



**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:	Greystones Nursing Home
Name of provider:	Greystones Nursing Home Limited
Address of centre:	Church Road, Greystones, Wicklow
Type of inspection:	Unannounced
Date of inspection:	23 January 2025
Centre ID:	OSV-0000045
Fieldwork ID:	MON-0045769

About the designated centre

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

The centre is based in a town and is close to shops, and local public transport networks. The designated centre is registered to care for 58 residents, both male and female over the age of 18 years of age. It provides a service to residents with a wide range of needs including palliative care, dementia care, acquired brain injury and physical disability. The provider offers long-term and short-term accommodation, respite and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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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
Thursday 23 January 2025	08:00hrs to 16:00hrs	Aislinn Kenny	Lead
Thursday 23 January 2025	08:00hrs to 16:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

From what residents told us and what inspectors observed, residents living in Greystones Nursing Home had a good quality of life. Overall, residents spoke positively about their experience of living in Greystones Nursing Home. There was a friendly atmosphere in the centre and residents spoken with told the inspectors that they were happy living there.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspectors observed that many residents were up and dressed participating in the routines of daily living. Residents appeared well groomed and had their hair and clothing done in accordance with their preference. Staff were observed attending to some residents' requests for assistance in a kind and patient manner.

Greystones Nursing Home is registered to care for 58 residents. There were 50 residents present in the centre on the day of the inspection and two residents were temporarily absent. The centre is divided into two areas, the main house and the Sea Patrick wing. The main house contained the reception area for the centre along with a large dining area, living room and activities room. The Sea Patrick wing contained a sitting room, dining room, a quiet room and a hairdressing room. Inspectors observed most residents had chosen to spend time in the communal rooms and reception area of the main house on the day of the inspection. The quiet room in Sea Patrick had been refurbished since the previous inspection to compartmentalise it from the dining area in Sea Patrick due to the fire safety concerns identified on previous inspections. Inspectors saw that various maintenance work had been carried out throughout the centre. Flooring had been replaced in both the main house and Sea Patrick, painting had taken place throughout the home and inspectors observed that vacant bedrooms on the first floor of the main house were being refurbished and painted on the day of the inspection. Inspectors observed an unsecured area on the top of the stairs in the main house which provided access across the top of the stairwell. This was responded to immediately and the area was secured.

Residents who spoke with the inspectors were happy with their bedrooms and said they had enough storage available for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel. Residents had the choice to have their personal clothes laundered in the centre, and there was a system in place to ensure that residents' clothes were returned to their personal wardrobes.

Alcohol-based hand-rub was available in wall mounted dispensers along corridors. Clinical hand wash sinks with the recommended specifications for clinical hand wash basins were available on each floor. Inspectors observed residents' care needs were timely met with call bells responded to promptly. Inspectors observed a storage room on the lower ground floor where laundry equipment and cleaning equipment

was being stored, this area could not be effectively cleaned as the room had exposed concrete and steel beams.

The residents' dining room in the main house provided views of the local landscape. It was nicely decorated with flowers on each table and menus displayed for residents. Inspectors observed residents dining here at lunchtime. The atmosphere was calm and relaxed with most residents choosing to eat here, other residents were observed dining in their bedrooms or in the reception lobby. The meals were well presented and looked wholesome and nutritious.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs and there were various activities taking place throughout the day. Residents were observed to have visitors during the inspection, and visitors who spoke with the inspectors confirmed there was no restrictions on visits.

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 designated centre and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

This unannounced inspection was conducted following receipt of a representation from the registered provider to a notice of proposed decision to stop admissions to the designated centre until such time that all requisite works in respect of fire safety, premises and infection control were completed to support a safe environment for the residents living in the centre.

Overall, this inspection found significant improvement in the facilities, premises, systems and service provided in this centre. The provider had effectively addressed the fire safety issues that were identified in the previous inspections and as per requirements outlined in the Condition 4 of the registration. It was evident there were ongoing improvements being made with regards to the maintenance of the premises and the refurbishment of residents' bedrooms.

Actions on the compliance plan from the previous inspection in November 2024 had been completed within the time frame given by the provider. Improvement had been noted in Regulations 27: Infection Prevention Control, 28: Fire Precautions, 23: Governance and Management and 17: Premises. Notwithstanding this, some further action was required in respect of Regulation 17: Premises and Regulation 28: Fire precautions as outlined further in the report. Improvements were also required to ensure compliance with Regulation 4: Policies and Procedures.

The registered provider is Greystones Nursing Home Ltd. This company is part of the Evergreen Care group. A senior management team was in place to provide managerial support at group level and the operations manager supported the person in charge. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by a deputy person in charge, a team of nurses, healthcare assistants, activity staff, housekeeping, catering, administration staff and maintenance staff.

Inspectors reviewed the training matrix and found that staff had access to and had completed up-to-date training on fire safety, manual handling and infection control. Where gaps were noted there was a plan in place to address this with upcoming training scheduled. Staff had completed online training in areas such as safeguarding and dementia care. Inspectors were informed face-to-face trainings in these areas were planned also.

The inspectors reviewed the information submitted by the provider in their representation outlining the improvements made in the centre to ensure that residents were protected from the risk of fire. There were clear auditing procedures in place to ensure that fire safety checks, fire systems servicing and staff training in fire safety procedures were being monitored. Improvements had been implemented by management to ensure that outstanding fire safety items required for the upgrade works were completed. This included upgrade of the fire detection and alarm system, escape routes, and works to ensure compartmentation was effective in the centre. However, inspectors noted that the upgraded escape route and stairwell to the rear of the centre, had not been fitted with any emergency lighting. The registered provider committed to carrying this out immediately and confirmation of same was received after the inspection. Fire safety and the premises are discussed in further detail in the Quality and Safety section under Regulation 28: Fire Precautions and Regulation 17: Premises.

There were policies and procedures available to guide and support staff in the safe delivery of care however, some gaps in the implementation of local policies were identified as further discussed under Regulation 4: Policies and Procedures.

The centre had an up-to-date complaints policy in place and on display in the centre. Inspectors reviewed a sample of complaints provided on the day of inspection and found that they were responded to appropriately by the person in charge.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the levels and skill-mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safeguarding, fire training, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were improvements noted to the management systems within the centre to ensure that the service provided is safe, appropriate consistent and effectively managed. Further improvements were required including:

- Fire safety audits were being completed regularly to review means of escape. However, on the day of inspection, a large container was placed on the external means of escape from the ground floor which partially obstructed the escape route. Some building materials were also placed outside the exit doors which could impede evacuees in the event of a fire. These items were not identified in the means of escape audits.
- Storage of flammable and combustible materials without fire safe separation continued in some storage spaces. This was contrary to the policy at the centre which advocated for flammable items to be stored separately in fire safe cabinets.
- Further oversight was required to ensure the provider's own policies and procedures were implemented in all areas of service.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of residents contracts were reviewed and met the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were gaps in the implementation of local policy in practice. The provider was not following its own management of residents' accounts procedures. A review of documents relating to this found that there were funds remaining in the residents' account for past residents up to four years after their deaths. This was not in line with the registered provider's own policy as per information received following the inspection.

Judgment: Substantially compliant

Quality and safety

The inspectors found that overall residents were supported and encouraged to have a good quality of life in the centre. The provider had made significant improvements to address the fire safety issues and maintenance requirements identified in the previous inspections. This inspection found that some further improvements were still required under Regulation 28: Fire Precautions and Regulation 17: Premises.

It was observed that through ongoing comprehensive assessment resident's health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) and medical cover was available daily, including out of hours. A range of allied health professionals were accessible to residents as required and in accordance with their assessed needs; for example, physiotherapist, speech and language therapist, dietitian and chiropodist.

The centre had arrangements in place to protect residents from abuse. The registered provider had a policy in place to guide staff in their practices. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. However, a resident who had been involved in a safeguarding incident that required notification to the Chief Inspector did not have a corresponding safeguarding care plan in place.

The premises had been upgraded and improved however, one twin bedroom which did not have access to an en-suite bathroom did not have a sink for personal use. While there was a shared bathroom adjacent to the bedroom, this was not for the exclusive use of the residents within the twin room. Renovations were ongoing in the centre, however, inspectors found there were upgraded areas that required further improvements. An upgraded storage space on the lower ground floor did not have appropriate finishes to the walls or floors. Storage arrangements and practices in the centre also required further review to ensure they were adequately used. Further work was also due to take place in the garden and front driveway. This is discussed under Regulation 17: Premises.

The centre was generally clean and there had been improvements made in the area of infection prevention and control (IPC) since the previous inspection. New clinical handwash sinks had been installed, there was evidence of good oversight of staff practices from the person in charge and the deputy person in charge had recently completed the IPC link person training which provided further support and management of IPC practices within the centre.

Fire safety concerns had been addressed by the registered provider and a suite of fire safety works had taken place to come into compliance with the regulation however, further areas for improvement were also identified on this inspection. Flammable items were found to be stored alongside combustible items in a storage room on the lower ground floor. Further assurance was required on the provision of emergency lighting in all areas, and such assurances were received after the inspection. In addition, there were further improvements required to ensure fire containment measures were adequate, and an upgrade of the information provided on floor plans to assist evacuees to safety and effectively evacuate in a timely

manner was required. Extensive fire drills were being conducted, with a detailed account of the drills recorded to ensure quality improvements. Fire safety is further discussed under Regulation 28: Fire Precautions.

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further improvements were required of the registered provider to ensure that, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Storage space required review as a store room on the lower ground floor had recently been refurbished, however, it did not have appropriate wall and floor finishes. This would impact on the ability of staff to keep the area clean and free from dust.
- Personal care items such as razors were being stored in an open cupboard on the corridor which could have been freely accessed by residents. These items were removed from the cupboard on the day of the inspection.
- Safe floor covering was in place in most places however, there was damage observed to some flooring on the Sea Patrick wing.
- One twin bedroom did not have a wash hand basin in place for residents' use.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, significant improvements had been made to fire safety at the centre since the previous inspections. Further improvements were required to ensure full compliance with regulations for example:

Improvement was required by the registered provider to take adequate precautions against the risk of fire, and to provide suitable fire fighting equipment for example:

- A fire extinguisher in the Sea Patrick day space was expired. Written assurance was provided by the provider after the inspection that this was replaced.
- There was a gas pipe connection to the dryer in the laundry area which was loose as the bracket had come off the wall. The large dryers used gas as a fuel, and an unsecured gas pipe can result in a leak which would result in a fire.

A further review of the means of escape and emergency lighting was required by the registered provider for example:

- Emergency lighting was ineffective in some areas :
 - o There was no emergency lighting fitted in an evacuation stairwell from the main entrance area. This stairwell also served as an evacuation route from the first floor.
 - o There was no emergency lighting fitted within the newly refurbished quiet room.
 - o There was an inconsistency in the emergency lighting directional signage within the dining room. One exit sign was located above a unused doorway
- The floor plans displayed on the walls of the centre to assist evacuees in the event of a fire required improvement. There was no indication of the primary or secondary exit routes from the readers location, nor was there reference to compartment lines to indicate a place of relative safety during progressive horizontal evacuation which was the preferred method of evacuation at the centre.

Improvement was required by the registered provider to make adequate arrangements for containing fires. For example:

- Two doors were not fitted with door closers, both were at the kitchen. As the kitchen was a place of heightened fire risk, door closers would be vital to ensuring the containment of fire, smoke and fumes in the event of a fire to provide protection to the escape routes.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and social care professionals. Referrals were made to professionals such as General Practitioners (GPs), palliative care, psychiatry, speech and language (SALT), dietitians, and tissue viability nursing (TVN).

Judgment: Compliant

Regulation 8: Protection

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns.

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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Greystones Nursing Home OSV-0000045

Inspection ID: MON-0045769

Date of inspection: 23/01/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The large container which was situated externally between MH and SP has been removed.</p> <p>All building materials have been removed from this area and the fire evacuation route is unhindered.</p> <p>We have ensured separation of the combustible & flammable materials in the storeroom, therefore removing the fire risk of storage as per our own policy.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A full review of the accounts procedures for Greystones Nursing Home has been undertaken. In total there were four accounts where refunds were due. Two of these accounts we had been unable to contact the NOK/estate to refund monies to. The other two accounts were still within our policy timeline and contact had been made to refund the monies.</p> <p>Since the inspection, contact has been made with two older accounts and refunds are in process. At all times, we endeavor to be sensitive to the sometimes-complicated communications with families of those Residents who have passed away.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The storeroom on the lower ground floor will be fully rendered, painted and sealed to ensure that all areas can be cleaned appropriately. Storage of house stock personal care items have been reviewed, and all cupboards are fitted with safety locks, toolbox talks are being held to ensure staff compliance with the proper storage arrangement. As per our compliance plan for November 2024, we have committed to repairing/replacing a number of age damaged floors by 31.03.25 in both SP and MH. We have booked our contractor for this. A handwash sink will be installed in the bedroom in MH by 31.03.25 We have booked our contractor and works are due to commence on the enclosed garden by the week beginning 17.03.25 to redesign this space to ensure accessibility for all Residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The following works have been completed and confirmation has been given to the inspectors:</p> <ol style="list-style-type: none"> 1. All fire extinguishers have been inspected since the inspection and the extinguisher identified on the date has been expired has been replaced. 2. The gas pipe connection to the dryer in the laundry area has been secured. 3. Emergency lighting has been fitted to the evacuation stairwell from the main reception area in the MH. 4. The redundant "running man" directional signage has been removed from the dining room. 5. The door closers on the doors adjacent to the kitchen have been fitted. <p>Our fire evacuation guide/floor plans which are to be on display on the walls have been upgraded and will be fitted no later than the week beginning 31.03.25. These will include compartment lines to indicate areas of safety for use during horizontal evacuation.</p> <p>The following will be completed no later than 31.05.25</p> <ul style="list-style-type: none"> • Emergency lighting in our newly refurbished "quiet room" 	

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	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/03/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	28/02/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/02/2025
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	28/02/2025