

# Report of a Restrictive Practice Thematic 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:	07 April 2025
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0046818

## What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards **for Residential Care Settings for Older People in Ireland**. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

## What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental<sup>1</sup> in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

**Physical** restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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<sup>1</sup> Chemical restraint does not form part of this thematic inspection programme.

## About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

**This unannounced inspection was carried out during the following times:**

Date	Times of Inspection	Inspector of Social Services
Monday 7 April 2025	09:35hrs to 16:35hrs	Ella Ferriter

## What the inspector observed and residents said on the day of inspection

This was a one day unannounced inspection by one inspector, which was carried out as part of the programme of thematic inspections, focusing on the use of restrictive practices in the designated centre. The inspector met and spoke in detail with nine residents throughout the day, who were all very complementary about the kindness and care they received from staff. From the inspectors observations and from what residents told the inspector it was evident that Glyntown Care Centre was a nice place to live and residents enjoyed their life there.

Glyntown Care Centre provides care for both male and female adults, with a range of dependencies and needs. The centre is situated outside Glanmire Village, on the outskirts of Cork City. It is a single storey facility that has been renovated and extended, to reach its current capacity of 38 residents. There were 35 residents living in the centre on the day of this inspection.

Bedroom accommodation in the centre was divided into three wings, each depicting names of trees; Beech, Ash and Oak. Specifically it comprises of 18 single and ten twin bedrooms. Seven of the single rooms and one twin room have ensuite facilities. The remaining bedrooms have a hand wash basins in the room, and residents in these rooms share access to communal bathrooms. The inspector observed that some bedrooms were personalised and nicely decorated with residents' belongings from home and family pictures. However, other bedrooms required attention as there was inappropriate storage of equipment, some furniture that required repair and paint chipped off walls, which took away from the homely feeling in these rooms. The inspector was informed that the provider was in the process of carrying out a programme of upgrades to the premises, over the coming months.

Communal space in the centre comprises of a large sitting/day room, a library, a small tranquility room and a dining room. Residents also had unrestricted access to an enclosed garden, to the back of the premises. During the day some residents were observed to sit outside in the enclosed courtyard, as the weather was bright and sunny. However, the inspector observed that this area was not very well maintained and there was limited furniture available for residents use. There was also limited signage in the centre, to assist residents to find their way.

The inspector spent time throughout the day speaking with residents and observing staff and resident interactions. Residents told the inspector that the staff were very kind to them and they felt safe within the centre. This was validated by the kind and empathetic interactions the inspector observed between residents and staff on the day. Staff were observed assisting residents with their needs in a respectful and

unhurried manner. Observations confirmed that staff were aware of residents assessed needs and were able to provide care and support in line with each resident's preferences. Residents that were not able to communicate with the inspector were observed to be content and relaxed in the company of staff.

Residents told the inspector that they always had choice about where they would like to spend their day, what time to get up and return to bed. Resident reported to the inspector that staff did not restrict their freedom of choice or movement. Residents were knowledgeable on who the person in charge was. Residents voiced that they would not hesitate to make a complaint and if they had brought anything to the attention of the staff, it was always acted on.

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area. Visits to residents were not restricted. The inspector had the opportunity to meet with three visitors who praised the attention and respect that staff gave their loved one.

The inspector observed the dining experience for residents on the day of inspection. Residents were observed to be assisted with their meals in a discreet and respectful manner. Mealtimes were observed to be social and relaxed occasions and the inspector saw that the team working in the centre were implementing a quality improvement plan with the aim of making it a more social dining experience for residents. A food and nutrition committee had recently been established in the centre. A menu was available daily and it was evident that residents had choice. Residents told the inspector that if they requested an alternative to the choices on offer, that this was always facilitated.

Throughout the day the inspector observed that the atmosphere in the main sitting room was relaxed and inviting. There was a staff member allocated to activities in this room and it was evident that they knew each residents personal preferences and ability to participate. Residents were seen to engage in quizzes, reminiscence and an exercise class in the evening, with the physiotherapist. A review of residents meetings evidenced that residents had requested more music, karaoke sessions, changes in menus and days out of the centre, all of which had been acted upon by the team of staff. Residents were supported to maintain links with the community and to practice their religion.

## Oversight and the Quality Improvement arrangements

Overall, the inspector was satisfied that there was a positive culture in the centre towards promoting a restraint-free environment. Management and staff had spent time focusing on the consideration of each residents' human rights and the reduction of the use of restrictive practices in the centre.

The person in charge completed the self-assessment questionnaire prior to the inspection and assessed seven of the eight themes relevant to restrictive practices as being compliant. This assessment identified that the management team were striving to ensure that residents' rights were upheld and that restrictive practices were appropriately used and reviewed. However, findings of this inspection would indicate that some further work was required in the monitoring of restrictive practices, enhancing the environment, the complaints management system and in ensuring that care plans were reflective of residents care needs. The inspector was satisfied that every effort was made to ensure that people living in the centre were facilitated to pursue their own choices and preferences and that their rights were respected.

Glyntown care Centre is operated by Zealandia Ltd, a company comprising two directors. Both directors are engaged in the day to day operation of the centre, one being the named person in charge. The person in charge was supported in their role by an assistant director of nursing, a team of nurses, healthcare assistants, domestic, catering and activities staff. There were clear governance arrangements and structures in place that set out the lines of authority and accountability. The centre had a statement of purpose that clearly outlined the services available to residents and specific care needs that could be met in the centre.

There sufficient numbers of staff working in the centre on the day of this inspection, with an appropriate skill mix, to ensure that care was provided to residents in a manner that promoted their dignity and autonomy. Centre-specific policies on the management of restrictive practices, responding to behaviours that challenge, and risk management, guided staff in the appropriate use of restraint in the centre, in line with national policies and best practice guidance. The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of alternatives and a good understanding of residents' needs and rights.

Training was provided to staff in areas such as safeguarding of vulnerable adults, behaviours that challenge and restrictive practices. However, the inspector found that some this training was expired for staff. There was a complaints policy was in place and there was signage in the centre advising on the process for making a complaint.

The inspector reviewed the complaints log in the centre and this was discussed with the person in charge, who was the complaints manager. Although it was evident that the person in charge was receptive and responsive to complaints from residents, action was required to ensure that the complainant received a response to their complaint in writing, as per the centres policy. Residents were reminded during residents meetings with regards to their rights, availability of advocacy services and the process for making complaints.

Pre-admission assessments were conducted to ensure the service could meet the needs of residents admitted to the centre. Following admission, care plans were developed to guide staff on the care to be provided. However, from a review of documentation it was evident that some care plans did not provide personalised information and were not sufficiently detailed to direct care. The management team acknowledged this finding. Residents had access to a local general practitioner who attended the centre every Wednesday.

The inspector noted that there had been a significant reduction in the use of bedrails within the centre. On the day of this inspection four residents (11%) of residents were allocated bedrails, which had reduced from nine residents (25%) a few months prior to this inspection. The team of staff had taken effective measures to reduce the use of bed rails and there was a quality improvement plan implemented with regards to this in place. The centre had a record of all the restrictive practices in use in the centre. This record was kept under review by the management team.

Audits were undertaken on the use of restrictive practice by management, to monitor trends and areas for improvement. Resident restrictive practice information booklets were available, to provide information on positive risk taking, residents rights and types of restraint. A restrictive practice committee had been established with the aim of improving oversight of the use of restrictive practices. However, it was noted that consent for use of bedrails and an updated assessment was required for one resident, to ensure that care was delivered as per the centres policy.

In summary, while some areas for improvement were identified, there was a positive culture in Glyntown Care Centre, supporting the creation of a restraint free environment. Residents enjoyed a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

## Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

### **Substantially Compliant**

Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.



### The National Standards

This inspection is based on the *National Standards for Residential Care Settings for Older People in Ireland (2016)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.

List of National Standards used for this thematic inspection:

## Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

Theme: Use of Resources	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
7.4	Training is provided to staff to improve outcomes for all residents.

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

Theme: Person-centred Care and Support	
1.1	The rights and diversity of each resident are respected and safeguarded.
1.2	The privacy and dignity of each resident are respected.
1.3	Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.
1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.
1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

#### **Theme: Effective Services**

2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

#### **Theme: Safe Services**

3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.
3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

#### **Theme: Health and Wellbeing**

4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.
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