

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glyntown Care Centre
Centre ID:	OSV-0004921
Centre address:	Glyntown, Glanmire, Cork.
Telephone number:	021 482 1500
Email address:	info@glyntowncare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Zealandia Limited
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 March 2019 10:00	01 March 2019 18:45
06 March 2019 13:45	06 March 2019 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Major	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

This inspection of Glyntown Care Centre by an inspector from the office of the Chief Inspector of Social Services was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. There were 38 residents in the centre at the time of inspection with one vacant bed. The inspector followed the experience of a number of residents with dementia within the service. As part of the thematic inspection process, providers were invited to attend information seminars and they were issued with guidance on dementia care and the inspection process. The person in charge had forwarded the self-assessment tool on dementia care to HIQA prior to the inspection. The person in charge said she reviewed the care provided to residents with dementia through audit, training and observation, to ensure that it was relevant and up-to-date. Residents confirmed that they enjoyed living in the

centre, they said that they felt safe and they were happy with staff, the complaints process and their accommodation.

The inspector met with residents, visitors, the person in charge, the registered provider representative and a number of staff from all roles within the centre. The inspector observed practices using an evidence-based observation tool and reviewed documentation such as care plans, training records, allied health care records and policies. A sample of staff files and residents' files were checked for regulatory documentation. The inspector found the premises, fittings and equipment were of a good standard. The centre was seen to be nicely decorated, bright and subject to ongoing maintenance. All rooms were designed to afford privacy to residents. Rooms were either single occupancy or double occupancy en-suite bedrooms. Some rooms had views of the external or internal gardens. The enclosed garden area was furnished with outdoor seating and suitable planting.

The Standards set by HIQA to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the judgment framework for dementia thematic inspections formed the basis for the findings made by the inspector. The inspector issued an urgent compliance plan to the provider representative in relation to the maintenance of the regulatory staff documents. A satisfactory response was received to this. This action and other actions necessary to ensure full compliance were detailed in the compliance plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were 38 of the potential 39 registered beds occupied at the time of inspection. There were six respite beds available to residents. The person in charge stated that up to 50% of the residents had dementia. A selection of care plans for residents with dementia were reviewed by the inspector. These were personalised and were seen to be implemented in practice. Specialist services and allied health care services such as physiotherapy, dental, optician, occupational therapy (OT), speech and language (SALT) and dietitian services were seen to be accessible to residents. Documentation from the chiropodist confirmed that she visited residents monthly. Residents were complimentary of the physiotherapy and exercise service and said that it supported them to remain independent. Residents had the option of retaining the services of their own general practitioner (GP) or changing to the GP service for the centre. Residents with dementia were found to have access to psychologists, the geriatrician or psychiatrists where indicated. PRN (when necessary) medicines were reviewed and the use of psychotropic drugs was audited by the GP and pharmacist. The pharmacist audited the medicines in use and trained staff on possible negative interactions of certain medicines. The inspector reviewed the electronic system for the recording of the administration of medicines and found that medicines were not signed for contemporaneously and the record did not include personal staff signatures. Following the inspection the person in charge was asked to submit documentation to the office of the Chief inspector confirming that the system met the professional responsibilities and professional guidelines for nurses in relation to the administration of medicines and recording clinical practice guidelines.

Residents with behaviour issues, as a result of the behaviour and psychological symptoms of dementia (BPSD), were assessed by staff and the medical team and their care was supported by a comprehensive policy. A number of care plans had been developed which outlined the needs of residents who communicated through behaviour and staff were found to be aware of these care plans.

Clinical assessments such as, skin integrity, nutrition, cognition and pain were undertaken for each resident with dementia. Care plans were developed in conjunction

with residents and their representatives, as a result of these assessments. Residents' right to refuse treatment was documented and brought to the attention of the GP, as required. There was good communication between the dietitian and the kitchen staff who were found to be familiar with residents' nutrition needs, special diets and preferences. Food choices were available at each meal and modified diets were well presented. Fresh, home-baked bread, cakes and scones were served daily.

An electronic documentation system was used to document care plans and the medical care received by residents. Consultant, public health nurse and GP letters and notes were available on paper files. Comprehensive pre-admission assessments were carried out by the person in charge with full care plans completed within 48/72 hours of admission. Staff, with whom the inspector spoke, stated that handover reports during the day provided them with a comprehensive update on residents' care needs. Staff had a good knowledge of the holistic needs of residents with dementia. Retaining a cohort of consistent staff supported residents with dementia who responded well to familiar faces, according to relatives and staff. There were opportunities for residents to participate in a number of meaningful and varied activities. These activities were discussed further under the section on residents' rights, dignity and consultation.

End-of-life care plans were in place for residents with dementia in the sample of files reviewed. These were easily accessible to staff and were updated on at least an annual basis. Relatives who wished to stay with residents at the end of life were facilitated to do so. Specialist palliative services were available for symptom control, if required. Mass was said on a weekly basis and an annual memorial mass was held for residents and their relatives.

Some small discrepancies were noted in the care plans of two residents which were addressed immediately. The person in charge stated that audit of care plans was an ongoing process.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect and safeguard residents with dementia. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records seen indicated that not all staff had been afforded training on safeguarding and on

recognising and responding to elder abuse. This was seen to be scheduled however, and was addressed later in this report under the section on 'Staffing'. Residents spoken with said they felt safe in the centre and that staff were supportive and helpful. The policy on the prevention of elder abuse supported the staff practice and was seen to be based on best evidence-based practice incorporating the Health Services Executive (HSE) policy on Safeguarding Vulnerable Adults, 2014.

There was a comprehensive policy in place to guide staff in interventions for residents who exhibited the behaviour and psychological symptoms of dementia (BPSD). Related care plans on behaviour issues and on communication strategies were in place in a sample of residents' files viewed by the inspector. The inspector observed staff interacting with residents and intervening appropriately when any resident began to communicate upset or anxiety. Training in this aspect of care was not up to date, however this was seen to be scheduled also. An action on this non compliance was given under the 'Staffing' section. The inspector found that the consent of the resident or a representative had been sought for assessment of bedrail use and there was multidisciplinary involvement in decision making for residents with dementia. The inspector observed that residents had the use of low-low beds and alarm mats where required, to minimise the impact should a fall occur. Residents who required bedrails and those residents who required the use of lapbelts were checked regularly when these were in use. Documentation was in place for these observations.

Residents' finances were managed carefully in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate. Receipts were given to residents for hairdressing, pharmacy, chiropody and physiotherapy fees, where relevant. Residents had identifiable client account records in place for pension payments and records were audited for a small number of residents whose pensions were collected in cash.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Life story information was used to ascertain residents' preferred activity. A sample of these were seen and they were seen to be compiled with care and interest. Activities including outings to local restaurants and garden centres, visits from local school children, music, art, Sonas, chair-based exercises, card games and personalised activities such as hand massage and baking were available. The activity leader was

enthusiastic. She explained how activities were designed according to the assessed needs and preferences of residents. The activity team spent individual time with residents with a cognitive impairment facilitating for example, music sessions, rosary, reflective practice and hand massage. Documentation and photographs confirming these events were seen on notice boards and in residents' files. The main activity/sitting room had a cosy fireplace. It was decorated with wall murals, representing sports stars, local areas of interest, floral displays and inspirational quotes. It was clear to the inspector that great pride was taken in the activity programme which was well supported by the management staff and all staff members. The centre took part in national events and facilitated visits by owners of pets and exotic animals. In addition, residents who liked current affairs were provided with daily newspapers and access to radio and television. The hairdresser attended weekly and this was welcomed by residents. Individualised activities were available for residents who did not wish to participate in the group sessions.

The inspector saw residents including those with dementia participating in and enjoying the activities, such as music, beauty therapy, singing and newspaper readings during the two days of inspection. Residents spoke with the inspector and explained the satisfaction they got from being involved in group activities. Residents were heard chatting with each other and exchanging various stories and life experiences. The respite residents made a difference to the dynamic in the centre as these people had new stories and news from the community which residents enjoyed hearing.

The inspector met with a number of relatives. They praised the staff, the activities and the care available. They stated that they could bring concerns to the management staff and they expressed confidence that any concerns would be addressed. Relatives also spoke with the inspector about the benefits which their relatives experienced as a result of being encouraged to go out with them to restaurants, their homes and for special occasions. Photographs were on display which had been taken at a number of celebratory events. Relatives were seen to use the sitting rooms and library for private visits which suited residents with dementia and their families as this was a more relaxed environment without distraction or noise.

The person in charge informed the inspector that residents with dementia were consulted with and participated in the organisation of the centre by attending resident meetings. An advocacy service was available and was accessed when a resident requested this or a need for advocacy was identified. Residents with dementia were enabled to make choices with support from their personal representatives and staff. The inspector reviewed the minutes of residents' meetings and found that a wide range of topics were discussed. Issues were addressed and discussed at the following meeting. In addition, there were resident surveys carried out which were positive on most aspects of the care. Thank you notes and letters were seen which were all very complimentary and expressed thanks for the family atmosphere, lovely staff and acts of kindness shown to residents. Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to go outdoors or simply walk freely around the centre.

At intervals during the dementia thematic inspection the inspector used a validated

observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room areas and in the dining room in the centre. Each observation lasted a period of 30 minutes. The inspector evaluated the quality of interactions between carers and residents with dementia. In the sitting room interactions were positive and meaningful. Staff were seen relating to residents in a calm and kind manner. Residents were referred to by name and were seen to communicate with other residents in the group. Staff engaged in social conversation and spent time with individual residents. Tea, drinks and snacks were offered by staff in the afternoons. Visitors were present with residents and their presence added to the wellbeing of residents. Staff in the dining room were seen to engage attentively with those who required help with meals. Choice was offered and there was an unhurried approach with staff sitting at eye level with residents. A third observation took place during the second day of inspection in the sitting room. Residents with dementia were included in all the group events at that time. Positive interactions between staff and residents were observed and staff availed of opportunities to socially engage with residents. Staff circulated around the group speaking with individuals and supporting those who wished to get up and walk out. Residents were offered their choice of music and some were seen to sing along with familiar tunes. While there were some periods of neutral care observed by the inspector the overall evaluation of the quality of interactions during the observation periods was one of positive, connective care.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had a comprehensive 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 appeal process if a complainant was dissatisfied. Contact information for the office of the Ombudsman was provided.

A record of complaints was maintained. 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.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Appropriate staff numbers and skill mix of staff were seen to be available on the days of inspection to meet the assessed needs of residents. A number of staff had up-to-date mandatory training and a matrix was maintained by the administrator who met with the inspector. Staff also had access to a range of appropriate training to fulfil the requirements of their roles. For example, training in manual handling, medicines management, infection control and modified diets. All staff were supervised on an appropriate basis. Staff appraisals were undertaken and staff had a supervised induction and probationary period. Staff spoken with were found to be knowledgeable of dementia and of the relevant care plans of residents with dementia. As discussed previously the mandatory regulatory training in safeguarding vulnerable adults and in managing the behaviours associated with dementia had not been afforded to all staff. An action plan in relation to this non-compliance was set out at the end of the report.

A sample of staff files was viewed by the inspector. A number of these records were not in compliance with the requirements of Schedule 2 of the Regulations. Two references and the required curriculum vitae (CV) were not available for all staff. Staff were required to obtain the regulatory Garda Siochana vetting (GV) clearance prior to taking up employment in designated centres for older adults. The inspector found that three members of staff already working in the centre did not have this regulatory vetting clearance document in place. An urgent compliance plan was issued to the management of the centre and the staff involved were suspended from duty pending the receipt of the documentation. A satisfactory response was received to the compliance plan and the person in charge stated that she sought advice as to obtaining these documents in a more timely manner in the future.

Judgment:

Non Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was a single-storey premises located within a housing estate in Glanmire, a short distance from Cork City. The library room located near reception was used if residents wanted to avail of a private space to meet their visitors. Some residents also chose to have their meals here on occasions. A second room was available in the centre for visits, consultations or family time. 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: the Ash, Oak and Beech. There were 29 bedrooms in the centre. These were laid out in 19 single and 10 twin-bedded rooms. Seventeen of the single bedrooms were equipped with en-suite toilet and wash-hand basin facilities. All of the twin-bedded rooms had full en-suite shower and toilet facilities. Sluice rooms were located on each side of the building. A separate cleaning/housekeeper's room was provided. Appropriate measures were in place to prevent accidents and there were grab-rails in corridors and bathrooms. All residents had access to sufficient toilets, showers and bathroom facilities, including an assisted bath. Separate staff shower and toilet facilities were provided. All bedrooms were appropriately furnished with a wardrobe, chair and bedside lockers. Bedroom doors and bedroom décor was personalised. However, some rooms lacked natural light due to their location in the building. The person in charge stated that this lack of light would be taken into account when decorating the rooms and repainting nearby outside walls. In addition, the inspector was not assured that the physical and mobility needs of one resident could be met in the current bedroom particularly in relation to the mobility, physical and manual handling needs of the resident and in the event that a speedy evacuation would be required in the event of fire. Following the inspection the person in charge was asked for a risk assessment and additional assurance in relation to meeting these needs for the resident involved.

Improvements to the premises were continuing, according to the person in charge and the registered provider representative. The extended storage area for equipment, such as wheelchairs and hoists, was seen to be in use. There was evidence that the décor in a number of rooms and corridors had recently been upgraded. Staff explained that equipment such as beds and chairs were also being refurbished or replaced on an ongoing basis. Some areas of flooring were damaged. Replacement of this was on the maintenance plan for the centre.

Activities and socialisation took place in the large communal/sitting room and where residents could gather to watch television and attend the various activity sessions. There was a large aquarium and bookshelves in the room and it was furnished with small tables where a number of residents could dine or read the daily papers. There was a separate kitchen facility which was clean, modern and well equipped. The dining area was bright with double doors that opened onto a patio area. Dining tables were laid out

for small groups and the centre provided more than one sitting at mealtimes, if necessary. The patio area was furnished with seating and tables where residents could walk outside and sit there in the summer.

Judgment:

Substantially 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:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Glyntown Care Centre
Centre ID:	OSV-0004921
Date of inspection:	01/03/2019
Date of response:	03/04/2019

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 01: Health and Social Care Needs

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A wound care plan had not been updated.
An end of life care plan required review.

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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

it, after consultation with the resident concerned and where appropriate that resident's family.

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

Wound care & End of Life Care plan were updated prior to the end of the second days inspection.

Proposed Timescale: 03/04/2019

Theme:

Safe care and support

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

Under Schedule 3 of the Health Act 2007 (Care and Welfare Regulations of Residents in Designated Centres for Older People) Regulations 2013 Part 4 (d) the registered provider is required to maintain "a record of each drug and medicine administered, signed and dated by the nurse administering the drugs and medicines in accordance with any relevant professional guidelines".

The electronic drug administration records seen by the inspector did not meet the professional guidelines in relation to recording clinical practice.

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:

This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.

Updated Safe Administration of Medication Policy forwarded to inspector on 25/03/2019

Proposed Timescale: 25/03/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had been afforded the mandatory and appropriate training required under the regulations for the sector.

3. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.

Safeguarding training has been completed by 29 staff members on 21/03/2019.
Challenging Behaviour – awaiting training date from training provider.
Training schedule is in place for 2019.

Proposed Timescale: 30/06/2019

Theme:

Workforce

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

Garda vetting clearance records were not on file for all staff working in the centre.
Two references were not available for all staff.
In the sample of files seen one CV was not complete.

4. 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:

Response to the urgent compliance plan was instantaneous.

*Removal of staff from the roster until documentation received.

*Support from the NHI in relation to acquiring vetting without delay.

A HR audit has been undertaken and completed by the 29/03/2019, the CV in question has been amended, and references for all staff have been revalidated.

Proposed Timescale: 06/03/2019

Outcome 06: 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:

In the shared bathrooms not all toiletries were individualised and easily identifiable to the residents sharing the bathroom. This was addressed immediately.

A repair to a light fitting was addressed immediately in order to eliminate a risk to residents.

Some rooms lacked natural light due to their location.

One room did not meet the needs of the resident in relation to the bed location and size of the room.

Suitable fire safe door holding devices were required for residents who liked to have their doors open during the day: this was to prevent the use of door wedges which would negate the effectiveness of these doors.

5. 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:

This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.

All rooms have natural light, however the trees in gardens surrounding the centre can diminish the natural light especially on cloudy days. When re-painting the rooms, in consultation with the resident we aim for light enhancing colours. Painting the boundary wall is planned for this summer.

A risk assessment in relation to the room referred to was forwarded to the inspector on 19/03/2019.

All staff have been reminded not to use door wedges to hold open doors. The centres Fire consultants have been contacted with regard to suitable fire safe holding devices. We will follow their recommendations in a timely manner.

Proposed Timescale: 30/06/2019