Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Glyntown Care Centre
Name of provider:	Zealandia Limited
Address of centre:	Glyntown, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	15 July 2026
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0051087

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 July 2026	09:30hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was a one day unannounced inspection carried out with a focus on adult safeguarding. The purpose of the inspection was to ensure that residents felt safe in the centre and their human rights were respected and promoted. The inspector reviewed the measures the registered provider had in place to safeguard residents from all forms of abuse. Over the course of the day the inspector spoke with nine residents in detail, to gain insight into their lived experience in the centre. Residents provided highly positive feedback regarding the care they received. They informed the inspector that staff were "exceptionally kind" and consistently went above and beyond to support them. The inspector also spent time observing interactions between staff and residents, as well as reviewing a range of documentation and speaking with the staff and the management team.

On arrival, the inspector was met by the person in charge and completed a walk around of the centre. A calm and relaxed atmosphere was observed, with staff supporting residents in accordance with their individual routines and preferences. Some residents were being assisted with getting up, showering and having breakfast, while others chose to remain in bed later into the morning. Discussions with residents confirmed that their daily routines, including when they got up, retired to bed and how they spent their day, were based on their personal preferences and choices. A few residents told the inspector that they would like more frequent showers, due to the recent hot weather and the management team assured the inspector they would ensure these requests were addressed.

Glyntown Care Centre provides care for both male and female adults, with a range of dependencies and needs. The centre is situated on the outskirts of Glanmire Village, in Cork City. It is a single storey facility that has been renovated and extended, to reach its current capacity of 38 residents. There were 36 residents living in the centre on the day of inspection. The centre was divided into three wings, namely, Beech, Ash and Oak. Bedroom accommodation in the centre comprises of 18 single and ten twin bedrooms. Seventeen single and nine twin rooms have en suite facilities. Some bedrooms were observed to be personalised with residents belongings from home.

Communal space in the centre comprises of a large sitting room, a library, a small tranquillity room and a dining room. The premises was observed to be clean on the day of this inspection. There was an ongoing maintenance schedule being worked through to upgrade the premises and the inspector saw that the oversight of the premises had improved since the previous inspection of the centre. However, there were some areas requiring attention as detailed under Regulation 17: Premises. Clear signage was in place throughout the residents' lived environment to support them with their way-finding and to ensure they were familiar with their environment.

Residents were observed enjoying breakfast in a variety of settings, including their bedrooms and communal areas, in line with their individual preferences. One resident told the inspector that they enjoyed having breakfast in the library while listening to an audiobook and confirmed that staff consistently supported and encouraged this choice. Throughout the inspection, staff were observed providing care and support in a respectful, person-centred, and unhurried manner. Positive and warm interactions between residents and staff were evident at all times.

The inspector observed the lunchtime dining experience and noted a calm, relaxed atmosphere. Residents were offered a choice of menu options, including dessert, and a range of beverages. Adequate staffing levels were in place to support residents during mealtimes as required. Staff demonstrated a good knowledge of residents' dietary requirements, including prescribed modified diets. Residents who spoke with the inspector expressed satisfaction with the quality and variety of food provided. Interactions between staff and residents throughout the meal service were consistently patient, respectful, and supportive.

It was evident that residents were consulted about what was happening in the centre. Residents meetings were held monthly and the views and opinions of residents were documented. Action plans following meetings were developed. For example, there had been a small number of concerns raised at a recent meeting about the size of food portions and the management team took immediate action to address this. Residents spoken with confirmed that concerns were dealt with quickly and they were knowledgeable about how they would raise concerns or complaints and who to speak to about them. They reported that staff were approachable and they could voice concerns openly. Residents had access to a complaints policy which was on display in the centre, together with advocacy services available to them.

The inspector saw that one or more members of staff were with residents in the communal rooms at all times, and responded to residents' needs for assistance without delay. A number of residents chose to spend time outdoors in the enclosed courtyard during the day. Residents spoke positively to the inspector about the recent spell of good weather and the enjoyment they got from sitting outside. Staff were observed supporting residents to do so safely, including applying sunscreen and offering sun hats as appropriate. Residents were regularly offered refreshments and snacks throughout the day, both indoors and outdoors. Staff were also observed making frequent checks on residents who chose to remain in their bedrooms, ensuring their comfort and well being while also respecting their preference to relax in their room. Staff were observed providing social stimulation and meaningful activities such as singing and games.

Visitors were observed coming to the centre throughout the day. Inspectors spoke with three visitors who all said that they were happy and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues they felt confident to bring them to the attention of staff.

The next two sections of the report describes the findings of this inspection in relation to the governance and management arrangements in place and how these

arrangements impact on the quality and safety of the service being delivered to residents. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This unannounced inspection focused on adult safeguarding and the effectiveness of the provider's safeguarding arrangements. The inspector also reviewed the actions taken in response to the findings of the previous inspection in November 2025, which identified non-compliance across four regulations. Overall, the inspection found that the provider had implemented its compliance plan and strengthened the governance and management of the service. While these improvements were evident, further actions were required to achieve compliance with regulations relating to protection, premises, assessment and care planning, and contracts of care. These matters are outlined in the relevant sections of this report.

Glyntown Care Centre is operated by Zealandia Ltd, a company comprising two directors. Both directors are actively involved in the day-to-day operation of the centre, with one serving full-time as the Person in Charge. Clear governance arrangements and organisational structures were in place, outlining defined lines of authority and accountability. Care delivery is overseen by the Person in Charge, who is supported by an Assistant Director of Nursing. On the day of inspection, the Clinical Nurse Manager role was being covered by a Senior Staff Nurse.

Staffing levels on the day of inspection were sufficient to meet residents' assessed needs. There were effective recruitment processes in place and including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, two references of previous employment and employment histories for each staff member employed. All nursing staff were registered with the Nursing and Midwifery Board of Ireland, and registered pin numbers were on file for 2026.

Staff spoken with were aware of their role in protecting and safeguarding residents and were confident with regards to how to report a concern and identify all forms of abuse. A review of training records indicated that staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents and the management of responsive behaviors.

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include, the room to be occupied and number of other occupants in that room, However, there was not sufficient information in relation to fees charged, which is actioned under Regulation 24.

Management systems were effectively monitoring quality and safety in the centre and these systems had been enhanced following the findings of the previous inspection. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. The team of staff were also monitoring the lived environment, personal care and comfort of residents. These audits informed ongoing quality and safety improvements in the centre and resulted in positive outcomes for residents.

Regulation 15: Staffing

The provider ensured that sufficient numbers of appropriately skilled staff were available to meet residents' needs. A review of staff rosters and observations during the inspection confirmed that adequate nursing and care staff were on duty, with the necessary knowledge and competencies to support residents effectively, taking into account the size and layout of the centre. At least one nurse was on duty at all times. The provider had also increased weekend cleaning staff resources in response to findings from the previous inspection. Staff reported that this had positively impacted the quality of the living environment for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and completed, a range of training appropriate to their roles to ensure they possessed the skills and competencies required to meet residents' needs. Mandatory training, including safeguarding training, had been completed by all staff. Recruitment practices ensured that staff were appropriately vetted prior to commencing employment in the centre. Staff were also appropriately supervised and supported to carry out their roles and responsibilities effectively.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were noted in the overall governance and management of the service. Enhanced systems had been implemented to monitor the service and these were found to be effective in driving quality improvement in the centre and recognising areas that required to be addressed. The registered provider and management team met on a monthly basis, and minutes of these meetings were available for review. The agenda and minutes showed that all areas of governing the

centre were discussed, and where necessary, appropriate actions were taken to address issues. An annual review on the quality of the service was completed for 2025, and this was completed in consultation with residents and their families. The report provided a quality improvement plan for 2026.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of the contracts of care were reviewed. They did not include sufficient detail pertaining to the fee for the service, and details of any additional fees to be charged that are not included in the fee.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents received good care in Glyntown Care centre. As mentioned in the first section of the report this inspection, focused on adult safeguarding, and was carried out to review the quality of the service being provided to residents and ensure they were receiving a high quality, safe service that protected them from all forms of abuse. Staff and resident interactions were kind and respectful, and it was evident that staff had a clear understanding of residents' needs. Residents and visitors were complimentary about the the quality of care they received from the staff. While acknowledging that there were improvements since the previous inspection, some further actions were required in relation to protection, the premises and care planning.

Care plans were formally reviewed at intervals not exceeding four months however the were was not a process in place to ensure that they
included consultation with the residents, or where applicable, their family. Residents will and preference was clearly documented and residents were supported in positive risk taking if this was what they wished. For example; residents were supported to leave the centre and go to the local village weekly. Although safeguarding care plans were in place for residents as required, they did not always clearly identified how to safeguard the resident and guide the staff in their care. These findings are detailed under Regulation 5. From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Staff were trained and understood the principles of safeguarding vulnerable adults and their responsibilities in relation to protecting the residents. The inspector

verified that there was secure systems in place for the management of residents' personal finances. These had been reviewed following the previous inspection to ensure that systems of invoicing residents were more robust. Residents and relatives were invoiced on a monthly basis for service fees and a breakdown of any additional charges, including pharmacy and prescription levies. The provider was acting as a pension agent for four residents living in the centre. Although the provider had strengthened some safeguarding systems in response to the findings of the previous inspection, further actions were required in relation to the management of pensions, recording of safeguarding investigations and safeguarding care plans. These findings are further detailed under Regulation 8.

There was a low level of restrictive practice within the centre, and management and staff were committed to promoting a restraint-free environment. On the day of inspection, no residents were identified as displaying responsive behaviours. However, staff completed training in the management of responsive behaviours every two years to ensure they had the knowledge and skills required to support residents effectively. Where restraint was used, it was implemented in accordance with national policy and was subject to appropriate oversight and review.

Residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Residents' autonomy was respected, with residents encouraged to live their lives according to their own preferences. Regular consultation between the provider and residents ensured that residents' voices were being heard in the centre and their suggestions were acted on.

Regulation 10: Communication difficulties

Each resident's communication needs were assessed on admission and reviewed regularly thereafter. Person-centred care plans were developed to guide staff in supporting residents to communicate effectively. Communication aids and equipment were readily accessible and utilised to ensure residents' communication needs were met in a consistent and timely manner.

Judgment: Compliant

Regulation 17: Premises

While some improvements had been made to the premises since the previous inspection, further action was required as the centre did not fully comply with all matters set out in Schedule 6 of the Regulations. This was evidenced by the following findings:

- Parts of the interior of the centre were not maintained to an appropriate standard. For example, floor coverings in a number of residents' bedrooms were marked and damaged.
- Curtains in one multi-occupancy bedroom did not fully enclose the bed space and, therefore, did not ensure that residents' privacy could be maintained.
- The positioning of televisions in some multi-occupancy bedrooms did not ensure that all residents sharing the room could comfortably view the television.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While some improvements were noted in relation to assessment and care planning, further action was required. This was evidenced by the following findings:

- Safeguarding care plans lacked sufficient detail to clearly guide care delivery. As a result, there was a risk that safeguarding measures would not be effectively communicated to staff or consistently implemented in practice.
- There was not evidence that residents had been consulted regarding the development or review of their care plans.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Records demonstrated that restrictive practices, such as bed rails, were implemented only following appropriate risk assessments and after alternative measures had been considered or trialled. Evidence showed that the provider sought the resident’s consent prior to the introduction of any restrictive practice. Where a resident was unable to provide consent, their representative was consulted. The provider had effective systems in place to monitor environmental restrictive practices and ensure their ongoing appropriateness. Records also evidenced that restrictive practices were reviewed and monitored on a regular basis.

Judgment: Compliant

Regulation 8: Protection

Although a number of measures were in place to safeguard residents and actions had been taken since the previous inspection to strengthen safeguarding systems, further actions were required evidenced by the following findings:

- On the day of inspection the provider was acting as a pension agent for four residents. However, on review of these records it was evident that one residents pension was being lodged into the providers company account. This system was not in line with the guidelines set out by the Department of Social Protection.
- Safeguarding investigations were not always recorded and documented in line with the centre's safeguarding policy. For example, records did not consistently demonstrate that preliminary screening had been completed. In addition, there was not always a clear and comprehensive record of the investigation process, the findings and outcome of the investigation, or any learning identified and actions required to reduce the risk of a recurrence.
- Where safeguarding plans were required the plan did not always contain sufficient detail to guide care delivery, as actioned under Regulation 5.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were facilities for residents to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities available in the designated centre weekly. Residents could exercise choice about how they spent their day and supported to exercise their religious rights. There was access to Internet, radio and newspapers. The inspector found that residents' rights and choices were promoted and respected in the centre. Staff were observed to engage in positive, person-centred interactions with residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glyntown Care Centre OSV-0004921

Inspection ID: MON-0051087

Date of inspection: 15/07/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: We are currently updating our resident's contract of care to provide additional details and clarity pertaining to the fees for the service payable by the individual and any additional fees/charges that are not included in the fees.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We have a continuous maintenance and upgrading program in Glyntown Care Centre. We will fast-track the replacement of flooring in Beech Wing. The process of upgrading the privacy curtains in the twin bedrooms began prior to the inspection day and continues, thus ensuring residents' privacy and dignity is maintained. We liaised with the TV technician in June 2026 to supply additional TVs in the twin bedrooms and are currently awaiting an installation date.	

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A process has begun whereby the nurses are meeting residents and/or families to discuss their individual care plans and this consultation will be documented accordingly in the care plans.

A review of the residents Safeguarding care plans is being undertaken to ensure the information contained within the care plans is sufficiently detailed to guide safe care by all staff.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The identified residents standing order was made out to the Providers company account. This has now been amended and is now paid directly into the residents' deposit account.

We have reviewed our Safeguarding Policy and have used the learnings from a recent safeguarding investigation to guide our future processes.

A review of all residents' Safeguarding care plans is underway to ensure that information contained within the plans is sufficiently detailed to guide safe care delivery by the staff of the centre.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/11/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	31/10/2026

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	19/08/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/10/2026