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:	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:	26 May 2026
Centre ID:	OSV-0000036
Fieldwork ID:	MON-0050163

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

How we inspect

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
Tuesday 26 May 2026	08:15hrs to 16:30hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

Overall, residents' rights in Eyrefield Manor Nursing Home were upheld by staff, and residents were supported to make choices about their care and daily routines. Residents spoken with told the inspector that they were happy and content living in the centre, with comments such as "all the staff are very nice and very helpful", and "the staff are lovely". From the observations of this inspection day, it was evident that staff had a caring rapport with residents and that there was a friendly atmosphere throughout the centre, between residents, staff and visitors.

This was an unannounced inspection carried out by one inspector over one day. Following an introductory meeting with the person in charge, the inspector spent time walking through the centre. There was a quiet and calm atmosphere throughout the inspection day. The centre provides accommodation for a maximum of 53 residents, and is laid out across two floors with access by stairs and a lift. Residents had access to a number of communal day spaces on both the ground and first floor such as three sitting rooms, a prayer room, two day rooms, two dining rooms and a visitor's room. The centre was nicely decorated with artwork and other items of interest on display such as flowers. The inspector found that all communal areas did not have access to a call-bell should a resident require to call for assistance. This was raised with management on the day who committed to addressing this.

There was also access to a secure garden, and a courtyard in the centre. These areas were observed to be well-maintained with safe and comfortable seating available, and beautiful planting in flower pots and flower beds. Residents were seen to use the outdoor spaces during the inspection, and had been provided with sunhats, sunscreen and plenty of fluids to enjoy the sunny day. There were also areas of shade provided through the use of parasols, for residents who preferred to keep out of the sun.

Residents' bedrooms were located on both floors and were in 11 single, 18 twin bedrooms and two triple-bedded rooms. Most bedrooms had en-suite facilities, however, two of the single rooms did not have access to a shower. There were assisted bathrooms available which had a bath and shower. The inspector viewed some bedrooms and saw that rooms were personalised with personal items such as family pictures, ornaments and some residents had furniture from home. Residents said they were happy with their bedroom accommodation.

There were notice boards available for residents which provided information on the complaints procedure, advocacy services and detailed the activity schedule. The inspector saw activities took place seven days a week and that residents had access to a variety of activities, such as sensory toys, art, and an exercise class. On the day of the inspection, an external musician played live music in the garden. Many

residents were complimentary on the availability of activities, including access to daily newspapers.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had the opportunity to receive Holy Communion on the day of the inspection, and an oratory was available to residents for prayers or quiet reflection.

Residents were observed to be receiving visitors with no restrictions throughout the day, and it was evident that visitors were welcome, and a large part of resident's day. One visitor was seen to enjoy the lunch-time service with their loved one. The inspector spoke with three visitors in detail. They were unanimously complimentary of the care their family member received in the centre, with comments such as "it is a 10 out of 10 service", "everyone is so attentive and careful", and "we feel so lucky to have our mother in this centre". Another visitor acknowledged the great lengths that management took to ensure that a resident was available to attend a family gathering, by personally facilitating transport for the resident, and how much this act of kindness meant to the resident. The inspector saw the beautiful framed family photo of this event in the resident's bedroom.

The majority of the residents were full of praise for the staff working there, especially their kindness and attention to their needs. One resident said "I have nothing to complain about". Residents told the inspector they felt safe living in the centre. Some of the residents living in the centre, had a diagnosis of a cognitive impairment and could not converse with the inspector. However, observations were that residents were very content in the presence of staff.

There were resident meetings every three months, to discuss key issues relating to the service provided. The inspector reviewed a sample of these records, and could see that residents expressed satisfaction with the service and where areas for improvement were highlighted these were responded to.

Dining tables were set up with linen tablecloths, crockery and condiments. The written menu for the day was displayed on tables within each dining area. The inspector observed the lunch-time service, and there was a choice of soup or melon to start, beef stew or hake for the main-course, and lemon cheesecake or fresh berries with ice-cream for dessert. The atmosphere during this service was unhurried and sociable with residents chatting with each other and also with staff. A choice of drinks was available throughout this meal, and the inspector saw that refreshments were served throughout the day also. Feedback received from residents was that overall they enjoyed the meals on offer.

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

Capacity and capability

This was a well-managed centre where residents were receiving a good standard of person-centred, safe care. Notwithstanding the positive findings, there were some gaps identified in the management of records and contracts of care.

The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the compliance plan received from the previous inspection held in June 2025, reviewed information received by the Office of the Chief Inspector since then, and to inform the upcoming renewal of registration for the designated centre.

Norwood Nursing Home Limited is the registered provider for Eyrefield Manor Nursing Home. There were four company directors with three actively involved in the operation of the designated centre. The inspector met with one of these directors during the inspection.

The person in charge was supported in their role by a team of nurses, healthcare assistants, activity coordinators, housekeeping, catering, maintenance and a physiotherapist. The inspector observed there were sufficient numbers of staff available to meet the needs of the residents on the day of the inspection.

Most records set out in Schedules 2, 3 and 4 of the regulations were safely stored in the designated centre and were available on the inspection day. The inspector reviewed a sample of staff files and the records of current registration for all staff nurses working within the centre. However, the staff rosters were not fully-maintained in line with the requirements of Schedule 4, and will be discussed further under Regulation 21: Records.

The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The centre was clean, and furnished to a good standard. There were no staffing vacancies during the inspection, and the staff turnover was low. There was also a range of management systems in place to monitor and trend the quality of care delivered to the residents such as through meetings and audits. The inspector saw that where improvements were identified, action plans were put in place.

The inspector reviewed a sample of four contracts of care between the resident and the registered provider. The contracts detailed, the room number, type of accommodation the resident would occupy and any fees or additional fees relating to the resident’s admission to the centre. However, action was required to ensure that residents' contracts were aligned with regulatory requirements and upheld residents’ rights. This is further discussed under Regulation 24: Contract for provision of services.

Registration Regulation 4: Application for registration or renewal of registration

An application for registration renewal was submitted to the Chief Inspector of Social Services within the required time-frame and was in review at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters, the observations of the inspector and feedback from residents, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined in the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of four staff records were reviewed, and found to contain the information required under Schedule 2 of the regulations. For example, there was evidence of references and vetting from An Garda Siochana.

While there was evidence that there was adequate governance and management resources ensuring oversight within the centre, staff rosters did not record the hours worked for all members of management as per the requirements of Schedule 4 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the inspector found that the registered provider had a clearly defined management structure and established management systems in place to monitor the quality and safety of the service provided to residents. There was evidence of regular auditing and meetings occurring to trend and have oversight of key data relevant to the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Fees were clearly outlined for services provided. However, in four out of four contracts reviewed, the inspector found that residents were being charged for a weekly fee to access the general practitioner (GP) services. However, residents may be entitled to these services free of charge through the general medical services (GMS) scheme or through any other entitlements.

Judgment: Substantially compliant

Quality and safety

The residents of Eyrefield Manor Nursing Home were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Staff were seen to treat residents with respect and kindness throughout the inspection and there was evidence that residents were consulted in relation to the running of the designated centre. Residents provided high praise on the service they received.

The inspector reviewed a sample of residents' records which were paper-based. Assessments were completed using a range of validated tools. Care plans were reviewed every four months and many viewed by the inspector were personalised and sufficiently detailed to direct care. However, in a small number reviewed, there were some discrepancies noted between the care plans and the assessed needs of the individual residents.

The centre had a small number of residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents who displayed responsive behaviours appeared to be managed in a way

that kept residents safe, while also having a minimal impact on the person exhibiting these behaviours.

The provider had a safeguarding policy in place that was updated as required. Residents were supported in accessing and retaining control over their personal property and possessions. The provider did not act as a pension agent, but did hold quantities of residents' money in safekeeping onsite. The inspector reviewed a sample of records and found there were safe systems in place for the management of personal monies.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-maintained, homely and warm. There was access to outdoor areas which many residents and their visitors were seen to enjoy on the day of the inspection. Residents' bedroom accommodation was clean and individually personalised. However, as discussed earlier within this report, some areas did not fully align with the requirements of Regulation 17: Premises.

Regulation 17: Premises

The premises did not conform to all matters set out in schedule 6 of the Regulations. For example, emergency call-bell facilities were not available in every room used by residents, including the garden rooms and first floor visitor's room, dining room and hairdressing room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed a small number required updating to ensure they reflected the specific needs of the resident. For example:

- There was no safeguarding care plan in place for a resident who had need assessed as requiring safeguarding interventions.
- A restraint care plan outlined the resident had bed rails and a sensor alarm at night, however the assessment outlined the sensor alarm was removed in September 2025.
- A restraint assessment outlined a resident had a low-entry bed and sensor alarm, however the restraint care plan only referred to the use of a sensor alarm.
- Two responsive behaviour care plans did not identify the triggers which caused the behaviours. As a result, there was a risk that staff would have sufficient information to recognise and avoid known triggers.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff had up-to-date training in responsive behaviours to ensure they were knowledgeable in their roles and responsibilities in the management of behaviours.

There was a restrictive practice register in place in the centre. There was evidence that where a restrictive practice was deemed appropriate, the rationale was based on multi-disciplinary input, including by the general practitioner and physiotherapist.

Judgment: Compliant

Regulation 8: Protection

There was evidence that there were measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Residents reported that they felt safe living in the centre.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Eyrefield Manor Nursing Home OSV-0000036

Inspection ID: MON-0050163

Date of inspection: 26/05/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The hours worked by all members of management are now recorded on the staff roster.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The weekly fee imposed by one GP practice last year to attend their residents in the nursing home has now been removed from our schedule of fees.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Additional call bells will be installed in the following areas; the garden room, first floor visitor's room, dining room and hair salon.	

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
There is now a comprehensive safeguarding plan in place for this resident. The restraint care plans have now been updated to accurately reflect the restraint assessment for these two residents. The known triggers are now identified clearly in the behaviour that challenges care plans.

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	31/07/2026
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	26/06/2026
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service	Substantially Compliant	Yellow	26/06/2026

	of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	26/06/2026