Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Glyntown Care Centre</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004921</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Glyntown, Glanmire, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 482 1500</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@glyntowncare.ie">info@glyntowncare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Zealandia Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>37</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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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).
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: 03 January 2018 09:15  
To: 03 January 2018 17:30  
04 January 2018 09:00  
04 January 2018 16:30

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

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<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
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<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This report sets out the findings of an announced registration renewal inspection at Glyntown Nursing Home, Glanmire, Cork. The purpose of the inspection was to monitor compliance with regulations and standards following an application by the service provider to renew registration. Documentation to support the renewal application had been submitted in keeping with requirements. Current registration is due to expire on 21 June 2018.
As part of the inspection process the inspector met with a number of residents, the person in charge, the representative of the service providing entity, relatives and visitors, and numerous other staff members. The inspector observed practices by staff during the provision of care for residents and also reviewed governance, clinical and operational documentation, such as policies, procedures, risk assessments, reports, residents’ files and training records. The inspection also involved an assessment of health and safety provisions including a review of the premises and environment. The findings of the inspection are described under 18 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 Quality Standards for Residential Care Settings for Older People in Ireland. The last inspection of this centre took place on 3 January 2017 and a copy of that report is available at www.hiqa.ie. At that time areas for improvement were identified and the provider had completed a responsive action plan to address these issues. The provider was responsive to regulatory compliance and demonstrated a willingness, commitment and capacity to implement any changes required. Improvements that had been made since the last inspection included revised staffing and supervision arrangements, as well as a reconfiguration of premises to increase storage capacity and the provision of additional facilities for staff.

Both the provider representative and the person in charge were in attendance throughout the inspection process and both demonstrated an effective understanding of their relevant roles and statutory duties in relation to the provision of the service. The person in charge explained improvements that had been developed since the last inspection that included a revised staffing structure with increased accountability between teams. The management structure had been further defined to include the role of a clinical nurse manager (CNM). An assistant director of nursing had been appointed and was due to commence in the role. Accommodation and facilities were in keeping with the profile of resident needs at the time of inspection.

The service was effectively resourced to provide an appropriate service, and residents had regular access to medical services and other healthcare professionals as required. Staff had received appropriate clinical and professional training. Management systems were in place and arrangements for supervision of staff during the provision of care were effective. The profile and level of staffing at the centre was in keeping with the needs of residents. The centre also invested appropriately in the socialisation and activation of residents with a dedicated resource responsible for the delivery of a regular programme of activities and recreation. The safety of residents, staff and visitors at the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The inspection findings overall were positive and where areas for improvement were identified they were addressed appropriately by the action plan from the service provider as at the end of the report.
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 that it 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 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The statement of purpose required minor amendment to describe the purpose of some areas in the centre and this action was addressed at the time of inspection.

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

Findings:
The service provider had responded appropriately in addressing the areas for improvement identified on the previous inspection. Quality management systems were
in place that included a regular schedule of audits. Data from these audits was used to inform quality improvement plans and these plans were set out with timescales for completion identifying members of staff with responsibility for completing the associated actions. An annual quality review had been completed that reflected input and consultation with residents through questionnaires and satisfaction surveys. It also included a review of performance against key indicators such as falls, training and complaints. A copy of the review was readily available and accessible.

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. The system of governance reflected lines of accountability and responsibility as set out in the statement of purpose. At the time of inspection care was directed through the person in charge, with the support of a clinical nurse manager. The management team included an administrator with responsibility for records management and finances. An assistant director of nursing had been appointed who was due to commence at the centre the following week. Communication systems were in place that ensured a regular exchange of information between staff and management. Records were available that confirmed 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.

The audit system in place included a regular regime of assessment around medication management, food and nutrition and hand hygiene, for example. Overall these systems were effective in demonstrating that the service provided was safe, appropriate, consistent and well monitored. However, audit processes required review to ensure that circumstances around the occurrence and management of healthcare associated infections were also effectively monitored. Management demonstrated a determination to meet the requirements of the regulations and develop a service that was appropriately resourced and managed to achieve continual improvement.

**Judgment:**
Substantially Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
A residents' guide was in place that referenced the statement of purpose and set out 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. Copies of these contracts were seen to be signed and maintained on residents’ files.

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:
There had been no change to the appointment of person in charge since initial registration in 2015. The person in charge was suitably qualified and experienced and operated on a full-time basis, holding appropriate authority, accountability and responsibility for the provision of service. The inspection demonstrated that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. It was evident throughout the inspection that residents recognised, and were familiar with, the person in charge.

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):
No actions were required from the previous inspection.

Findings:
The inspector reviewed records and documentation, including policies and procedures relevant to the provision of service in keeping with Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations
Policies, procedures and guidelines on risk management were current and included fire procedures and an emergency plan. A current policy document was available that verified the centre was adequately insured against accidents or injury to residents, staff and visitors. However, the processes on managing finances were not fully reflected in the recorded procedures and documentation in this regard required review, as outlined at Outcome 7.

Records checked against Schedule 2 of the regulations confirmed that documents to be held in respect of staff members were in keeping with requirements. These included confirmation of the required security clearance by an Gárda Síochána.

Records maintained in keeping with Schedule 3 of the regulations included care plans, assessments, medical notes and nursing records. Hard copies of supporting documentation, such as consent forms were available for reference. Care planning records were maintained electronically, as were records in relation to the administration of medicines.

Other general records, maintained as specified by Schedule 4 of the regulations, included a record of complaints, notifications, fire drills and a visitors log, for example. 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:**
Substantially Compliant

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**Outcome 06: Absence of the Person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Appropriate arrangements were in place for the management of the centre by a suitably qualified member of staff during absences of the person in charge. Management understood the statutory requirement to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. There had been no such periods of absence in the interval since the last inspection.

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

**Findings:**
The provider took appropriate action to implement improvements and all staff had received current training on the prevention, detection and response to abuse. There had been no change to policy or procedures in relation to safeguarding since the last inspection. Staff members spoken with by the inspector demonstrated an understanding of safeguarding issues and were familiar with procedures on reporting and protection. Management confirmed that no information relating to safeguarding concerns had been received by the centre. The inspector reviewed feedback from residents and relatives that indicated they felt a good sense of security and safety at the centre. The centre implemented robust policies and procedures in relation to the appointment of staff that ensured the necessary security vetting was in place for all new staff, or volunteers, before they commenced their role.

A policy was in place for safeguarding residents’ finances that set out directions on the maintenance of records, receipts and signatures in relation to transactions. In cases where the centre operated as a pension agent the required documentation was in place to demonstrate appropriate authorisations. No funds were maintained for residents in any account operated by the centre. The inspector reviewed a sample of personal finances for some residents and the processes of recording and accountability, as demonstrated by the administrator, ensured appropriate safeguarding measures were in place. However, these processes were not fully reflected in the recorded procedures and documentation in this regard required review. The related action for this finding is set against Outcome 5 on documentation.

Relevant policies were in place around restraint and restrictive practices. Where restrictive measures, such as bed-rails, were in place their use was monitored and recorded in keeping with the information notified on quarterly returns. Relevant risk assessments were completed to ensure that such restrictive measures has been evaluated as safe and suitable for residents on an individual basis. Completed forms around consent and consultation were maintained and available for reference. The system of care monitoring included routine checks on the use of these measures. The person in charge understood the circumstances that could define the use of PRN (a medicine taken only as the need arises) psychotropic medicine as a form of chemical restraint. In the event of such use, management understood the associated...
responsibility to record and report these circumstances in keeping with statutory requirements.

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):

Findings:
Actions had been taken to address the areas for improvement identified on the previous inspection. Laundering processes no longer took place on-site and the space had been reconfigured to increase storage capacity. All equipment was now appropriately stored. The risk management policy had been reviewed and now fully referenced the areas of risk as identified in the regulations, including absconding and abuse. A risk register was in place that reflected hazards specific to the centre and their potential impact for residents. This had been revised to reflect risks previously identified in relation to storage of latex gloves and cleaning equipment. A record of incidents and accidents was maintained and records of these indicated that the person in charge reviewed outcomes to capture any learning. Staff members spoken with confirmed to the inspector that they received feedback around this learning in handover meetings. Information on trending and analysis around these events was also included in the annual quality review.

A current safety statement was in place dated 30 March 2017. There was a policy on fire safety management dated 3 May 2017 that included an emergency plan with evacuation procedures, emergency contact information and alternative accommodation arrangements in the event of an evacuation.

A regular programme of training on fire-safety was in place and kept under review. All staff had received current training. The inspector reviewed documentation in relation to fire drills and safety checks. An evacuation drill had taken place on 20 December 2017 that included information on the area evacuated, participation and time taken. A fire register was maintained that demonstrated appropriate safety checks were routinely undertaken on a daily, weekly or monthly basis, as required. There were daily checks on fire exits and magnetic door devices, and weekly checks on the fire alarm and extinguishers. Annual certification was in place dated 20 November 2017. Personal evacuation plans were in place for residents. 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. Symbols to assist staff in understanding the mobility needs of residents were in use in individual rooms. However, in some instances these information cues were either incorrect or not in place. Certificates were in place to confirm that all the fire-safety equipment in the centre was regularly serviced in line with regulatory
Appropriate policies and procedures were in place in relation to infection control. Action had been taken to implement improvements previously identified and the nurses’ station had been re-fitted with a stainless steel sink and counter. Infection control training had been provided in September 2017 that included information on preparedness for influenza. Staff were seen to use personal protective equipment and hand sanitisers as a matter of course. Cleaning procedures were in keeping with infection control protocols and included colour-coded cleaning equipment. Improvements had been made to the layout and configuration of sluice and storage areas so that used and un-used cleaning equipment could be segregated appropriately. A programme was in place to replace furniture and beds, however a chair in one room had damaged upholstery that presented a risk in terms of infection control and required replacing. Additionally, at the time of inspection, a bathroom was being used as a hairdressing facility that presented a potential risk and was not in keeping with infection control protocols. Also, another bathroom was in poor condition with damaged seals and tiles. Emergency exits were clearly marked and unobstructed. Access to sluice rooms was restricted and hazardous substances were secure and appropriately stored.

Judgment:
Non Compliant - Moderate

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:
Since the last inspection the centre had implemented an on-line system for recording the administration of medicines. Relevant policies and procedures were in place that had been reviewed to reflect current practice and changes in relation to the new system. The clinical nurse manager demonstrated the operation of the system and nursing staff confirmed they had been trained and understood how to operate the system effectively. The electronic system maintained information on the prescription and administration records for residents that included a photograph and other biographical information as required. Times of administration were entered and administering staff were identified. However, where medicines were authorised for crushing by the prescriber, the administration information required review to ensure that these instructions were clearly recorded for reference by administering staff.

Processes were in place for the handling of medicines that were safe and in accordance with current guidelines and legislation. A member of nursing staff demonstrated practice around the storage and monitoring of medicines, including controlled drugs. Robust protocols were in place to ensure that medicines were checked on receipt and stored
securely. Fridge temperatures were monitored and recorded. No residents were self-administering at the time of inspection. Administering staff were able to explain the protocol for referral to the prescriber where residents might consistently refuse their medicine. Processes around regular review by the prescriber and pharmacist were in place. The maximum daily dosage for PRN medicine (taken only as the need arises) was recorded. Compliance aids were in place for reference by administering staff. Regular audit processes were in place and medication errors were recorded and reviewed. The person in charge confirmed that competencies were assessed and that regular training was provided for staff with responsibility for administering medicine.

**Judgment:**
Substantially Compliant

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**Outcome 10: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. A record of all notifications and associated investigations and documentation was also made available to inspectors. A quarterly report was provided to the Authority to notify the Chief Inspector of any incident which did not involve personal injury or harm.

**Judgment:**
Compliant

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

**Findings:**
Actions that had been identified on the previous inspection in relation to the review of
care plans and the regular update of records had been addressed and responsibilities had since been allocated to ensure that the update and review of care plans took place on a regular basis. The person in charge ensured that arrangements were appropriate to meet the health and nursing needs of all residents. On admission residents were comprehensively assessed around key areas of care, such as nutrition, mobility, skin integrity and cognition, using standardised assessment tools. Care plans were developed in line with these assessments and provided relevant directions to staff on the delivery of care. Care planning assessments and records were maintained electronically. The system was accessible and easy to review and provided effective oversight of the care regime in place for a resident at any given time.

The inspector reviewed care planning processes with nursing staff and found that staff reviewed the plans of care in keeping with the changing needs of residents. A communication log and daily handover meetings ensured that information around changes in a residents' needs were shared between staff as necessary. Nursing and healthcare staff were able to demonstrate an effective working knowledge of the care monitoring system and could also describe how they accessed and updated daily records on the routine of care for each resident.

The inspector saw that assessments and individualised care plans were in place for each resident. The inspector spoke with members of staff who were able to describe the background and circumstances of daily care for residents. Residents had access to allied healthcare services in relation to speech and language therapy, dietetics and physiotherapy, as necessary. Arrangements were also seen to be in place to support residents in accessing a dentist or optician. Access to community mental health supports were in place and psychiatric or geriatric consultancy services were available on referral. Measures to promote good health and ensure early detection of illness included routine vital observations and weight recording on a regular monthly basis, or more often as a resident’s condition might change. There was also good evidence of preventive care in place with a register of residents presenting with potential skin integrity issues regularly monitored and reviewed.

The care planning records also indicated that consultation about needs and changes to care took place with both residents and their families as appropriate. The inspector saw that medical notes recorded in care plans confirmed that there was regular attendance and review by a general practitioner (GP). Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible. Records on a transfer to hospital that had taken place during the inspection had been updated in a timely manner.

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

**Findings:**
Improvements to the premises had been undertaken since the last inspection that included the provision of an additional shower and changing area for catering staff. The conversion of a laundry area had also been completed that now provided further capacity for the appropriate storage of equipment, such as wheelchairs and hoists. There was evidence that a programme of decorative improvement was in place and a number of rooms and corridors had recently been painted. The nurses’ station had been refitted with a new sink and counter top. Management explained that equipment such as beds and chairs were also being refurbished or replaced on an ongoing basis.

The centre itself was a single storey premises set back from the main road near Glanmire, on the outskirts of Cork city. Parking was available to the front of the building with access via a narrow drive. The centre provided accommodation for up to 39 residents with 37 in occupancy at the time of inspection.

The entrance led into a reception area from where there was direct access to a library style sitting room to the left. Residents were seen use this room in the course of the inspection to meet visitors. Some residents also chose to have their meals here. There was a separate private room in another area of the centre that was available to receive visitors, or provide space for relatives with residents who might be ill or at end of life. A small nurses’ station and an administration office were located just off the foyer near the entrance.

The centre was laid out in three wings - Ash, Oak and Beech. A total of 29 bedrooms comprised 19 single and 10 twin-bedded rooms. Seventeen of the single bedrooms were equipped with en-suite toilet and wash-hand basin facilities. Eight of the twin-bedded rooms had full en-suite shower and toilet facilities and one had an en-suite toilet and wash-hand basin. 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. Segregated cleaning storage was provided. All bedrooms were appropriately furnished with a wardrobe, chair and bedside storage. However, some rooms did not provide lockable storage. Call-bells were fitted in all rooms as required. Appropriate measures were in place to prevent accidents and there were grab-rails in corridors and bathrooms.

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. This had a large aquarium on one side and was furnished with a central table for activities where some residents could also take their meals.
There was a separate kitchen facility that was appropriately equipped for the size and layout of the centre. The dining area was bright with natural light and had double doors that opened onto the outside patio area. The patio area was securely enclosed and provided seating and tables where residents could sit out in finer weather. Dining 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 provided. The centre was generally well maintained with good heating and lighting throughout.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a complaints policy in place and management confirmed that it was kept under regular review. A summary of the complaints procedure was displayed in the entrance area for ease of reference. Information about the complaints process was also included in the guide for residents and the statement of purpose. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaint officer, and also outlined the internal appeal process and the nominated individual with oversight of the complaint process. The procedure outlined the management of both verbal and written complaints and the related timeframes for action. Contact information for the office of the Ombudsman was provided.

A record of complaints was maintained. The inspector reviewed complaint records and saw that correspondence between management and complainants included relevant information about how the complaint had been investigated and its outcome. A review of the complaint procedures indicated that the processes around receiving and dealing with complaints were in keeping with the requirements of the regulations. At the time of inspection there were no open complaints and none had been referred to the appeal process. Records indicated that any issues raised had been resolved. Satisfaction with the processes for managing any concerns that might be raised was also reflected in the questionnaires completed by residents and relatives.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A policy dated 26 April 2017 provided comprehensive direction on the emotional, psychological and physical aspects of resident care. Separate guidance was available on care of the deceased and verification of death processes. The person in charge explained processes in place to support residents and their families that included the provision of information for review in advance of opportunities for discussion. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes. The inspector reviewed processes around the provision of care for residents at end of life and found that documentation around consultation was in place. There was also evidence that input from hospice services in the region was accessible.

Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. Relatives and visitors were facilitated to be with their family member. Relevant training was provided for staff and a number of staff had participated on a palliative care course for healthcare assistants in March 2017. Arrangements were in place to support spiritual needs and meet the diverse needs of residents. An annual memorial service was held at the centre in November of each year.

**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:**
A comprehensive suite of policies was in place around assessments and the management of care in relation to nutrition and hydration. The policies also provided separate guidance on procedures around meals and mealtimes. Management confirmed
that the services of a dietician and speech and language therapist were available and that input on training was also provided.

In keeping with related policies residents' food and hydration needs were comprehensively assessed on admission. Residents were reviewed on an ongoing basis through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool. Where significant weight changes were recorded the diet of a resident would be more closely monitored, with fluid and food intake and output charts maintained if necessary.

Residents could exercise choice as to where they took their meals. Most residents took breakfast in their rooms. Lunch was usually taken in the dining room and some residents were assisted with meals separately in the day room. A lunch menu for the day was on display which offered a starter, choice of main courses and a dessert. Drinks and snacks were available and offered regularly throughout the day. The dining area was bright and nicely decorated with tables set for small groups and individuals. Residents requiring full assistance were supported individually at meal time. Staff confirmed to the inspector that they had received relevant training in the management of swallowing difficulties. Staff were also able to explain what was required in terms of modifying the consistency of a meal or drink in keeping with a residents' specified care plan.

The inspector observed care at mealtimes and noted that residents were provided with meals that were freshly prepared, nutritious and appetising in presentation. Care was taken to ensure that any meals that might need to be pureed were appetising in presentation. The inspector saw residents partaking in meals together and residents spoken with were complimentary of the food and pleased with both the variety and quality.

Staff explained that there were good communication systems between the kitchen and staff to ensure that information was updated for new residents, or for those whose needs had changed following assessment and care plan reviews, for example. The kitchen facilities were well maintained and equipped to a standard that met the requirements of the centre in terms of size and occupancy.

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

Findings:
The centre provided access to independent advocacy services. Relevant contact information was displayed for ease of reference and also provided in the residents’ guide. A policy was in place on providing information for residents that was dated May 2017. A regular resident forum took place on a monthly basis and records of these meetings were available for reference. The centre also undertook a satisfaction survey and information from this was included in the annual quality review. There was evidence that residents were involved in decision making around developments in the centre and one resident had explained how she had chosen colours for her bedroom to match those of the corridors.

The inspector spoke with residents who were complimentary of both the staff and the standard of care provided by the service. These comments were consistent with feedback reviewed in questionnaires that had been completed by both residents and family members in advance of the inspection. Residents leaving the service, who had stayed on respite for example, could also complete exit surveys to provide learning for improvements to the service.

The inspector observed staff in their interactions with residents and in the provision of care. Communication during these exchanges was seen to be courteous, friendly and person-centred. Staff were seen to make consistent efforts in encouraging residents to maintain independence around the activities of daily living, such as eating with minimal assistance at mealtimes and mobilising independently.

The ethos of care was a shared responsibility for the activation and wellbeing of residents by all members of staff. The centre also provided a full-time activities coordinator with designated responsibility for the development of personal profiles around resident interests and related activity programmes. Regular activities included those specifically designed to support the needs of residents with a cognitive impairment. Management and staff explained that the centre was committed to engaging in community initiatives. One initiative included a joint educational programme in local schools to raise awareness around issues in relation to aging. Students from local schools partook in work placement programmes at the centre. Local students also regularly attended the centre and some gave musical performances. The inspector saw one such performance in the course of the inspection that residents were clearly enjoying. Other interactive activities seen taking place included arts and crafts, nail painting, story-telling and quizzes, as well as a guided physical exercise session. A secure patio area was easily accessible from the dining area that provided seating and tables for residents to use in fine weather. 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 was in attendance during the inspection.

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. There was a communication policy in place and care plans appropriately reflected the communication circumstances of
residents and provided guidance on related care for staff. Some residents were also seen to use their own mobile phones. Arrangements were in place to support privacy and residents could receive visitors in their room or in a separate private area. The bedrooms of some residents had been highly personalised with items of furniture and decoration of personal significance. Residents were provided with newspapers and also had a radio or television in their rooms. Where closed circuit television (CCTV) was in use it was appropriately restricted to access areas only.

**Judgment:**
Compliant

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### Outcome 17: Residents' clothing and personal property and possessions

**Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.**

**Theme:**
Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with appropriate storage space to keep clothing and belongings. A property list was completed on admission for each resident and the inventory was reviewed regularly. There had been no substantive change to the laundering processes since the previous inspection and all laundering requirements were fulfilled by external contractors. A nominated member of staff had responsibility for managing laundering processes and was able to demonstrate how the system ensured the safe return of belongings to residents.

**Judgment:**
Compliant

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### 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:**
Management had taken appropriate action to address issues previously identified in relation to staffing. A full complement of staff was in place at the time of inspection in keeping with the assessed needs of the resident profile, as reflected in the statement of purpose.
Since the last inspection staffing arrangements had been revised and a clinical nurse manager had been appointed. Additionally an assistant director of nursing had been recruited and was due to take up duties the following week.

Systems of supervision and delegation had been further developed. Management had reviewed staffing levels and improved supervision and communication by appointing a team leader and a senior carer on duty for each team of carers. Staff spoken with by the inspector demonstrated a cooperative approach to team work and a conscientious approach to ensuring that communication about the needs of residents was consistent and effective. The person in charge confirmed that a regular programme of performance appraisals was in place. A qualified nurse was on duty at all times.

Robust recruitment practices were in place that reflected relevant policies and procedures. Security vetting was in place for all staff before taking up their appointment. A sample of staff files was reviewed and all the relevant documentation was in place as required by the regulations. The inspector reviewed recruitment processes with the person in charge who confirmed that staff were recruited and vetted in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All staff nurses had up-to-date registration with An Bórd Áltranais agus Cnáimhseachas na hÉireann and a list of registration records was available for reference.

Regular shift handover meetings took place that ensured staff were aware of any changing circumstances. Discussions with staff, and a review of the training matrix, confirmed that staff received regularly updated training in the required mandatory areas. Management articulated an appreciation of staff value and invested appropriately in staff development. Management confirmed that training had commenced to develop a member of staff as a trainer in manual handling. Staff spoken with confirmed ongoing support for continuing professional development. Records reviewed indicated that a range of training had been provided in the previous year, that included areas such as risk management, venepuncture, palliative care for healthcare assistants and pressure area care.

Policies and procedures were available in hard copy. Signature records were in place that demonstrated staff had familiarised themselves with relevant guidance and discussions with staff indicated that they were aware of their duties and responsibilities in relation to the safety and welfare of all residents.

**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:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Audit processes required review to ensure that circumstances around the occurrence and management of healthcare associated infections were effectively monitored.

1. 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

1 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 monthly audit programme for 2018 is being drafted and will include the management of Healthcare Associated Infections, ensuring a monitored approach to the provision of a safe, consistent, effective care for all residents of the centre.

**Proposed Timescale:** 19/02/2018

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### Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The processes on managing finances were not fully reflected in the recorded procedures and documentation in this regard required review.

2. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Centre specific policies and procedures in relation to managing resident’s finances are currently being reviewed to reflect resident’s personal circumstances.

**Proposed Timescale:** 23/02/2018

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

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Issues identified in relation to the effective control of infection included:
- a chair in one room with damaged upholstery,
- a bathroom being used as a hairdressing facility,
- a bathroom in poor condition with damaged seals and tiles.

3. **Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.
Please state the actions you have taken or are planning to take:
The chair with the damaged upholstery has been removed and replaced from the resident's room. A programme of upgrading the furniture within the centre is already at an advanced stage and will continue over the next few months. The bathroom that was used as a hairdressing facility on the day of the inspection is not the usual hairdresser's location. The risks associated with the use of this bathroom has been explained to the hairdresser. The hairdresser has since moved to the original hairdressing space and will continue to utilise this allocated space. The bathrooms damaged seals and tiles have been replaced by the centres maintenance personnel.

Proposed Timescale: Complete

Proposed Timescale:

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
In some instances symbols to assist staff in understanding the mobility needs of individual residents were either incorrect or not in place.

4. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
An audit of residents falls risk status has taken place and appropriate “Forever Autumn Fall Prevention Symbols” are currently being put in place for the identified at risk residents.

Proposed Timescale: 15/02/2018

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where medicines were authorised for crushing by the prescriber, the administration information required review to ensure that these instructions were clearly recorded for reference by administering staff.

5. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
Contact has been made with the administrators of the E-Mar system (on-line drug recording system) to allow information regarding crushing of medicines to be uploaded onto the E-Mar System. Medications that require crushing now appear as an “alert” on the E-Mar system to remind staff.

Proposed Timescale: Complete

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| **Outcome 12: Safe and Suitable Premises** |
| **Theme:** Effective care and support |
| **The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:** Not all rooms provided lockable storage. |

**6. 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:**
An audit to identify which residents that do not have a lockable storage space in their rooms has been undertaken. The office administrator is sourcing suitable lockable boxes for each room identified.

**Proposed Timescale:** 23/02/2018