



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

Issued by the Chief Inspector

Name of designated centre:	Eyrefield Manor Nursing Home
Name of provider:	Norwood Nursing Home Limited
Address of centre:	Church Lane, Greystones, Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 August 2024
Centre ID:	OSV-0000036
Fieldwork ID:	MON-0043562

About the designated centre

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

Eyrefield Manor is a two-storey purpose-built centre situated on the outskirts of a busy town. The centre can accommodate 53 residents, both male and female, for long-term and short-term stays. Care can be provided primarily for adults over the age of 55 years. The centre caters for residents of all dependencies, low, medium, high and maximum, and 24 hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident's needs. According to their statement of purpose, the centre provides a safe physical and emotional environment for all residents and staff and is committed to maintaining and enhancing the quality of life of the residents. Residents' accommodation comprises 11 single rooms, 18 twin room and two triple rooms. All, with the exception of two single rooms, have full en-suite facilities. These two single rooms have en-suites with toilet and wash hand basin. Other bathroom facilities are located around the building. Access between floors is via stairs and a full sized lift. Adequate screening is available in the shared rooms. The centre has two dining rooms, one on each floor. The main kitchen is on the ground floor with a kitchenette on the first floor. Adequate communal space is provided with main sitting rooms on each floor along with smaller communal rooms and seating areas. Other facilities include an oratory, hair salon, laundry rooms, and a visitors' room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Monday 19 August 2024	17:30hrs to 20:00hrs	Catherine Furey	Lead
Tuesday 20 August 2024	08:00hrs to 15:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Eyrefield Manor Nursing Home is a well-established centre, where residents were supported to enjoy a good quality of life. It was evident that there was a very high level of satisfaction with the care and the services provided. The overall feedback from residents and family members was that the management and staff of the centre were kind and caring, and that residents' felt happy and lucky to live in the centre.

The inspector greeted the majority of the residents, and spoke in more detail with eight residents, to establish their experiences of living in the centre. On arrival on the first evening, a number of residents were observed to be up and were seated or mobilising around in the various communal areas or their rooms. Most residents had finished their evening meal. The inspector observed that residents were relaxed and comfortable. Care was seen to be delivered according to the residents' preferences, for example, one resident who wished to go to bed early was facilitated to do so and had the timing of their medications adjusted to fit in with their preferred schedule.

The centre is a two-storey, purpose built centre on the outskirts of Greystones, Co. Wicklow. The premises are warm and inviting, with a charming entrance hall leading to the communal and bedrooms areas. An internal courtyard provides light and fresh air into the corridors on each floor, and there are seating areas for residents to enjoy the views into the courtyard. The flooring in the communal areas consisted of attractive carpeting which was clean and well-maintained and was in keeping with the overall décor of the centre. There was a range of nice furniture and fittings throughout the sitting rooms on each floor. The corridor walls displayed residents engaging in various different activities and parties in the centre. There were smaller communal rooms which residents could access and use for meeting families in private or to relax themselves. These were elegantly decorated with stylish ornaments and furniture. The environment was exceptionally clean.

Residents' bedrooms were homely and many were nicely personalised. Residents were encouraged to bring in their personal furniture, pictures and memorabilia. Access to the garden areas was via key fobs which were conveniently located at each exit. The inspector observed residents using these independently, however staff assistance would be required should a resident's cognitive condition mean that they were unable to understand how to use the fob.

Over the two days of inspection, all residents were observed being cared for in an attentive manner, for example, staff ensured that residents wore their preferred clothing and jewellery, and were assisted to maintain good levels of personal hygiene and appearance. Communal rooms within the centre were well supervised at all times and residents were responded to promptly when they called for assistance

All of the residents who spoke to the inspector were highly complimentary of the service provided. Residents described staff using terms such as "brilliant, kind, and exceptional" with one resident saying "they go above and beyond, we have everything we need" The inspector observed positive and supportive resident and staff interactions throughout the day. Staff were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence where possible, for example when assisting residents with food and drinks. The atmosphere in the centre was unhurried and cheerful.

Residents were offered frequent drinks and snacks throughout the day and evening and staff were observed offering discreet assistance to residents where required. Mealtimes were seen to be a very social occasion. The tables in the main dining room on the ground floor were laid with linens and tableware, with floral centrepieces. There was a display of china in an antique-style dresser and residents said they loved receiving their tea in these cups and saucers. Residents were very complimentary of the food offered, with one resident stating "the food is beautiful, we can have anything we want" A menu stand described the daily options for starter, main course and dessert and there were pictures of the food displayed on each table to assist residents who may have difficulty in reading the menu in making their choices.

Residents said that the activities in the centre were good, and that they enjoyed the variety on offer. One resident said she never felt forced to attend. The inspector saw many lively and quieter activities taking place. Information on the day's events and activities was displayed in the centre. There are staff members dedicated to the role of activity coordinator and the activity schedule is provided seven days a week. During the day, a lively session of chair exercise took place, facilitated by a physiotherapist. Residents actively participated and were encouraged to do so by staff. Residents told the inspector that they were looking forward to the annual "Ladies Day at the Races" which was occurring the next day. Residents showed the inspector the hats that they had been making over the previous weeks, assisted by the activity staff. The corridor walls displayed residents engaging in various different activities and parties in the centre.

Visitors were very complimentary about the staff and care given to their loved ones in the centre. They described how staff always kept in contact and communicated any changes or concerns quickly. One visitor said they trusted the management and staff completely and that they never felt concerned as they knew their loved one was safe.

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

Capacity and capability

There were effective management systems in place in this centre, ensuring the delivery of high quality care to the residents. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services. The provider ensured that the centre was adequately resourced and the majority of improvements required from the previous inspection in January 2023 had been addressed and completed.

The centre is operated by Norwood Nursing Home Limited, who are the registered provider. There are four company directors, two of whom are involved in the day-to-day running of the centre; one in the person in charge role and one in a general management role. There is a clearly defined overarching management structure in place. The person in charge is supported in her role by a full-time assistant director of nursing and a team of nurses and healthcare assistants. The centre also has dedicated activities, catering and domestic teams. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge was supportive of their individual roles and had a visible presence within the centre daily.

This was an unannounced inspection conducted over two days, to monitor ongoing compliance with the regulations and standards. The centre had recently managed a small outbreak of COVID-19 with a coordinated and planned approach. Visiting had remained open during the outbreak, in line with the appropriate national guidelines. On the day of inspection, all restrictions including the use of personal protective equipment (PPE) had been lifted.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included an extensive schedule of both clinical and environmental audits. Quality improvement plans were developed following audits and improvements were seen to be actioned within specific timelines. For example, an audit of falls identified that staff supervision of the communal areas required review, and subsequently staff break times and allocations were adjusted to ensure adequate supervision was in place at all times. As a result there was a low level of falls occurring in the centre. Various staff members were involved in different committees such as the restraint committee and quality and safety committee. This provided additional development opportunities for staff while also enhancing the quality of the service provided to the residents.

Records viewed by the inspector confirmed that there was a high level of training provided in the centre. Training courses were a mixture of online and in-person through an external training company. All staff had received up-to-date training specific to their roles. Registered nurses completed annual medication management training and had undertaken additional training such as venepuncture and palliative care. A review of a sample of staff files showed that the provider had a robust induction process in place for new staff. Regular staff performance appraisals were conducted by the person in charge and staff confirmed that they were encouraged to identify their individual training and development needs.

Overall, there was a very low level of documented complaints. There were no open complaints at the time of the inspection. A review of the complaints log showed that

complaints were investigated and well managed in line with the centre's own policy and procedures.

Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The inspector observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a high level of training provided in the centre. Training such as safeguarding of vulnerable adults, moving and handling, and fire safety was completed by all staff. Training in dementia care and responsive behaviours was planned for a small number of new staff. Staff were supported to complete a range of additional training such as end-of-life care and nutrition.

Staff were supervised in their roles daily by the person in charge and the assistant director of nursing. The provider had good procedures in place for the recruitment and retention of suitable staff. The centre's induction programme for new staff was thorough and included frequent reviews with the person in charge.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector and were seen to be well maintained. A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. An Garda Síochána (police) vetting disclosures were in place.

Judgment: Compliant

Regulation 22: Insurance

Confirmation of up-to-date insurance, to cover injury to residents or loss and damage of residents' property was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. All staff that the inspector spoke with were knowledgeable about their roles and responsibilities.

There was a comprehensive audit schedule in place which included audits of falls, wounds and care plans. Audit outcomes and plans for improvement were discussed at regular staff and management meetings, ensuring that areas for improvement were shared and followed up on in a timely manner.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2023. This included targeted improvement plans for a variety of areas based on the outcomes of audits and reviews conducted during the year. The annual review was made available to residents in the centre

Judgment: Compliant

Regulation 30: Volunteers

The management team were clear on the regulatory requirements for volunteers and provided clear support and supervision to volunteers. Volunteers had a file maintained in the centre which outlined their roles and responsibilities, and contained their Garda vetting disclosure.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information and contained all of the information required by the regulation. Details on display included the name of the nominated complaints officer in the centre, the investigation procedure, the appeals process and contact details of Advocacy services and the Ombudsman.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to pursue fulfilling lives. Residents were provided with choices and their human rights were actively promoted. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services and plentiful opportunities for social engagement and development. Some improvements were required in the premises and in infection control procedures.

Based on a review of a random sample of care plans, the inspector found that care plans were person-centred and based on the individual assessment of each resident's clinical and social needs. Residents appeared to be very well cared for and residents gave positive feedback regarding life in the centre. The inspector found that residents were consulted about how the centre was run and were enabled to make choices about their day-to-day lives. There was good arrangements in place for consultation with relatives and families. There was evidence that regular communication was taking place with families.

The design of the premises was homely and welcoming and an ongoing schedule of regular maintenance was in place. The actions required from the previous inspection had mostly been addressed by the provider. For example, storage of residents' equipment was much improved and all storage areas were observed to be dedicated for specific equipment and kept clean and tidy. There had been ongoing improvements with the decor, particularly in the communal areas which provided a bright and homely appearance. Plenty of communal space was provided in a number of different areas allowing for residents' individual choice.

Two triple-occupancy rooms continued to require further review to ensure that residents had sufficient floor space to accommodate their personal items. While some efforts had been made to improve the layout of these rooms, they did not fully meet the configuration arrangements outlined in the regulations.

Cleaning staff were knowledgeable about appropriate cleaning and decontamination procedures and were provided with suitable equipment to ensure the centre was cleaned to a high level. An up-to-date outbreak contingency plan was in place, and this had been communicated to staff to ensure prompt action should an outbreak be declared. Good procedures were seen in relation to staff practices such as hand

hygiene. Audits of staff practices and the environment were completed regularly and showed good levels of compliance. Some of the inspector's findings, which had the potential to impact upon the spread of infection, were not captured in the infection control audits. These are detailed under Regulation 27: Infection control.

In relation to fire safety, the registered provider had made good progress to complete the actions required following the previous inspection. For example, fire drills were occurring more regularly and all areas of the centre, including the outdoor garden room, were now linked to the fire alarm panel. Staff had good knowledge of fire safety procedures in the centre and were clear on what action to take in the event of the fire alarm being activated.

There was a varied programme of activities in the centre, which took place over seven days. There were activities on offer on both floors of the centre each day. These included well-loved favourites such as Bingo, baking and art. Some residents enjoyed visiting their family and friends outside of the centre and this was supported by management who engaged with residents and families to realise these wishes in a safe and supportive way.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate effectively, for example by using communication boards and books.

Judgment: Compliant

Regulation 17: Premises

The two triple-occupancy rooms in the centre were found not to comply with the regulation as follows;

- while the total available floor space area of the rooms met the requirements of a minimum of 7.4m² per resident, the layout for each resident did not adequately include the space occupied by a bed, a chair, and personal storage space of that room
- the privacy curtains tightly enclosed the bedspaces which meant that residents did not have the necessary privacy to conduct personal activities in private

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the discharge documentation for two residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the good practices seen during the inspection, some issues were identified, which were not in line with the national standards for infection prevention and control;

- the management of clinical waste required review. The holding container for clinical waste stored outside was not locked, and this was also in close proximity to other storage and the clean washing line. This is not in line with best practice guidance which states that these containers should be segregated and stored in a secure covered area, with access limited to staff and the general public whilst awaiting collection
- there was no documented risk assessment, or procedure, in place to mitigate the risk of *Legionella* bacteria by flushing of water outlets
- Improvements were required in the management of equipment hygiene. For example, nebuliser chambers were not cleaned and stored after each use. This presents a risk to residents as medication is delivered directly to the lungs and could, if contaminated, be a source of infection. Additionally, a suction machine was prepared and ready to use however, the attached equipment was unclean and had passed their expiry date.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Annual fire training was completed by staff and regular fire drills were undertaken including the simulation of a full compartment evacuation with minimal staffing levels which provided assurances regarding suitable evacuation times.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' documentation was reviewed by the inspector. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that when restraint such as bedrails were used, an assessment was completed to ensure it was used for the minimal time only. Regular checks were in place for the duration of restraint use. Consent was obtained and documented for each restraint. A restrictive practice committee had been set up with the aim of promoting a restraint-free environment in the centre. The committee analysed the monthly use of equipment such as full and modified bed rails, sensor mats and low profile beds.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents meetings which the inspector reviewed. Overall, residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one to one activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Eyrefield Manor Nursing Home OSV-0000036

Inspection ID: MON-0043562

Date of inspection: 20/08/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - A further re-configuration to the layout of the two triple-occupancy rooms is planned to provide the necessary space for each resident. This re-configuration will also provide necessary privacy for each resident. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - The holding container for clinical waste has been relocated and is now stored in a secure covered area. This covered area is locked at all times. - There is now a procedure in place to mitigate the risk of Legionella bacteria. The regular flushing of water outlets is now fully documented. - A checklist for the cleaning of nebulisers and suction machines is now completed after each use. This includes checking attachments for expiry dates and replacing where necessary. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2024
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.	Substantially Compliant	Yellow	21/10/2024