



**Health
Information
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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:	25 June 2025
Centre ID:	OSV-0000036
Fieldwork ID:	MON-0047508

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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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
Wednesday 25 June 2025	08:30hrs to 17:00hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

This inspection took place in Eyrefield Manor Nursing Home, Greystones, Co. Wicklow. The inspector spoke with a number of residents and spent time observing residents' routines and care practices in the centre in order to gain insight into the lived experience of those living there. From the inspector's observations and from what the residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. The overall feedback from the residents was that the centre was a lovely place to live with friendly and helpful staff. This was echoed by a number of visitors who also spoke with the inspector throughout the inspection.

On the day of inspection, the inspector was met by the assistant director of nursing (ADON), who was also a member of the registered provider entity. After a brief introductory meeting, the ADON escorted the inspector on a tour of the premises. Many residents were up and dressed participating in the routines of daily living. The inspector observed staff attending to residents' needs and requests.

The living area of the centre is spread over two floors. While touring the premises, the inspector observed that all the floors were clean and well maintained. Residents' bedrooms were observed to be spacious and laid out to meet the needs of the residents living in them. Many residents had brought in personal items from home, including photos and soft furnishings to make the rooms more homely and personal.

Photo frames hanging on the hallway walls displayed photos of residents participating in activities, day trips and special events such as Christmas parties, Halloween and an annual ladies day event in the centre. There was a hand painted memory tree on a corridor wall on the first floor that remembered recently deceased residents of the centre. Activity notice boards throughout the centre clearly showed the planned activities for the day and week ahead and included pictures of the activities to communicate with residents who may have a communication difficulty. Information on advocacy services were also displayed on these boards.

Residents had access to a choice of communal spaces throughout the centre. There was a tastefully decorated oratory located to the front of the centre. There was a lovely stained glass window and an altar where services could be led by local clergy people. The oratory could be opened up to the large adjoining sitting room by a double door, where the altar could be moved to, to facilitate larger gatherings at religious services, if required.

There was a sitting room located on each floor, where activities were seen to take place throughout the day including live music and bingo. Residents were seen to positively engage in these activities. Activities in the centre were overseen, daily, by three activity staff, with one activity staff member on each floor and another to oversee and organise the activity schedules for the days and weeks ahead.

There was also a choice of smaller quieter rooms available to residents. These rooms could be used by residents who preferred to sit in quieter areas or who chose not to participate in activities and could also be used to receive visitors in. On the first floor a room known as the "Swan Room" displayed a large taxidermied swan as the main feature of that room. All communal rooms were observed to be beautifully decorated and throughout the centre the decor reflected a relaxing, homely environment.

Residents had unrestricted access to two enclosed outdoor spaces. One was a small courtyard area, with nice planting and seating. The other was a larger outdoor area that included raised vegetable patches, where residents had recently planted vegetables, and a sensory garden that had plants for touch, smell and taste. A large garden room was also located in this larger outdoor area and was mainly used for birthday celebrations for residents in the centre.

There was a large dining room located on the ground floor and a smaller dining room located on the first floor. The dining rooms were seen to be neatly laid with white table clothes, china delph and wine glasses. There were picture menus to display the choice of meals on the day on each table.

The inspector observed the dining experience at lunch time and saw that the meals provided were of a high quality and well presented. There were two options for the main meal at lunch time to include beef or salmon. Both options were served with a choice of vegetables and mashed potatoe. There was a choice of dessert which included jelly and ice-cream or fresh berries pavlova. The tea menu on that day had an option of poached egg, sausage and beans or tuna and cheese salad. An assortment of tea cakes were also served at this time.

Assistance was provided by staff for residents who required additional support. These interactions were observed to be kind and respectful. The meal time was seen to be a social occasion where both staff and residents spent time talking to each other. Feedback from residents was positive. They reported to enjoy the meals and many residents said that there was always plenty on the plate.

The inspector spoke with eight residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. All residents spoken with said that the staff couldn't do enough for them and they were never left waiting for help. One resident said staff were just "fantastic", while another resident said they were so "respectful" and "caring". Many of the residents likened the centre to "a home away from home".

Many visitors were seen to come and go without restriction throughout the day of inspection. The inspector observed that each visitor had a tray with tea or coffee in front of them to share with the resident they were visiting. Four visitors who spoke with the inspector told them this happened every time they come to visit and was reflective of visiting their loved one's houses, where the kettle would be put on the minute you came through the door. Children who visited the centre were also observed to be given treats such as biscuits or ice-cream, with the permission of the accompanying adult. Visitors couldn't speak highly enough of the care their loved

ones received and how welcome they were made feel when they visited. One visitor said that they were all like one big family in the centre.

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

Overall the inspector found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support that respected and upheld residents' rights. The daily running of the centre was overseen by the person in charge. The services were delivered by a well-organised team of trained staff and a responsive registered provider entity.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is owned and operated by Norwood Nursing Home Limited who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was a registered nurse who was full time in post. The person in charge was supported by a named provider representative and an assistant director of nursing. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

There were appropriate deputising arrangements in place for the absence of the person in charge, who was currently on annual leave. The ADON, who was deputising, had the appropriate experience of not less than three years' experience of nursing older persons within the previous six years.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings attended by senior management in areas such as staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement. There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed or had plans for completion.

The registered provider had prepared a statement of purpose which contained all of the information set out in Schedule 1. Policies were in place, in accordance with Schedule 5, and were seen to be reviewed and updated. There was a health and safety statement and a risk management policy in place and it was in line with recent changes to the regulatory requirements.

Notifications of incidents were recorded and reported, as per the regulations. Two-day notifications and quarterly notifications were being appropriately reported and submitted within the regulation's time frame.

Regulation 14: Persons in charge

The person in charge was a registered nurse with experience in the care of older persons in a residential setting. They held a post-registration management qualification in healthcare services and worked full time in the centre.

There were appropriate deputising arrangements in place for any planned or unplanned absences of the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place with appropriate deputising arrangements for key management roles. The person in charge and wider management team were aware of their lines of authority and accountability. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2024 was reviewed and it met the regulatory requirements, including clear evidence of resident consultation in the process.

The registered provider had effective arrangements in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared, in writing, a statement of purpose relating to the designated centre and this document had been revised at intervals of not less than one year.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared, in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5. These policies were reviewed every three years or sooner if required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support that residents received living in Eyrefield Manor Nursing Home was of a good quality and ensured they were safe and well supported. Many staff had worked in the centre for several years and knew residents well. The inspector observed that the staff upheld residents' rights and treated residents with respect and kindness throughout the inspection.

Residents had appropriate storage in their bedrooms to store their personal belongings. Each resident had access to lockable storage in their bedrooms. Clothes were laundered on site and returned to the residents' wardrobe, neatly folded. The registered provider had a robust system in place to safely store finances and valuables for residents in a locked safe in the office, if they chose to do so.

Residents receiving end-of-life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as required and many staff had taken part in training to enhance the end-of-life care that they delivered. Residents' family and friends were facilitated to remain with residents at all times, in accordance with the resident's wishes.

The centre was clean and well maintained and the premises was suitable for the needs of the residents living there. The registered provider had addressed all issues with premises that were identified on the previous inspection, including the

reconfiguration of two triple rooms to ensure the needs of the residents in those rooms were met, while maintaining the privacy and dignity and rights of each resident.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centre's safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

The inspector found that residents had timely access to medical, health and social care professionals, including the provision of an on-site physiotherapist once a week, or more if required. However, the inspector found that not all assessed needs by a medical professional were always updated in a timely manner to the residents' individual assessment and care plan. This will be discussed further under Regulation 5; Individual Assessment and Care plan.

Regulation 12: Personal possessions

There was adequate storage in residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Laundry facilities were available on site, and residents' clothes were returned to them clean and fresh.

Judgment: Compliant

Regulation 13: End of life

Care plans for resident's receiving end-of-life care were appropriate and individualised. They clearly identified the personal beliefs and wishes of the resident. Family and friends who wished to stay with the resident, with their consent, were facilitated to do so. The centre had access to relevant medical services to provide comfort and support to the resident.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises was appropriate to the needs of the residents and was in accordance with the statement of purpose. The premises conformed to Schedule 6 of the regulations.

Judgment: Compliant

Regulation 26: Risk management

There was a risk register in place in the centre and a risk management policy which included the measures and actions in place for specified risks such as; abuse, aggression and violence and self-harm. The risk policy outlined the arrangements for the identification, recording and investigation of serious incident or adverse events involving residents. The policy included the processes for the implementation and recommendations arising from such incidents as well as a process for the audit, review and learning from events.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' dietary needs were met, but some documentation in relation to this required more frequent review and updating.

The inspector noted that some recent dietary changes for three residents, although evidently known by staff, were not reflected in the residents' personalised nutritional care plan. The care plan had not been updated following a comprehensive assessment by a member of the interdisciplinary team and therefore did not reflect all the recommendations made.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Staff spoken with, displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in safeguarding vulnerable adults at risk.

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 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Eyrefield Manor Nursing Home OSV-0000036

Inspection ID: MON-0047508

Date of inspection: 25/06/2025

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 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: All recommendations regarding dietary changes will be entered into residents' nutritional 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 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	26/06/2025