Authority**

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:	Glyntown Care Centre
Name of provider:	Zealandia Limited
Address of centre:	Glyntown, Glanmire, Cork
Type of inspection:	Announced
Date of inspection:	07 August 2024
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0044081

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Glyntown Care Centre is located on an elevated site overlooking the village of Glanmire and is a 38 bedded care facility. The bedroom accommodation consists of 18 single bedrooms and ten twin bedrooms. The centre accommodates residents requiring the following: general nursing care, respite care, convalescence care, palliative care, and any other care following a comprehensive pre admission assessment. All residents admitted to Glyntown Care Centre will be over 18 years of age and can be either male or female. 24 hour nursing care will be provided which is supported by a team of nursing staff, health care assistants and other support services. Initial admission assessment and short-term care plans will be completed with 24 hours of admission.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	36
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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 August 2024	09:00hrs to 17:30hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the registered provider, in Glyntown Care Centre, provided residents with a good quality of life. Residents who spoke with the inspectors were content living in the centre. This was an announced inspection, that took place over one day. The inspector met with most residents living in the centre on the day of the inspection and spoke with five residents in more detail. Feedback from residents was complimentary with regard to care and support received. One set of visitors spoke with the inspector and were very happy with the care and support their loved one received.

Glyntown Care Centre provides care for both male and female adults, with a range of dependencies and needs. The centre is situated outside Glanmire Village, on the outskirts of Cork City. It is a single storey facility that has been renovated and extended, to reach its current capacity of 38 residents. There were 36 residents living in the centre on the day of inspection. Bedroom accommodation in the centre comprises 18 single and 10 twin bedrooms. Seven of the single rooms and one twin room have en suite facilities. The remaining bedrooms have wash hand basins in the room, and residents in these rooms share access to communal bathrooms. Some of the bedrooms had recently been redecorated with new flooring and painting of the walls. There was a further plan to decorate the remaining bedrooms in a schedule of works.

The centre was divided into three wings, namely, Beech, Ash and Oak. Communal space in the centre comprised a large sitting room, a library, a small tranquility room and a dining room. Resident had easy access to an outside areas via the sitting and dining room.

Residents reported that they enjoyed the food in the centre and it was of a very good quality. The inspector saw that there was a good choice available to residents for their lunch time meal. Residents were seen availing of drinks and snacks at different times throughout the day. Residents now had more space during the dining times as a day room was used at meal times which most residents did not use during the day. This allowed the majority of residents to have a change of setting during their meal times.

There was a person identified to manage activities for residents on a daily basis. The inspector observed a full day of activities in which the residents engaged with. The residents engaged in a relaxation session, a quiz and in the afternoon the residents had a lively music session. Resident appeared to enjoy the music session and residents spoken with, were very complimentary of the musicians that regularly came to play in the centre. The activities schedule viewed by the inspector showed that residents had a full week of activities available to them.

Visitors were seen arriving throughout the day and used different areas of the centre to spend time with family members. Visitors were well known to the staff and

management team. The visitors spoken with were very happy with the service their loved ones received.

This was an announced inspection and as part of this, residents and visitors were provided with questionnaires to complete, prior to the inspection. The aim of this was to obtain their feedback on the services provided and the care they received. There was a poster on display, in the entrance hallway, to let people know that the inspector would be present on the day of inspection. Seven questionnaires were completed and given to the inspector. All residents that completed the questionnaires were very happy overall with the service and activities available to them.

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

## Capacity and capability

In general, Glyntown Care Centre was a well-managed centre where residents received good quality care and services. Action was required in relation to infection control and the premises of the centre. This is discussed further in the report under the relevant regulations.

This was an announced inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Glyntown care centre is operated by Zealandia Ltd, a company comprising of two directors. There is a clearly defined management structure in place. Both directors are engaged in the day to day operation of the centre, one being the named person in charge. From a clinical perspective, care is directed by the person in charge, who is suitably qualified for the role, as per the regulations. They are supported in their role by an assistant director of nursing, a clinical nurse manager and a team of nurses, health care assistants, domestic, catering and activities staff.

Staffing levels in the centre were suitable for the size and layout of the centre and for the needs of the residents. Changes in the staffing roster had occurred since the last inspection, the roster now included extra nursing support in the evening at times when medications were given out to residents.

The inspector had documentation and records made available to them upon request during the inspection. The documents and records were managed and secured in an appropriate manner. Contracts of care for residents contained the information required in the regulations. The centre's statement of purpose contained information

on how the service was provided, was reviewed regularly and kept up to date. The centre had an insurance policy in place which was in date.

The governance structure allowed for appropriate monitoring of the safety and quality of the service provided to the residents living in the centre. There were regular staff meetings for staff to discuss issues and identify improvements. An annual report had been completed for 2023. Regular residents meetings took place in the centre to discuss the running of the centre.

From an examination of the log of incidents it was evident that notification of these incidents were submitted appropriately. Complaints were managed in a timely manner. Outcomes and actions from these complaints were recorded along with the satisfaction of the complainant.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. They held the required qualifications under the regulations. They were well known to staff and residents, and were aware of their responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staffing levels were suitable for the size and layout of the centre.

Judgment: Compliant

#### Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance. A sample of staff files were examined and contained all the information required under Schedule 2.

Judgment: Compliant

## Regulation 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre and up to date.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective governance and management arrangements in place and clear lines of accountability in the centre. Management systems in place enabled the service to be consistently and effectively monitored, to ensure a safe and appropriate service. An annual review had been completed for 2023, which complied with the regulations.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspector was satisfied that notifications had



been submitted as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints policy was in place. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre who could assist on the complaints process.

Judgment: Compliant

### Quality and safety

In general, the inspectors found that residents had a good quality of life in the centre with their health-care and well-being needs being met by the provider. The inspector found that the premises could be enhanced to improve the residents' experience in the centre.

Residents had adequate space for their personal possessions in the centre. Laundry was outsourced outside the centre and was managed well. Residents spoken with being happy with these laundry arrangements. The premises had been improved since the previous inspection but required further action to decorate and replace flooring throughout the centre. This is discussed under regulation 17.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian and speech and language, as required. The GP was in attendance in the centre at least weekly and was available throughout the week if required. However, the recording of wound care management in the centre required review to ensure this was recorded in a consistent manner.

Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. A sample of care plans viewed by the inspectors were generally comprehensive and person-centred. Care plans were generally sufficiently detailed to guide staff in the provision of person-centred care.

Information for residents was available in the centre. Residents rights were protected in the centre with choice available at meal times and for activities. Residents rooms were now laid out in a manner which allowed residents to undertake activities in private if they so wished. Resident had their say in the

running of the centre through regular meetings.

The centre acted as a pension agent for residents and this was done in a transparent manner. Improvements had been made with the setting up of a residents bank account to manage residents finances that the centre acted as pension agent for. Residents valuables in the centre were managed appropriately. Staff spoke with residents in a respectful manner and residents were aware of how to make a complaint when required.

The centre was generally clean. The centre had a person trained as an infection control lead. Laundry in the centre was outsourced and well managed when it was returned to the centre. Action required for infection control are discussed under regulation 27.

Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspectors. Evacuation plans on the units and personal emergency evacuation plans for residents were in place and available throughout the centre. Evidence of staff education, training and simulation drills involving most members of staff was provided to the inspector.

## Regulation 12: Personal possessions

Residents had adequate space for their personal possessions and laundry was outsourced, managed well and was returned to residents regularly throughout the week.

Judgment: Compliant

## Regulation 17: Premises

Action was required, which was acknowledged by the registered provider, to further improve the premises for residents use in the following areas:

- areas of flooring required action for example, there was parts of flooring damaged in a residents bedroom and an area of flooring in the corridor of the centre was covered in tape
- areas of the centre required repainting to keep the decor up to date in the centre
- some furniture throughout the centre was worn and need repairing or replacing.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The resident information guide contained the details required by the regulations including the arrangements for complaints and advocacy services in the centre. Residents had access to a newsletter to inform them of the latest developments in the centre.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. Overall risks in the centre were managed well and procedures in the event of an emergency were clear.

Judgment: Compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control in community settings, published by the authority:

- some furniture in the centre was worn and torn which would impede full cleaning
- parts of the flooring in centre was worn and pieces missing which would again impede effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire safety management folder was examined. Fire door that were checked operated correctly. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had

undertaken a number of fire safety drills regularly in the centre.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
A sample of care plans reviewed found that care plans were comprehensive and used validated risk assessments to assess clinical risks. Care plans were person centred, reviewed in a timely manner and gave detailed information on the care provision for the centre's residents.
Judgment: Compliant
<b>Regulation 6: Health care</b>
While the health care needs of the residents were in the main were well met, further action was required in relation to the management of wound care where there was a lack of consistency in relation to recording and assessing the wound. It was not clear from the wound care assessments whether the wound was improving or not.
Judgment: Substantially compliant
<b>Regulation 8: Protection</b>
The centre acted as a pension agent for a number of residents which was managed appropriately. Residents' personal items and valuables handed in for safekeeping were handled in a secure manner.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
The inspector found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel present in the centre to facilitate this. Formal residents' meetings took place regularly where relevant issues were discussed and actions taken to address these issues was evident.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glyntown Care Centre OSV-0004921

Inspection ID: MON-0044081

Date of inspection: 07/08/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            There is a continuous upgrading/improvement plan in place for all areas of the premises. In relation to flooring, areas identified during the inspection are currently being attended to – the residents' bedroom flooring has been replaced and the flooring for the area on the corridor has been ordered.            Painting both inside and outside the center is completed on a regular basis throughout the year – the area identified during the inspection has been painted.            A repair/renew programme for furniture is in place and any furniture identified will be replaced/attended to as a matter of urgency.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:            A program of repair/replacement of furniture is in place throughout the center and furniture identified is either replaced/replaced as a matter of urgency.</p> <p>There is a continuous program in place for replacing the flooring throughout the center and the issues identified during the recent inspection are being addressed.</p>	
Regulation 6: Health care	Substantially Compliant



Outline how you are going to come into compliance with Regulation 6: Health care:	

In relation to wound care within the center, all nurses have been reminded to adhere to the following procedure -

- Immediately a wound is identified, the wound is recorded under skin integrity, photos are taken and uploaded, initial classification is undertaken by the nurse, and appropriate assessments are completed.
- Measurements must be taken at time of dressing,
- Assessments are completed post dressing and
- An accumulation of information from assessments, measurements, photos and visual observations identifies whether there is a visible improvement or deterioration in wound status and same is recorded in progress notes.

Referral to the Tissue Viability Nurse is undertaken by the CNM/ADON if appropriate & subsequent recommendations are followed. An onsite visit from TVN is arranged if deemed necessary.

Wounds are reviewed weekly by the CNM/ADON and improvement, no change in status, or deterioration evident comments are recorded as per documentation by nurses.

All nurses and senior HCAs received external wound care training in November 2023.

## 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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2024
Regulation 6(1)	The registered provider shall,	Substantially Compliant	Yellow	09/09/2024

	having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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