

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Eyrefield Manor Nursing Home
<b>Centre ID:</b>	OSV-0000036
<b>Centre address:</b>	Church Lane, Greystones, Wicklow.
<b>Telephone number:</b>	01 287 2877
<b>Email address:</b>	pat@eyrefieldmanornursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Norwood Nursing Home Limited
<b>Provider Nominee:</b>	Patrick Behan
<b>Lead inspector:</b>	Helen Lindsey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	53
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 13 November 2017 09:50 To: 13 November 2017 16:20

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

As part of the inspection, the inspectors met with residents and staff members. Inspectors also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

Inspectors found there were effective governance and management arrangements in place to ensure the quality of the service was maintained and residents' needs were met. The provider and person in charge were based in the centre and were supported by an effective team of nurses, healthcare assistants, activity therapists, and household staff. There was also a weekly visit from an occupational therapist and physiotherapist. Staff was seen to be provided at sufficient levels to meet residents' needs. A review of recruitment procedures showed the process was effective and all required documentation was in place including a Garda vetting report.

Residents were positive about the service they received confirming that they felt their needs were met by skilled staff in pleasant surroundings. Staff were observed to be supporting residents and communicating effectively to ensure they were engaged in activities and the daytime program in the centre. There was a residents forum held monthly and feedback was gathered about the service provided, for example the activities and meals. The recommendations were seen to be put in to practice for example suggested events took place, and additional foods were made available on the menu. Through the day residents choices were seen to be respected, for example how to spend their time, and the opportunities to choose snacks and meals through the day.

Staff had received training in fire safety, safeguarding, and a range of other courses to ensure they had up to date skills to meet the needs of the residents. Nursing staff described medication management, and a review of documentation and storage showed expected standards were being met.

A range of care records were reviewed and showed residents needs were being assessed and then plans were put in place describing how those needs would be met. They were then regularly reviewed.

The one area for improvement identified related to the need to ensure fire exits were clear at all times.

All actions from the previous report had been addressed.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The quality of care and experience of residents was monitored on an ongoing basis.

There was a clearly defined management structure that identified the lines of accountability. The provider and person in charge were present in the centre and focused on ensuring quality standards were maintained. The person in charge was supported by an assistant director of nursing (ADON). There was also a nurse in charge of each shift.

There were formal systems in place in the centre to ensure that the service provided was safe, and met the needs of the residents. There were monthly quality meetings between the provider, person in charge and ADON. Minutes seen by the inspector showed that they covered recent audits, any incidents and their reviews, weekly collection of clinical data, use of restrictive practice, activities, staffing and maintenance. The risk register was regularly reviewed and updated.

The provider explained the process for reviewing areas of practice over a 12 month period using audits. A selection was reviewed, and they were seen to review performance against key indicators and standards. Where action was required the 'corrective action review' was completed and where necessary an action plan was developed setting out any changes that were needed. Audits were completed on areas such as fire safety, nutritional status, mealtime experience, skin care, infection control and care plan development. Where audits had an action plan in place evidence was seen that the improvements required had been made.

The provider had completed a review of residents' views on the service being provided. They then put together a report of the findings to identify areas where performance was in line with expectation, and where residents' views could be incorporated. The review

also included feedback from the residents meetings. The findings showed that the majority of people using the service found it to be excellent. Residents who spoke to the inspector during the day confirmed they were satisfied with the service they were receiving.

An annual review had been completed against the national standards for 2016; including an action plan for where it was identified improvements could be made.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place.

There was a clear policy and procedure in place for the prevention, detection and response to abuse. Staff spoken with were clear of the procedures to follow to report any concerns. All staff had received training in 2017, and the person in charge was 'train the trainer' for the subject also. Residents who spoke with the inspector said they felt safe in the centre and that the staff were kind, caring and supportive.

There was a policy on 'managing behaviour that is challenging'. It provided guidance on definitions, tips of how to manage situations, the legal framework, when to refer to other professionals, safety and welfare of residents, and personalised care planning. A review of care plans found that where residents' had responsive behaviours this was clearly recorded, including residents preferred routines, underlying causes, and the importance of checking for infections where there was a change in behaviour. Staff spoken with were clear on the importance of getting to know residents and supporting them to settle in the service by giving them time and space to adapt, and relevant support where required.

They was a policy setting out the approach and procedures in relation to restrictive practice. It covered the different types of restraint, the decision making process for considering them and the procedure for them to be agreed and reviewed. The procedures for managing any restrictive practice in the centre followed the national

guidelines, with a commitment to work towards a restraint free environment and to use a range of alternative measures ahead of agreeing any restrictions. The use of bedrails had decreased since the last inspection with alternatives such as low beds being used to effectively meet residents' needs. Where residents were using bedrails a process had been followed to agree their use, they were reviewed every four months, and alternative measures trialled had been recorded. There were also risk assessments to ensure residents used the bed rails safely.

The provider did not act as a pension agent for residents. There were a small number of residents who requested that a small amount of petty cash was held for them. The system in place included a record of any money deposited, any taken out, and the reason where it was known. It was signed by two staff. Two balances were cross checked and found to be correct.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Health and safety of residents, staff and visitors was being actively promoted and protected. Improvement was required in relation to storage around fire exits.

There were policies and procedures in place relating to health and safety. This included an up to date safety statement, risk management policy, and an emergency plan for the response to major incidents.

Staff were observed to be adhering to the infection control policy. They had received training and when asked were clear of the procedures to follow, for example use of red alginate bags for soiled laundry. The inspector observed staff following infection control procedures, and personal protective clothing and hand sanitizers were available through the centre along with facilities for hand washing.

There was a procedure in place for managing and responding to accidents and incidents. The quality assurance processes included a review of any incidents using a 'corrective action sheet' to analyse the event and identify if any improvements could be made. Specific reviews had been completed in some areas, for example a review of falls in the centre in 2017. This included identifying any trends, risk assessments and ensuring plans were in place to safeguard residents.

There was a fire safety policy in place in the centre and all staff had received up to date training. Staff who spoke with the inspector were familiar with what to do in the case of a fire, and did regular drills to practice different scenarios. Three had been completed in 2017 and included a specific scenario, review of the staff performance and lessons learned. Regular checks of equipment and fire safety arrangements were being carried out. Records showed this also included a check of any fabrics and upholstery to ensure it remained in good condition.

Inspectors observed that the centre had a sufficient amount of fire equipment and fire exits were clearly marked however it was noted at the bottom of all three fire exit stair cases from upstairs there were items stored that could be a trip hazard in the event of having to evacuate using those routes. The person in charge addressed the removal of these items during the inspection and was putting in place a procedure to ensure it didn't happen again. The service records for fire equipment confirmed that they were being serviced on an annual basis. The fire alarm and the emergency lighting had also been serviced on a quarterly basis. The centre was compartmentalised through the use of fire doors on magnetic self closing mechanisms. These fire doors would automatically close on the sounding of the fire alarm. Bedrooms were also fitted with self closers for doors in the event of an alarm. The inspector saw that the evacuation procedures were displayed in various prominent places around the centre.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were protected by the designated centre's policies and procedures for medication management.

The medication policy gave clear guidance to nursing staff on areas such as receipt, safe administration, crushing, withholding of medication, and self administration. A copy was available in the office and nurses were clear of its content.

Nurses explained that the prescription sheets were drafted by the nursing staff and then signed off by the general practitioner, and audited monthly by the pharmacist. The prescription and administration sheets clearly set out the medication name, dose, route and times. There was space to record when a medication was refused. Drugs being

crushed were signed by the GP as suitable for crushing, and the maximum dose in 24 hours for 'as required' (PRN) medication was stated. Nursing staff described the process for the GP to review the resident's medication every four months, and gave examples of the types of changes that may be made, for example removing a PRN medication if it was no longer being used.

There was a register of controlled drugs and nurses checked the stock at the beginning and end of each shift. Storage was seen to be secure. The inspector checked two of the medication balances and found them to be correct. There was also a clear procedure for returning controlled medication to the pharmacy that included the pharmacist signing the controlled medication register to confirm receipt at the pharmacy.

There was a system in place for reviewing medication errors to consider the cause and to put in place any changes necessary to stop it occurring again.

There was a process in place to enable residents to manage their own medication, including arrangements for safe storage, as each resident had a lockable space in their room.

There was a monthly audit carried out by the pharmacist. The three most recent reviews were seen to score full compliance with a small number of recommendations.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents' health and social care needs were being met by a good standard of nursing care.

Prior to a place being offered in the centre a pre-admission assessment was carried out for each resident to confirm their needs could be met in the centre. A comprehensive assessment was developed for each resident on admission and care plans were written for each area of health or social need identified. Records showed care plans were

reviewed every four months, or more frequently if required. Residents and families were involved in reviews if they chose to be.

Care records were seen to be person centred and included information about residents preferred routines, skills and abilities as well as the support and nursing care they required. Staff were seen to know residents well; the gathering of people's life history supported this.

A range of care plans were reviewed that included needs such as risk of falls, risk of developing pressure areas, responsive behaviour or behavioural and psychological symptoms of dementia (BPSD), diabetes and nutrition. Each plan was seen to include details of the residents need, their preferences, and the care and support required. Where necessary there were details of how to support residents if their needs changed. For example if residents with diabetes had high or low blood sugar.

A range of nursing tools were available to support staff in reviewing residents care needs over time. They included processes for assessing whether residents were at risk of incidents such as falls, malnutrition or weight loss, pressure areas and changes in cognitive ability. These were repeated every four months as part of the care plan reviews.

Records showed residents had access to a range of healthcare professionals including occupational therapist, physiotherapist, chiroprapist, dentist and a general practitioner (GP). Care plans reflected the instructions given, and care and support provided on the day was seen to follow that guidance. For example healthcare assistants were seen supporting residents to exercise, stretch and walk round the centre where possible to maintain their abilities. Modified diets were also provided to resident where it had been identified as necessary. Referrals to healthcare professionals were seen to be made in a timely way when a need had been identified, this included to the GP.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

Care records made clear the importance of respecting resident's decisions if they did not accept the support being offered, and offered advice on the best way to proceed, for example checking in with the resident at a later time to see if they were now prepared to consent to the support.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her***

***independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were consulted with and participate in the organisation of the centre.  
Resident's privacy and dignity was being respected.

There was a range of social activities running through the day of the inspection. There was an allocated activity co-ordinator for the lounge area upstairs and downstairs. Another member of staff worked through the week running some smaller group sessions and providing one to one support such as hand massage for residents unable to join in group activities. Activities for the week were displayed on notice boards in the centre, but many other options were available. Groups run in the centre included a crossword group, classical music appreciation, and at times there was choir practice. There were trips out regularly in the area including down to the harbour and local cafes. The newsletter showed pictures from the recent events 'end of summer party' and 'ladies day' where hats were decorated. In the afternoon a musician spent time in each of the lounge areas with residents enjoying the opportunity to sing along.

Residents confirmed they had the choice about what they decided to take part in, and had the opportunity to make suggestions for events or activities. The residents meetings were hosted by one of the activity staff and also attended by the advocate. Minutes of the meetings showed topics such as menus, activities and the premises were discussed. Actions from meetings were clearly listed, and feedback given at the next gathering. One recorded discussion was about what events could be put on, including a 'Men's day' linked to a racing meet.

There was access to newspapers, television, radio, music and films for those who were interested. There was also a range of books from the visiting library.

Residents were seen to be making decisions about how they spent their time. Some residents were spending time in their rooms, reading watching TV or meeting with visitors. Other residents were seen spending time in the garden area or the quiet lounge areas, visitor's rooms, or prayer room. The menu supported residents to be clear of the choices available as it was available in word and pictures for residents to choose their meals, and was also available for residents on a modified diet. Residents were very complimentary about the quality of the food, and confirmed they could choose to eat in the dining room or their own room if they preferred.

Visitors were seen in the centre, and residents confirmed they could use communal areas for visits or spend time in private with their relative if that was their wish.

There was an independent advocate attended the centre weekly and was available to speak with people individually if they wanted. She could also visit at other times if required, and was trained in supporting families at end of life.

The centre had links with religious groups in the area and services were held in the centre for residents to attend if they chose to attend, and a Eucharistic Minister visits daily for those of catholic faith. There was a remembrance event being planned where a multid denominational service would be held in the centre and relatives of those residents who had passed in the last year would be able to attend which included lighting candles in memory of their loved ones.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate number of staff with the relevant skills to meet the needs of the residents living in the centre. Appropriate training was provided to ensure staff had sufficient skills to meet residents' needs.

The inspector spent time in the communal areas of the centre and observed positive interactions between staff and residents. Staff were seen to be familiar with residents communication needs and used good skills to engage residents who needed support. They were seen kneeling by residents, maintaining eye contact, speaking clearly and about subjects that were meaningful to the individual. Where residents asked questions, or required support the staff were quick to respond. It was also noted call bells were responded to in a timely manner. Residents who spoke with the inspector said they found the staff kind and helpful.

The roster was available in planned and actual format and reflected the staff on duty. The staffing was divided between the two floors, with a nurse available at all times on each floor, supported by healthcare assistants and household staff. The person in

charge and assistant director of nursing were supernumerary and were available to offer support where required. It was clear who the nurse in charge was during each shift.

All staff had completed safeguarding training some twice in 2017 which the person in charge felt was useful to keep the information live for staff. They had also completed fire safety training and were knowledgeable of the procedures when asked. There were a range of courses provided to staff to ensure they had the relevant skills to meet the needs of the residents in the centre. This included manual handling, CPR, infection control, and dementia and signs of behaviour and psychological symptoms of dementia.

Day to day supervision was carried out by the person in charge or nurse in charge and they ensured that staff adhered to the centres policies and procedures.

A recruitment policy in line with the requirements of the regulations was implemented in practice and a review of a sample of staff recruitment files found that all were complete. This included a full employment history where gaps in employment were explained, and a Garda Síochána (police) vetting. Assurance was given by the provider that Garda vetting was in place for all staff. The inspector confirmed that up to date registration numbers were in place for nursing staff.

For volunteers working in the centre there was a Garda vetting check and a job description.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Helen Lindsey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Eyrefield Manor Nursing Home
<b>Centre ID:</b>	OSV-0000036
<b>Date of inspection:</b>	13/11/2017
<b>Date of response:</b>	02/12/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

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

The areas around the three stair cases used as fire exits were being used for storage of items that may be a trip hazard, or at risk of being flammable in the event of a fire.

#### 1. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

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

The three stair cases used as fire exits to be kept clear at all times.

Proposed Timescale: Immediately.

**Proposed Timescale:**