



**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:	01 February 2023
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0039213

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 over the village of Glanmire. It is a 38 bedded purpose-built care facility. The bedroom accommodation consists of 18 single bedrooms and ten twin bedrooms. The center 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, healthcare 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
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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 1 February 2023	09:00hrs to 15:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with five residents and two visitors. The majority were very complimentary in their feedback and expressed satisfaction about the standard of environmental hygiene. Residents and visitors expressed relief that the centre had managed to "keep COVID out" in the early stages of the pandemic. One resident said they were initially anxious when restrictions had lifted but were glad to be able to go on social outings again.

The centre was divided into three wings; Beech, Ash and Oak. Bedroom accommodation comprised single and twin bedrooms. Communal space in the centre comprised a large sitting room, a library, a small tranquility room and a dining room. Residents also had access to an enclosed garden, to the back of the premises.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example ancillary rooms such as the housekeeping rooms and linen storage facilities did not facilitate effective infection prevention and control measures. Findings in this regard are further discussed under Regulation 27.

Conveniently located alcohol hand gel dispensers were available throughout the centre. However barriers to effective hand hygiene practice were observed during the course of this inspection. For example soap, moisturiser and hand sanitiser dispensers were not labelled. In addition there was a limited numbers of dedicated clinical hand-wash sinks available for staff use. Available sinks in sluice rooms and the treatment room did not comply with the recommended specifications for clinical hand wash basins.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. There was sufficient closet space, display space, and storage for personal items. However the décor in some areas of the centre was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting and maintenance.

Overall the equipment viewed was generally clean with some exceptions. For example two shower chairs and two raised toilet seats were unclean.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, antimicrobial stewardship and environment and equipment management. Details of issues identified are set out under Regulation 27.

Glyntown care Centre is operated by Zealandia Ltd, a company comprising two directors. There was a clearly defined management structure in place. 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

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing (DoN) who was also the designated COVID-19 lead. The provider had nominated a staff member to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. The infection control link practitioner demonstrated a commitment and enthusiasm for their role and the provider had committed to sending this staff member to link practitioner training.

Overall, the staffing and skill-mix on the day of inspection appeared to be appropriate to meet the care needs of residents. The inspector also observed there were sufficient numbers of housekeeping staff to meet the needs of the centre on. All areas and rooms were cleaned each day and the environment appeared visibly clean.

Infection prevention and control audits covered a range of topics including waste and linen management, environmental hygiene and hand hygiene facilities. High levels of compliance were achieved in recent audits. However the inspector found that findings of recent audits did not align with the findings on this inspection. Many of the issues identified during the course of the inspection, including but not limited to the storage of linen, hand hygiene facilities and housekeeping facilities had been identified by an external infection prevention and control specialist in 2020. This indicated that there were insufficient governance mechanisms in place to identify potential risks and address opportunities for improvement in a timely manner. Details of issues identified are set out under Regulation 27.

Surveillance of healthcare associated infection (HCAI) and multidrug resistant organism (MDRO) colonisation was recorded. However a review of documentation found that the surveillance was not comprehensive and there was some ambiguity

among staff and management regarding which residents were colonised with MDROs. As a result appropriate care plans were not available for several residents who were colonised with MRDOs . Findings in this regard are presented under regulation 27.

The volume of antibiotic use was monitored each month. The centre had also taken part in previous national antimicrobial point prevalence surveys. However the overall antimicrobial stewardship programme, to improve the quality of antibiotic use, needed to be further developed, strengthened and supported in order to progress. Findings in this regard are further discussed under the individual Regulation 27.

There was a suite of infection prevention and control guidelines in place. These guidelines lacked detail and were not aligned to national guidelines and best practice. For example guidelines did not give sufficient detail on the use of standard and transmission based precautions to be implemented when caring for residents with known or suspected MDRO infection or colonisation.

Staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Staff responsible for cleaning was found to be knowledgeable in use of the cleaning chemicals and cleaning techniques. However the inspector identified through questioning staff that additional education was required on the management of MDROs. Details of issues identified are set out under Regulation 27.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a varied programme of activities that was facilitated by an activity co-ordinator, nursing and care staff and was tailored on a daily basis to suit the expressed preferences of residents. The inspector saw that staff were respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection.

Visiting restrictions had been removed and public health guidelines on visiting were generally being followed. Residents said they were glad that visiting had resumed. Resident outings and visits to homes of families and friends were also being facilitated. Risk assessments were undertaken prior to each visit. However the risk assessment required review to ensure they aligned current with public health guidelines.

The COVID-19 vaccination uptake in the centre was excellent, the majority of staff and residents within the centre were fully vaccinated against COVID-19. An outbreak of COVID-19 was declared in early 2022. This was the first outbreak experienced by the centre since the beginning of the pandemic. While it may be impossible to prevent all outbreaks, the inspector identified that the high vaccine uptake among staff and residents combined with early identification of symptomatic residents had

minimised the impact of infection among residents. All residents that had tested positive had since fully recovered.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections to support sharing of and access to information within and between services.

The inspector identified some examples of good practice in the prevention and control of infection. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

The provider had marked infection prevention and control awareness week in November 2022. Residents hand hygiene awareness was promoted using online instructional video resources. Staff training was also provided on some elements of standard infection control precautions.

However additional education was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs. For example contact precautions signage and clinical waste bins were observed in several rooms when there was no indication for their use. Details of issues identified are set out under Regulation 27.

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- There was no evidence of ongoing targeted antimicrobial stewardship quality improvement initiatives, training or guidelines.
- Staff and management were unaware of which residents were colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents.
- The inspector observed inconsistent application of standard and transmission based precautions during the course of the inspection. This meant that appropriate precautions may not have been in place when caring for residents that were colonised with MDROs.

The environment and equipment was not managed in a way that minimised the risk

of transmitting a healthcare-associated infection. This was evidenced by;

- Housekeeping rooms were not equipped with janitorial sinks. The inspector was informed that buckets were filled and emptied within sluice rooms. This practice increased the risk of environmental contamination and cross infection.
- Signage within one sluice room instructed to manually decant the contents of commodes/ bedpans into toilets prior to being placed in the bedpan washer for decontamination. Two staff members confirmed that this was their practice. This increased the risk of environmental contamination and cross infection.
- Clean linen was stored on open shelving outside a communal bathroom. This posed a risk of cross-contamination.
- Wall-mounted alcohol hand gel dispensers throughout the centre were refilled from a bulk container. This practice posed a risk of cross-contamination.

Judgment: Not 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	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Glyntown Care Centre OSV-0004921

Inspection ID: MON-0039213

Date of inspection: 01/02/2023

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 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Audits: The practice of conducting Infection Prevention and Control audits within the centre has changed from quarterly to undertaking one infection control subject on a monthly basis. The findings of the audit will be discussed with all staff, actions will be initiated and training if deemed necessary will be given to staff in line with the National guidelines for Infection Prevention and Control.</p> <p>Antimicrobials/MDROs: Currently an antimicrobial stewardship log is maintained for surveillance of antibiotic usage on a weekly basis. It is planned to further develop this antimicrobial stewardship log to allow monitoring of MDROs and antibiotic usage data/trends. This will be achieved by utilizing the infection section in EpiCare which allows a comprehensive monthly report to be generated thus allowing us to track trends. The trends identified will prompt additional training and thus enhance individual resident care and staff education in line with the national standards.</p> <p>All residents colonized with MDROs have been identified, individual infection prevention and control care plans have been developed and updated accordingly. All staff are aware of residents who are MDRO colonised and are familiar with the appropriate infection prevention and control precautions to practice when carrying out care for these residents to minimize the risk of cross contamination. Additional specific staff training on MDRO management in line with IPC guidelines is arranged for March to ensure all staff are knowledgeable and competent to undertake appropriate care of the residents.</p> <p>Signage and clinical waste bins observed on the day of inspection were removed before the end of the inspection as there was no clinical indication for their presence.</p>	

IPC Training:

Both the A/DON and CNM have completed further training in Infection prevention and control and a date for the next IPC Link Practitioner course is waited for the CNM to attend. This training will enhance the CNMs IPC knowledge base and will benefit all staff within the center through inhouse education sessions.

Housekeeping:

A janitorial sink has been ordered and upon delivery to the center will be fitted by the maintenance personnel in Ash wing housekeeping room in order to reduce the risk of environmental contamination and cross infection during household activities.

Signage identified during inspection in the Oak sluice room was removed immediately. Staff have been refreshed on the practices to be undertaken in relation to emptying commodes/bedpans to reduce the risk of environmental contamination and cross infection.

Linen:

A wipe clean protective cover has been sourced for the clean linen storage area and will be in place by the end of March.

Hand Hygiene:

The wall mounted hand gel dispensers in place during the recent inspection have been replaced with single use cartridge dispensers.

All dispensers within the center have been labelled – soap, moisturizer and hand sanitizer.

The maintenance personnel have upgraded the taps in the sluice rooms and clinical area to comply with clinical specifications for hand wash sinks.

Equipment:

All resident care equipment within the center is cleaned on a scheduled basis. Items identified during inspection were cleaned during the inspection day. Frequently used communal equipment such as hoists are cleaned after each use with antimicrobial wipes and labelled with "I am Clean" stickers therefore reducing the risk of cross contamination.

Visitors:

Current public guidelines in relation to visiting are being adhered to within the center.

The risk assessment in place on the day of inspection has been reviewed and adapted.

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	16/04/2023