

**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:	glanmirenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Zealandia Limited
Provider Nominee:	Patrick Dillon
Lead inspector:	Mairead Harrington
Support inspector(s):	Mary Moore
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	40

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 Quality 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 May 2015 10:00	11 May 2015 17:30
12 May 2015 09:30	12 May 2015 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This announced inspection took place over two days and was undertaken to inform a decision in regard to the provider's application for registration of a 40 bedded centre. As part of this process inspectors reviewed the premises and accommodation available for suitability and compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The premises were originally registered as a designated centre in 2011 when it was leased from the current owners by a previous provider. That centre ceased operation

in 2014. Ownership of the premises has not altered. The premises are now under a new lease to the proposed provider operating as Glyntown Care Centre.

Fit person interviews were undertaken with the nominated provider, and with the appointed person in charge. Inspectors reviewed documentation provided as part of the application for registration. This included the statement of purpose, proposed contract of care, and evidence of compliance with the requirements of the statutory fire authority. During the site inspection the inspectors reviewed all policies developed for use by the provider including the health and safety statement. As the centre was not registered and therefore not operational at the time of this inspection findings in relation to health care, care planning and social care, resident rights, consultation, review of quality and safety of care, staffing ratios, training and risk assessment are based on the provider's and person in charge articulated intentions and the documentation available as to how they will implement these regulations and achieve compliance.

The pre-admission and care planning process identified was satisfactory and the system for safeguarding of residents including residents finances were identified. An admission and staffing schedule was provided and this was satisfactory in numbers and skill mix of staff identified. Arrangements were identified for recruitment of staff and for mandatory training for staff and an induction period was planned. Written evidence of compliance with the requirements of the statutory fire authority was provided to the Authority and all fire safety equipment had recently been serviced.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

The inspectors reviewed the statement of purpose which declared the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. However, further review was required to fully reflect the requirements of Schedule 1 of the Regulations in relation to the following:

Item 4 - to include numbers to be accommodated in individual bedrooms

Item 5 - to reference whether or not day care facilities are provided

Item 8 - arrangements where the person in charge is absent

Item 11 - arrangements made for respecting the privacy and dignity of residents

Item 16 - arrangements for complaints, including appropriate arrangements for appeals.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

The provider and person in charge articulated an understanding of the value of and the processes involved in reviewing and monitoring the quality and safety of the care provided. These included auditing of practices such as medication management, accident and incidents including falls, use of bedrails, care plan and record keeping. Auditing templates were available. The system outlined included ascertaining the views of residents on a day-to-day-basis and via regular resident forum meetings. In interview the person in charge described changes that had been implemented in a previous role as a result of requests from residents and the outcome of audits undertaken.

A clearly defined management structure was in place with roles and duties assigned to key members of the senior management team including the deputy person in charge and administration manager. The provider stated that care was to be directed through the person in charge on a day to day basis with a regular attendance by the provider on-site. A schedule of management meetings had commenced and minutes were available to this effect. The person in charge explained that processes were in place to facilitate consultation with residents in the organisation and planning of the centre to include a residents' committee to convene regularly with recorded minutes and outcomes for action plans and follow-up.

Where areas for improvement were identified in the course of the inspection the provider demonstrated a conscientious approach to addressing these issues and a commitment to compliance with the regulations. The provider also stated that resources were available to develop the centre and to invest in the professional development of staff.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors were provided with a template of the contract of care for proposed use. The contract detailed the terms and conditions of the services to be provided and included details of the overall fees to be charged. The contract also outlined additional services and their fees. However, there was no residents' guide available at time of inspection. This finding is identified for action under outcome 5 on documentation.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

The designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge operated on a full-time basis and had extensive experience in clinical care having first registered as a nurse in 1987 and having previously fulfilled the role of person in charge of a designated centre for almost eight years. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors reviewed the available documentation for matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Up-to-date, site specific policies and procedures were in place for a number of matters and where there were omissions in these records many were addressed immediately. However, in some instances guidance referencing national

guidelines was in place, or policies were not fully developed, and did not provide adequate detail or direction to staff in relation to procedures specific to the designated centre and the resident profile. These findings are further detailed at the relevant outcomes of this report on safeguarding and safety and medication management. The centre maintained a combined risk management and safety policy document and the person in charge explained at the time of inspection that these policies would be separated in keeping with requirements. Appropriate fire procedures, emergency plans and records of fire training and drills were in place, however, there was no over-arching fire management policy as required at Schedule 5. Copies of both the standards and regulations were maintained on site.

Records checked against Schedule 2 in respect of documents to be held in relation to members of staff required attention as there were gaps in the employment history in one instance and references and garda vetting were outstanding in another.

Templates for other records to be maintained by the centre, in accordance with Schedule 3, such as a complaints log, records of notifications and a directory of visitors were available and fit for purpose. Similarly, templates for the maintenance of resident records were in place; these included care plans, care assessments, medical notes, nursing records and also a directory of residents which incorporated the necessary biographical information.

Maintenance records for equipment including hoists and fire-fighting equipment were also available. A plan for responding to emergencies including fire and evacuation procedures was in place. Records and documentation available were securely controlled, maintained in good order and retrievable for monitoring purposes. A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

Both the provider and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceed 28 days; and also the appropriate arrangements for management of the designated centre during such an absence. The person in charge was supported by an assistant director of nursing whose capability and experience was evident to inspectors

and who was appropriately qualified to deputise as necessary.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

This was the centre's first inspection by the Authority.

Findings:

Documentation on the prevention, detection and reporting of abuse was mainly derived from national guidelines and contained both indicators of abusive behaviours and a detailed format for an internal investigation and screening process should this be required. However, it required further development to accurately reflect the circumstances specific to the designated centre and the resident profile. In particular it required development around the person-centred, positive actions to safeguard the individual at risk from further abuse and promote recovery.

Inspectors spoke with the administration manager who articulated good practices in the management of residents' finances including mechanisms both for the safe keeping of monies and in the event that the centre should be required to act as agent for the Department of Social Protection on behalf of any resident. However, there was no policy in place on the safeguarding of residents' property, finances or possessions. Action against these findings is recorded against outcome 5 on documentation.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

This was the centre's first inspection by the Authority.

Findings:

There was a current, detailed and centre-specific health and safety statement available in accordance with legislation. A Hazard Analysis Critical Control Points (HACCP) safety certificate dated 5 May 2015 was available. The person in charge was able to demonstrate that appropriate mechanisms and documentation templates were in place to identify, assess and review environmental and other risks specific to the centre. However, the centre maintained a combined safety and risk management policy and did not reference the identified risks for residents specified in the Regulations. This issue was addressed during the course of the inspection and a risk management policy, identifying the relevant risks, was produced. Also, risks were identified in the course of the inspection such as head height shelving in a number of rooms which required risk assessing and removal as necessary.

There was an appropriate emergency plan available which governed loss of heat light, and water. There was an appropriate clinical waste arrangement in place and the person in charge outlined adequate infection control measures and systems. The centre was equipped with a laundry facility and two sluice rooms. However, both the laundry area and one sluice area were also used for the storage of cleaning equipment which was not in keeping with infection control best practice. Arrangements were in place for recording, investigating and learning from adverse incidents. Documentation templates to support all these processes were available.

Examination of the fire register indicated that the fire safety and management equipment had been recently serviced, with the fire alarm certified from 1 April 2015. The annual test certificate for the emergency lighting was not available at inspection. There was a contract for the on-going quarterly and annual service of the equipment. Fire exits were observed to be unobstructed. However, in one instance the release button for a controlled final exit was not clearly identified; this issue was addressed during the course of the inspection. Also, the procedures to be followed in the event of a fire were not on display. The provider stated that staff would be adequately trained in the prevention detection and management of any incident of fire prior to residents being admitted and regular fire drills would be held.

Written evidence of compliance with the statutory fire authority was provided to the Authority dated 11 February 2015.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

This was the centre's first inspection by the Authority.

Findings:

A comprehensive policy dated April 2015 was available on medication management including the prescribing, storage and administration of medicine. There were appropriate facilities available for the safe storage and recording of medication including controlled drugs. Appropriate arrangements were in place with a pharmacist to dispense and deliver medication and take charge of the return of all medicine, and also to provide an out-of-hours service. However, the policy stated the pharmacy would not accept the return of liquid medications and therefore required further development to fully describe what arrangements were in place for such disposal. Action on this finding is recorded against Outcome 5 on documentation.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

This was the centre's first inspection by the Authority.

Findings:

Both the provider and the person in charge were knowledgeable in relation to their responsibilities to forward the required notifications to the Chief Inspector and maintain copies of all incidents which might occur in the centre.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors examined the proposals for the management of residents' healthcare needs and found that the person in charge was knowledgeable on the regulatory requirements in relation to this. Inspectors were informed that, depending on arrangements to attend and review, all residents would be facilitated to maintain their own General Practitioner (GP) following admission. Arrangements were also in process with a local primary care centre for GP support, including out-of-hours services. Arrangements for access to the services of allied healthcare professionals were also in place.

The person in charge explained that the centre would implement a computerised care planning system with associated templates including evidence-based assessment tools pertinent to the proposed resident population, including weight management, pressure area risk and nutritional assessment. The person in charge also outlined an appropriate pre-admission assessment procedure and template documents were available to support this process. Daily nursing record templates were also available. The documentation available included areas for biographical information and consent where appropriate. The person in charge demonstrated a person-centred approach that included the involvement of residents in the care planning process.

The person in charge demonstrated a commitment to engaging with the local community and fostering connections with the centre where possible – for example transition year programmes with local schools. A proposed activities schedule was in place and the person in charge stated that a dedicated activities coordinator with previous experience at the centre was also to be appointed.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

This was the centre's first inspection by the Authority.

Findings:

The centre was located approximately 10 minutes from Cork city in the Glanmire area. It was a single storey facility accessed by a narrow drive and providing 18 car parking spaces. The centre had an enclosed patio area at the rear of the building with seating and tables which could be accessed by double doors from the dining area. Aside from

this there was no other external recreational area. The centre was laid out in three wings and comprised 18 single and 11 twin-bedded rooms. 17 single bedrooms had en suite toilets and wash-hand basins, the remaining single had a wash-hand basin only. Two twin-bedded rooms had wash-hand basins and two had en suite toilets. Six twin bedded rooms had full en suite facilities.

Other facilities included two day rooms, one dining room, and a visitors' room. The premises was non-smoking throughout. The centre was equipped with a laundry facility and two sluice rooms. There was one assisted bathroom and two assisted shower rooms. The assisted bath was not suitably adapted in that it could not be accessed on both sides which restricted the use of assistive equipment when delivering care. One of the assisted shower rooms had a shower enclosure that also restricted the use of assistive equipment when delivering care. There was a staff locker room and, separately, a staff toilet and shower. There was a storage room used for dual purpose as a hairdressing room.

The standard of accommodation available in two of the three wings was in keeping with statutory requirements. However, in the third wing there were a number of rooms where, whilst the room dimensions were adequate, the design and layout did not meet the requirements in relation to Schedule 6 of the Regulations. For example, in one twin room access to the en suite could only be gained by going through the personal bed space of the resident adjacent to the en suite entrance. Also, that en suite was fitted with a domestic shower tray unsuitable for use by the proposed resident profile. Sliding doors on several en suites were stiff, heavy and difficult to move. In one twin room a bed was positioned in an alcove adjacent to the wall such that a bedside locker could not be maintained beside the bed without impeding access getting in and out of the bed. In another twin room a bed was positioned in a corner of the room in a way that assistive equipment, such as a hoist, could not be utilised effectively in the space to deliver care.

Screening for privacy was provided in all twin rooms, however in one instance the screen did not fully protect the bed space. The layout of a single bedroom was such that there was inadequate clearance between the wall and the foot of the bed to allow effective use of the space.

There was a separate kitchen which had suitable and sufficient cooking facilities. The inspector spoke with the chef and identified that storage and preparation areas for food was limited and was told that deliveries were scheduled more than once per week to reduce reliance on existing storage. It was also explained that plans were in place to extend food preparation areas into an annexed room off the main kitchen. The dining area had capacity to seat a maximum of 24 which would not accommodate all residents when the centre is operating at full capacity. The centre had limited space for storage with no designated area to store hoists, for example, when not in use.

Décor and general maintenance in some parts of the premises required attention where there was wall plaster damage, nail holes and loose wires. In some instances equipment such as wheelchairs, hoists, trolleys, radiators and beds were unclean and some were rusted in places. Flooring seals in several rooms were broken and floor surfaces required cleaning. Signage throughout the centre required improvement to provide adequate

support to residents in making their way around the premises and identifying facilities. Wash-hand basins required identification where sinks were also in use for other purposes.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

A complaints policy was in place which outlined the procedures for formal and informal complaints and encouraged local and immediate resolution. However, the policy required amendment to identify the nominated complaints officer, the nominated independent appeals person and the relevant external agencies for the escalation of appeals. The complaints procedure on display at the centre also required amendment to reflect these elements. Action on this finding is recorded against outcome 5 on documentation. The provider and the person in charge were knowledgeable on the procedure to be used in the management of complaints.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

The policy on end-of-life care was comprehensive and outlined a person-centred approach including reference to medical and palliative care support and the need to ascertain residents' wishes for this event. The policy also provided direction on the observance of cultural differences and the arrangements for affording appropriate

respect in communicating information to staff and other residents.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

The kitchen was suitably equipped to prepare residents' food and a full-time chef was already employed. The inspector spoke with the chef who was appropriately qualified and experienced for the role. The inspector identified that storage and preparation areas for food was limited and was told that regular frequent deliveries were scheduled to reduce reliance on existing storage with plans in place to extend food preparation areas into an annexed room off the main kitchen. An environmental health officer had visited the premises within the last month but no written report was available following this visit as the kitchen was not operational in terms of food safety.

Nutritional policies were in place that provided direction on the provision and monitoring of nutritional support for residents. A system was in place to elicit resident preferences and a schedule of menus was available that provided a choice of meals. The dining space was limited to a capacity of approximately 24 which meant that, at full occupancy, not all residents could be accommodated at mealtimes. Action on this finding is recorded against Outcome 12 on premises.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge explained that processes were in place to facilitate consultation with residents in the organisation and planning of the centre to include a residents' committee to convene regularly with recorded minutes and outcomes for action plans and follow-up. This system was to be supported by the use of a central suggestion box for comments and a robust complaints policy and procedure. An advocacy policy was in place dated May 2015 and the person in charge also explained that the services of a recognised and independent advocacy service would be engaged and that a designated and appropriately trained independent advocate would be appointed to the centre. A policy on information for residents was in place which included a residents' charter of rights referencing personal privacy, independence, choice and access to community services and activities. The person in charge stated that all residents' would be registered at the centre for voting purposes and arrangements made accordingly.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

There was a policy on the management of residents' personal property and on the safekeeping of any personal items or monies. The inspector spoke with a member of the management team with responsibility for the role of managing residents' finances who outlined robust procedures to support the policy including a record log and system of double signing for transactions. A template log was in place. Each bedroom had a secure locker facility and there was storage space for other personal belongings in each bedroom.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

This was the centre's first inspection by the Authority.

Findings:

The provider and person in charge provided a schedule of admissions and a proposed staffing structure that would increase incrementally as admissions were planned. As outlined to inspectors this plan contained an appropriate skill mix of nursing, care assistant staff and adequate household and catering staff. The admission process outlined by the provider was to admit three residents per week for the first two weeks and then increase that to four residents per week for the following two weeks and thereafter as the demand required. On reaching an initial quota of ten residents the staffing compliment will increase in accordance with the resident numbers and dependency levels. The staffing compliment will be reviewed regularly by management throughout the admission process to full capacity.

Inspectors reviewed the policy on recruitment and selection of staff and found that it was in compliance with the requirements, reflecting an appropriate recruitment process including advertising, interviewing, sourcing and verification of documentation provided including evidence of current registration with the appropriate professional body. The person in charge provided a training schedule and induction programme that included all relevant mandatory training and also provided additional training such as nutrition and infection prevention and control appropriate to support evidence based nursing care.

The provider stated that it was his intention to employ care assistant staff who had completed or were in the process of completing Further Education and Training Awards Council (FETAC) Level 5 training. The provider also articulated the need to source staff including nursing staff whose training and background would best support the resident population as outlined in the statement of purpose.

A management team had been appointed by the provider and the inspector reviewed the available employee records. Action in relation to omissions around documentation is recorded against outcome 5.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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:	11/05/2015
Date of response:	25/05/2015

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: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The Statement of Purpose required review to fully reflect the requirements of Schedule 1 of the Regulations in relation to the following:

Item 4 - to include numbers to be accommodated in individual bedrooms

Item 5 - to reference whether or not day care facilities are provided

Item 8 - to reference arrangements where the person in charge is absent

Item 11 - to reference arrangements made for respecting the privacy and dignity of

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

residents

Item 16 - arrangements for complaints to include appropriate and relevant mechanisms of appeal.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

- The numbers to be accommodated in individual bedrooms are included in the Statement of Purpose
- Day Care facilities are not provided in the centre and is mentioned in the Statement Of Purpose
- The Assistant Director of Nursing will assume the role of the Person in Charge in the absence of the Person in Charge. This information is added to the Statement of Purpose
- Arrangements made for respecting privacy and dignity of the residents involving proper screenings are outlined in the Statement of Purpose
- Arrangements for complaints including appropriate and relevant mechanisms for appeal added to statement of purpose.
- Please refer to the updated Statement of Purpose (Appendix 1)

Proposed Timescale: 25/05/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5, including:

- Item 1 - Prevention, detection and response to abuse,
- Item 7 - End of life to be developed to reflect a broader definition and scope,
- Items 14 & 15 - Separate policies in relation to Safety and Risk Management,
- Item 17 - Fire management policy,
- Item 19 - the disposal of medicine,
- Item 20 - the management of complaints.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

- A policy in regards to prevention, detection and response to abuse has been implemented.
- End of life care policy is in place reflecting a broader definition and scope and will be

updated periodically in line with the needs of the residents.

- Separate policies are in place in relation to safety and risk management.
- An overarching fire management policy is in place.
- A medication management policy is in place with specific amendments regarding disposal of medicines.
- A comprehensive complaints management policy is in place.
- All policies has been updated to reflect the centre specific definitions and broader scope and has been discussed with staff during the staff induction/training programme which is ongoing.

Proposed Timescale: 25/05/2015

Theme:

Governance, Leadership and Management

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

Documents required in respect of staff to be maintained including:

- Item 2 - a valid vetting form,
- Item 5 - a full employment history,
- Item 8 - complete and appropriate references.

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:

- All staff currently employed and staff awaiting confirmation of employment have their Garda Vetting forms forwarded to the Garda Vetting Unit via Nursing Homes Ireland.(see appendix 2: confirmation email)
- Management are in the process of obtaining full employment histories and appropriate checked references for all staff awaiting confirmation of employment, ensuring all employment gaps are explained in detail and accounted for.
- All of the staff currently employed in the centre have the above documents completed and in place.

Proposed Timescale: 25/05/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Ensure that the risk management policy is implemented to address the identification of

hazards and assessment of risks throughout the designated centre.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

- A centre specific risk management policy is in place in the centre addressing the identification of general hazards and risks potential to the functioning of this facility.
- Person centred and item specific risk assessments will be carried out and updated into the main risk management policy as an ongoing process or as identified.
- Head height shelving in a number of rooms as identified as risk in outcome 8 has been removed.

Proposed Timescale: 25/05/2015

Theme:

Safe care and support

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

Both the laundry area and one sluice area were also used for the storage of cleaning equipment which was not in keeping with infection control best practice.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The laundry service has been outsourced with immediate effect.

The decommissioning of the laundry equipment will be completed By 30/06/2015 and the laundry room will be used as a designated storage area for all resident related equipment and articles.

The storage area in the main sluice room will only be used for the storage of hygiene equipment i.e. mops, trolleys, in compliance with Infection Control protocol in The Centre.

Proposed Timescale: Decommissioning - 30/06/2015, All other items completed.

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

An emergency exit release switch was not clearly identified.

Action Required:

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

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

A clearly identifiable green break glass unit has been installed at the side of the emergency door.

Proposed Timescale: 25/05/2015

Theme:

Safe care and support

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

Evacuation procedures to be followed in the event of fire were not displayed in a prominent place in the designated centre.

Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Evacuation procedure flow charts detailing step by step instructions are displayed in prominent places throughout the centre enabling a prompt and safe evacuation of residents and staff in the unlikely event of a fire.

Proposed Timescale: 25/05/2015

Theme:

Safe care and support

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

Emergency lighting necessary to ensure adequate means of escape had not been certified.

Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

All emergency lighting is in working order and has been checked and certified.
A declaration of conformity for emergency lighting dated 20/05/2015 is attached (Appendix 8)

Proposed Timescale: 25/05/2015

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

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

As per Schedule 6 - the design and layout of the premises did not meet the residents' needs in that:

- access to an en-suite could only be gained via the personal bed space of the resident adjacent to the en-suite entrance.
- an en-suite was fitted with a domestic shower tray unsuitable for use by the proposed resident profile.
- sliding doors on several en-suites were stiff, heavy and difficult to move.
- a bed position was such that a bedside locker could not be kept beside the bed without impeding access getting in and out of bed.
- a bed was positioned in a corner of the room in a way that assistive equipment, such as a hoist, could not be utilised effectively.
- a privacy screen did not fully fit and did not provide adequate privacy.
- the assisted bath facility was not suitable.

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:

- All sliding ensuite doors have been serviced to ensure smooth and proper functioning.
- Measures are in place to realign the privacy screen to ensure maximum privacy and protection and dignity of the resident due to be completed by 02/06/2015.
- Room 8 - layout of beds, realignment of electrical and call bell systems and remodelling of the ensuite is in progress and will be completed within a 2 month timeframe (20/07/2015). This room will not be used for residents until all works have been completed.
- Room 4 – The access to the bed area has been expanded through the immediate removal of a wardrobe allowing ample space to manoeuvre assistive equipment. Flooring has been ordered and will be repaired by 03/06/2015.
- Room 5 – Accommodation has been changed from twin occupancy to single occupancy reducing the overall bed capacity from 40 to 39 beds with immediate effect.
- A risk assessment will be completed on any resident requesting a bath. An additional assistive bathroom has been provided in the centre.

- Outcome 12 identified the layout of the single room no. 26 was such that there was inadequate clearance between the wall and the foot of the bed to allow effective use of the space. See appendix 6 for alterations made for the same.
- Room 26 layout has been altered to provide adequate clearance between the wall and the foot of the bed. (Appendix 6)

Proposed Timescale: As detailed above with a maximum timeframe of 2 months(20/07/2015)

Proposed Timescale: 20/07/2015

Theme:

Effective care and support

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

The dining area had capacity to seat a maximum of 24 and was not designed to accommodate all residents when the centre is operating at full capacity.

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:

A 2 seating set up for every meal is outlined in our centre specific Meals and Mealtimes policy in order to facilitate the resident's preferences in relation to early or late breakfast/dinner/supper.

A large table is available in the main day room to facilitate extra seating as per resident's needs.

Proposed Timescale: 25/05/2015

Theme:

Effective care and support

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

As per Schedule 6, para 3 (k) the centre did not have suitable storage in that:

- there was no designated area to store hoists, for example, when not in use.
- a storage area was serving a dual purpose as a hairdressing room.

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:

As previously stated the laundry service will be immediately outsourced, the laundry equipment will be decommissioned with immediate effect and this room will become the main designated storage area for resident equipment.

The hairdressing sink has been removed from the linen storage area and will be relocated to a new location within 1 month(30/06/2015)

Proposed Timescale: Relocation of Hairdressing sink (30/06/2015).

All other actions completed.

Proposed Timescale: 30/06/2015

Theme:

Effective care and support

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

As per Schedule 6, para 1 (c) - Décor and general maintenance in some parts of the premises required attention where there was wall plaster damage, nail holes and loose wires. In some instances equipment such as wheelchairs, hoists, trolleys, radiators and beds were unclean and some were rusted in places. Flooring seals in several rooms were broken and floor surfaces required cleaning.

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:

- General maintenance and Décor as identified in Schedule 6, Para 1© i.e Wall plaster damage, nail holes and loose wires, as requiring attention have been addressed and are completed.
- All shelves that were identified as a risk potential have been removed.
- Equipment that had evidence of rust/ unclean have been treated and cleaned.
- Flooring seals and surfaces have been repaired and treated.
- A weekly maintenance programme and a monthly painting schedule is established and in operation in the centre.

Proposed Timescale: 25/05/2015

