

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Glyntown Care Centre
<b>Centre ID:</b>	OSV-0004921
<b>Centre address:</b>	Glyntown, Glanmire, Cork.
<b>Telephone number:</b>	021 482 1500
<b>Email address:</b>	glanmirenh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Zealandia Limited
<b>Provider Nominee:</b>	Patrick Dillon
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	38
<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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
04 January 2017 09:15	04 January 2017 17:00
05 January 2017 09:00	05 January 2017 17:00

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	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

This monitoring inspection was unannounced and took place over two days. As part of the process the inspector met with residents, relatives and staff members. Staff were observed in their practice of care and documentation was reviewed, including care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 10 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

This was the first inspection of Glyntown Care Centre following its initial registration inspection in June 2015, a copy of that report can be found on [www.hiqa.ie](http://www.hiqa.ie). There had been no change in governance since registration and the service continued to be provided by Zealandia Ltd. Members of management were available during the

inspection and all demonstrated an effective understanding of the standards and regulatory requirements relevant to their roles. Both management and staff were found to be committed to a culture of improvement and providing person-centred care to the residents. There was evidence of individual resident's needs being met and that the staff supported residents to maintain their independence where possible. The provider and person in charge were responsive to regulatory requirements and most of the actions identified on the previous inspection had been addressed. An annual quality review had been completed.

The inspector found that, overall, the premises, fittings and equipment were in keeping with regulatory requirements and appropriately maintained and serviced. However, maintenance standards in some parts of the centre required improvement and facilities were not always adequate to meet storage and utility needs. Other areas identified for improvement included the management of staffing levels and the management and review of care plans. Additionally, there were gaps in the quality monitoring system around audits and the implementation of related action plans. The collective feedback from residents and relatives was positive and complimentary of the service and care provided. The activity staff provided a variety of social and recreational activities which were seen by the inspector to be enjoyed by the residents. In relation to residents' healthcare and nursing needs, the inspection findings were positive and appropriate care assessment, planning and delivery systems were in place. Effective and appropriate communication and interaction between staff and residents was noted throughout the inspection.

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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Action to revise the statement of purpose had been completed since the previous inspection. The revised copy, dated 6 June 2016, described the service provided and complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A copy of the statement of purpose was readily available for reference and the person in charge confirmed that it was kept under regular review.

**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:**

The centre was leased and operated by Zealandia Ltd and had been registered for service in June 2015. A director of the company acted as representative for the provider

entity. A well established system of governance was in place. There was a clearly defined management structure with care directed through the person in charge, who was employed on a full-time basis. The management team included senior nursing staff and an administrator. Effective communication systems were in place and records confirmed that meetings to discuss operational issues regularly took place. The provider representative was in regular attendance on-site and the person in charge confirmed that resources were made available, as required, to support the delivery of service. A regular regime of training was implemented to support the continuous professional development of staff, and to promote the delivery of contemporary evidence based care.

Management articulated an understanding of, and a commitment to, continuous improvement and regulatory compliance. Quality management systems were in place that included regular management meetings and a schedule of monthly audits. Data from these audits was reviewed and used to monitor the quality of care in areas such as medication management, falls and the environment. Overall these systems were effective in demonstrating that the service provided was safe, appropriate, consistent and well monitored. However, some processes required review to ensure that recommended action plans were implemented where necessary. For example, in one instance an audit of the residential environment had identified areas for improvement and no follow-up plan was in place. Additionally, measures to address omissions in the care planning records were not effectively implemented.

A report on the annual review of the quality and safety of care at the centre had been completed and was available for reference. Satisfaction surveys had been completed by residents and relatives and copies were available for reference. However, the annual report required further development in order to reflect this input, and that of consultation processes with families, as required by the regulations.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Appropriate action had been taken following the previous inspection to ensure that residents were provided with relevant information about the service and facilities of the centre. A residents' guide was now in place. It referenced the statement of purpose and included the terms and conditions of service. It also provided contact details of useful

organisations, such as the independent advocacy service. Each resident was provided with a contract that outlined the fees and services to be provided in relation to care and welfare.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Policies had been revised and updated in keeping with action identified on the previous inspection. Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A current insurance policy was displayed in the entrance verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Records checked against Schedule 2 confirmed that documents to be held in respect of staff members were in keeping with requirements. The centre operated an electronic records management system in relation to resident information and care planning. Hard copies of supporting documentation for referrals and consent forms were also maintained. Records maintained in keeping with Schedule 3 of the regulations included care plans, assessments, medical notes and nursing records.

Other general records were maintained as specified by Schedule 4 of the regulations and included a record of the centre's charges to residents, documentation on notifications, and records of fire training and drills. Policies, procedures and guidelines on risk management were current and included fire procedures and emergency plans. Maintenance records for items such as hoists and fire-fighting equipment were available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

**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:**

Current policies were in place on the prevention, detection and response to abuse; related training was delivered to staff on a regular basis. Refresher training for one member of staff was overdue and management scheduled an attendance to address this shortcoming at the time of the inspection. Staff members spoken with were able to demonstrate an awareness of safeguarding issues and an understanding of the procedures around how to record and report any concerns. There had been no such instances reported at the centre. The inspector met with several residents during the inspection who spoke positively of their experience of care at the centre and who said that they felt comfortable and safe in the centre. These residents understood who was in charge and how to raise any concerns they might have.

A policy and procedure was in place for safeguarding residents' finances that set out protocols for the maintenance of records, receipts and signatures that confirmed transactions were monitored. In cases where the centre operated as a pension agent, relevant records were maintained. The inspector reviewed a sample of personal finances for some residents and the processes of recording and accountability, as demonstrated by the administrator, were being implemented in keeping with the centre's procedures.

A current policy and procedure was in place on the management of behaviours that might challenge. A number of staff had received relevant training to support the delivery of care accordingly. A senior staff nurse was also able to describe relevant experience and training in this area. The inspector spoke with several members of staff who were able to explain their experience of managing residents who might sometimes present with the behaviours and psychological symptoms of dementia. The inspector also observed the management of such care in the course of the inspection and noted that staff were able to utilise effective strategies to alleviate anxieties or to comfort and reassure residents who were experiencing agitation. Practice around restraint was in keeping with the information notified on quarterly returns. Restraints such as bedrails and bed-bumpers were in use. Related risk assessments were in place and completed consent forms were available for reference. A member of healthcare staff was able to explain how the use of all restraints was monitored. A sample of these records was



reviewed and observations were logged at timed intervals.

**Judgment:**  
Substantially 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Actions had been taken to address the areas for improvement identified on the previous inspection. Effective risk management procedures were being implemented. A record of incidents and adverse events was maintained that included relevant information around the circumstances of the event. The person in charge audited these records regularly and assessed the information for trends and recurrences, in relation to falls for example. The person in charge explained procedures around the management of risk that included individual risk assessments. A sample of which was reviewed on a care plan and found to be both person-centred and relevant. The centre had a current safety statement and an emergency plan that set out procedures in the event of an emergency. It also provided information on alternative accommodation arrangements. There was a risk management policy dated May 2015; however, it required further review in order to fully reference the areas of risk identified in the regulations.

A regular programme of training was in place on fire safety that was kept under review. One member of staff had been absent during recent training and the person in charge scheduled the outstanding training at the time of the inspection. The inspector spoke with members of staff who understood how to respond in the event of a fire, and who had taken part in regular fire drills. A fire register was maintained that demonstrated appropriate safety checks were routinely undertaken on a daily, weekly or monthly basis, as required. Information on how to evacuate in the event of a fire was displayed clearly in communal areas. Personal evacuation plans were in place for residents. Symbols to assist staff in understanding the mobility needs of residents were in use in individual rooms. Certificates were in place to confirm that all the fire safety equipment in the centre was regularly serviced in line with regulatory requirements. While annual certification was in place for emergency lighting, it was not being certified on a quarterly basis as required.

Management had measures in place to manage infection control risks, including relevant policies and a related training programme. Adequate waste segregation, storage and disposal facilities were in place. Regular external audits were undertaken around kitchen facilities and catering in relation to hygiene practice and the environment. Copies of

these were available for reference. Staff could demonstrate an understanding of infection control procedures that was in keeping with their role and were seen to use personal protective equipment appropriately in the conduct of their duties. Hand-hygiene dispensers were in place throughout the centre and were regularly used by members of staff. Household staff described effective practices such as the use of colour-coded cleaning equipment and the safe storage of hazardous chemicals. General maintenance and cleanliness in some storage and cleaning areas required improvement and appropriate action was taken to address this issue during the inspection. Other areas were identified where assessments around risk were required; these included unrestricted access to latex glove dispensers in the corridor and the storage of cleaning equipment in the sluice facilities.

**Judgment:**

Non Compliant - Moderate

***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:**

The person in charge explained that pre-admission assessments were routinely undertaken for residents with further comprehensive assessments completed following admission. Personal care plans were maintained electronically that recorded information against a range of potential care needs in relation to wound care or nutrition, for example. The system also included a planning and overview process for the activities of daily living in areas such as mobility, cognition and personal hygiene. These records contained the necessary information to guide staff in their delivery of care and were scheduled for regular update on a four monthly basis in keeping with regulatory requirements, or where the needs of a resident might change. However, at the time of the inspection the review of some care plans was overdue.

The planning of care was supported by the use of validated tools to assess residents' individual needs in areas such as skin integrity, nutrition and risk of falls, for example. Where these assessments might identify related needs, the centre had access to allied healthcare services, such as physiotherapy and speech and language therapy, as appropriate. A dietician attended the centre regularly and provided input as appropriate on nutrition and related training. A chiropodist was also in regular attendance at the

centre. Occupational therapy was provided privately on referral. Residents were seen regularly by their general practitioner (GP). Liaison arrangements were in place for local mental health services. Dental services were available by appointment and an optician attended the centre at least annually or on request. The person in charge explained that there was continuous contact and communication with relatives of residents when visiting. Relatives spoken with during the inspection remarked positively on the quality and standard of care their relative received and confirmed that they were kept informed of their family member's care and circumstances. Information around residents' personal circumstances, background and preferences was recorded in a 'Key to Me' section. However, in some instances this information had not been completed.

Communication systems to support staff in their awareness and understanding of residents' needs included regular daily handover meetings. A sample of care plans was reviewed and found to be person-centred with assessments appropriate to the needs of the resident. Related care plans were in place that provided instructions and guidance on how to deliver care to the resident. Wound management plans described dressing requirements and used regular photographs to monitor the progress of care. Care plans for a number of residents were discussed with members of nursing staff. These staff were able to describe residents' unique needs and the related interventions of care that were facilitated, such as the attendance of a specific community group in one instance, for example. However, these examples of good practice were not fully reflected or recorded in the related care plan. Additionally, the contemporaneous recording of notes on daily care were inconsistent and there were omissions on a plan reviewed. The centre operated a system whereby nominated staff with responsibility for individual residents reported to team leaders and, in turn, to staff nurses to ensure accountability and continuity of care. Overall residents were appropriately assessed and relevant resources were in place to meet their needs accordingly.

**Judgment:**

Non Compliant - Moderate

***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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Management had implemented a number of measures to address areas for improvement

that had been identified on the previous inspection. One twin room had been converted to single occupancy. The layout of several bedrooms had been reconfigured to improve access and accommodate the use of assistive equipment, or allow for the provision of required furniture. A number of beds had been replaced. Equipment had been upgraded and shelving had been removed. Laundry services had been contracted out to an external provider and the laundry area was being converted to provide additional storage space.

The centre was set back from the main road and accessible via a narrow drive. There was a parking area to the front of the premises. The centre was a single-storey facility that was registered to accommodate 39 residents. There was an enclosed patio area at the rear of the building, where seating and tables could be provided for residents to sit out during good weather. The centre was homely and comfortable with adequate furnishings and decoration throughout. There was a large, bright, communal sitting area where most of the activities took place, and where residents could gather after breakfast and watch television in the mornings. Next to this was a library area that could be made available for residents to receive visitors, and for small gatherings. A separate room was also available for residents to receive visitors in private should they so wish.

The centre was laid out in three wings that comprised 19 single and 10 twin-bedded rooms. Seventeen of the single bedrooms were equipped with en-suite toilet facilities. One of the twin-bedded rooms had en-suite toilet facilities; eight had full en-suite facilities. Residents otherwise had access to appropriate toilet, shower and bathroom facilities, including an assisted bath. There was a sluice room located on each side of the building that was also used for storing cleaning equipment. All rooms were appropriately provided with personal storage including a lockable unit, wardrobe and chair. Call-bells were fitted as required throughout and grab-rails were in place where appropriate to support residents when mobilising in corridors for example.

There was a separate kitchen facility that was appropriately equipped for the size and layout of the centre. The dining area was bright and could be opened onto the outside patio area. Tables were laid out for small groups and the centre provided more than one sitting at mealtimes, if necessary. Separate staff shower and toilet facilities were available. The centre was non-smoking throughout.

The centre was generally well maintained although improvement was required in some areas such as a nurses' station where counter surfaces were damaged. Measures had been taken to improve storage capacity. However, storage space remained limited and wheelchairs and hoists were being stored in bathroom areas.

**Judgment:**

Substantially 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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the days of inspection visitors were in regular attendance and were seen spending time with residents in all areas of the centre, either sitting with them in the communal area or sharing a meal in the library. Visitors spoken with by the inspector remarked positively on their experience and observation of care at the centre. Satisfaction surveys had been completed by residents that were consistently positive in their feedback. A number of acknowledgement cards and letters that were complimentary of the service were available for reference. Where issues had been raised in some correspondence, the acknowledgement letters were appropriate and described measures taken to address the issues. Regular resident meetings took place and minutes of these meetings were available for reference. Residents spoken with said they were well cared for and were very content at the centre.

The centre had a dedicated activities coordinator who attended the centre on a full-time basis. This person had responsibility for delivering a broad range of activities, including those specifically designed to support the needs of residents with a cognitive impairment. Members of staff in all areas of service at the centre were seen to engage positively and appropriately with residents in the conduct of their day-to-day duties. On the days of the inspection a number of activities were ongoing that included physical exercise sessions and interactive activities. Residents were seen to be encouraged to engage to an extent appropriate to their abilities. Staff members demonstrated a good knowledge and insight around the needs and abilities of their residents. Good practice was observed where residents were supported in maintaining their levels of independence in relation to mobility and the performance of daily activities, such as eating and drinking. Activities were diverse and creative and residents clearly enjoyed taking part. There was evidence of good community participation with pupils from local schools engaged in art projects at the centre. Additionally, community transport facilities were made available to support residents on outings in the local area. Appropriate attention was given to the personal presentation of residents and a hairdresser regularly attended the centre. There were no garden facilities as such, though the centre provided a secure outdoor patio area with seating and tables that residents could use in fine weather.

The centre implemented a policy and practice that supported residents in their civic and spiritual preferences. Voting arrangements were in place and pastoral care was also available with a regular mass service at the centre. A relevant communication policy was in place and the inspector observed a person-centred culture of care. Communication supports were in place and for one resident an online resource was utilised to watch family members participating in events that they could not attend, for example. Staff were seen to enquire as to the preferences of residents and to accommodate those

preferences expressed. The person in charge confirmed that an independent advocate attended the centre. Relevant contact information was in the residents' guide. Local newspapers were available and members of staff were seen to read and discuss articles with residents, and encourage talking points around the news. Residents also had access to radio. There were two TV's in the main communal sitting area and one in the library. All residents' rooms were also equipped with a TV.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

At the time of the inspection the system of supervision was directed through the person in charge. A suitably qualified member of senior nursing staff was in place to deputise during absences as required. A registered nurse was on duty at all times who had responsibility for the supervision of staff and for implementing proper handover arrangements. Management systems were in place to ensure that information was communicated effectively through both handover processes and regular staff meetings.

The centre had relevant policies on recruitment, training and vetting. The inspector reviewed a sample of personnel files and the maintenance of this documentation was in keeping with the requirements of Schedule 2 of the regulations. A centre-specific induction programme was in place. The person in charge described staff review processes and systems of line management and accountability for supervision. A training programme included the mandatory components on fire safety, manual handling and safeguarding. Additional training was provided on medicines management, infection control, nutrition and dementia. Workshops also took place to develop knowledge in areas of care such as pressure sores and dysphagia. Staff spoken with during the inspection said they felt well supported by management in both their duties and the provision of training for continuous professional development. Staff spoken with were also able to demonstrate an understanding of their duties in relation to the general welfare and protection of residents. At the time of the inspection no volunteers were

active at the centre and management were aware of the statutory requirements that applied to the appointment of volunteers.

The person in charge provided a planned and actual staff roster for reference. Planned staffing levels were in keeping with both the profile of resident needs and the design and layout of the centre. However, as referenced in the report summary, actual staffing levels around the time of the inspection were below complement due to sick absence.

**Judgment:**

Non Compliant - Moderate

## 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:***

Mairead Harrington  
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>	Glyntown Care Centre
<b>Centre ID:</b>	OSV-0004921
<b>Date of inspection:</b>	04/01/2017
<b>Date of response:</b>	03/02/2017

#### 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 02: Governance and Management

##### Theme:

Governance, Leadership and Management

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

The annual quality review required further development to reflect the consultation process with residents and their families.

##### **1. Action Required:**

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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



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

The Annual Quality Review document template used for the last annual review will be examined, developed and expanded to reflect the ongoing consultation with residents and their families.

This document will change from a paper based version to a computerised live version to ensure updating at periodic intervals.

**Proposed Timescale:** 28/02/2017

**Theme:**

Governance, Leadership and Management

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

Management systems to monitor the service required review in order to ensure that recommended action plans were implemented where necessary.

**2. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Audit review documents are in place for all audits undertaken. Each management and staff meeting will adopt a new format of recording to include: action required, person responsible for the action, date due for completion.

**Proposed Timescale:** 03/02/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Refresher training for one member of staff was overdue.

**3. Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Refresher training in the detection and prevention of and response to abuse has been provided to this staff member.

All other staff within the centre will complete in-house refresher training in the

detection and prevention of and response to abuse.

**Proposed Timescale:** 28/02/2017

**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 risk management policy required review to reflect measures and actions in place to control abuse.

**4. Action Required:**

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

The centres Risk Management policy is currently being reviewed and amended to include the centres measures and actions in place to control abuse.

**Proposed Timescale:** 15/02/2017

**Theme:**

Safe care and support

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

The risk management policy required review to reflect measures and actions in place to control absconsion.

**5. Action Required:**

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

The centres Risk Management policy is currently being reviewed and amended to include the centres measures and actions in place to control the unexplained absence of any resident.

**Proposed Timescale:** 15/02/2017

**Theme:**

Safe care and support

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

Assessments around risk were required in relation to:-

- unrestricted access to latex glove dispensers in the corridor
- the storage of cleaning equipment in sluice facilities.

**6. 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 the designated centre.

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

The centres Risk Management policy is currently being reviewed and amended to include hazard identification and, risk assessments in relation to the unrestricted access to latex gloves dispensers in the corridor.

The risk identified during the inspection, in relation to the storage of cleaning equipment in sluice facilities is currently being addressed through the re-organisation of the sluice facilities resulting in the creation of a separate cleaners store accessible only from the main corridor.

Proposed Timescale: 15/02/2017 for Policy. 31/03/2017 for Cleaners Store.

**Proposed Timescale: 31/03/2017**

**Theme:**

Safe care and support

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

Maintenance of emergency lighting to ensure adequate means of escape was not being certified on a quarterly basis.

**7. Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

During the inspection, the emergency lighting was inspected and certified. The electrician will supply the centre with a quarterly certification log book for the emergency lights of the centre.

**Proposed Timescale: 15/02/2017**

**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:**

Some care plans were overdue review and recording was incomplete in areas such as background information, specific interventions in place and information on the delivery of daily care.

**8. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A recent audit of the care plans has highlighted all absent relevant information. The audit results have been discussed with the link nurses for each resident. A protected documentation hour each day enables the link nurses update electronically the relevant information.

**Proposed Timescale:** 20/03/2017

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

Effective care and support

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

Some improvement in general maintenance was required in areas such as a nurses' station where counter surfaces were damaged.

**9. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A general maintenance programme has been developed for the centre for 2017. Included in this programme is the upgrading of the nurse's station. The counter surfaces have been prioritised and will be replaced with stainless steel to reduce the risk of cross infection.

**Proposed Timescale:** 31/03/2017

**Theme:**

Effective care and support

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

Wheelchairs and hoists were being stored in bathroom areas.

**10. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The current storage area for residents equipment is currently being re-configured to provide appropriate storage space.

**Proposed Timescale:** 31/03/2017

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Staffing levels around the time of the inspection were below complement.

**11. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Since the inspection staffing levels have returned to the levels outlined in the roster presented to the inspector.

**Proposed Timescale:** 03/02/2017