Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Eyrefield Manor Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Norwood Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Church Lane, Greystones, Wicklow</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13 July 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000036</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029849</td>
</tr>
</tbody>
</table>
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 55 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, 16 twin room and four 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: | 52 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 13 July 2020</td>
<td>11:00hrs to 18:00hrs</td>
<td>Mary O'Donnell</td>
<td>Lead</td>
</tr>
</tbody>
</table>
On the day of inspection, residents appeared well groomed, relaxed and at ease in the the centre. Apart from visiting restrictions and social distancing, the normal daily routine for residents had not really been disrupted by the measures in place to prevent an outbreak of COVID-19. Residents on both floors had a choice of communal rooms for their use and some residents choose to spend extended periods of time in their bedrooms. The oratory had been opened to create additional space in the main sitting room. The majority of residents took their meals in the dining rooms where tables had been moved to facilitate social distancing. The inspector noted that the tables were attractively set for lunch, with a white table cloth, napkins and an individual place setting for each resident. Residents who dined in their rooms had their meal served on a tray. Residents confirmed that the food was served hot and the menu selection on offer for all meals was very good. Three residents remarked that the home baking was especially delicious.

The inspector spoke at length with seven residents. They were content with their lives in the centre. They agreed that there was sufficient staff on duty at all times. Residents praised the kindness of staff in general and identified named staff who were exceptionally good to them. Residents were satisfied with the in-house laundry service. The turnaround time was good, even at weekends and all items of clothing were ironed. Residents had adequate space to store their clothes and to display their personal items. Family photographs were displayed in most of the rooms and residents spoke fondly of their families and their grandchildren especially. Residents were glad that the restrictions on visiting had eased and they enjoyed a 15-20 minute weekly visit with a relative. One lady said that if she had the whole day with her family it still wouldn’t be enough. Six residents said they were pleased with the activities on offer. They enjoyed bingo and arts and crafts. One lady who was an avid reader was pleased that her supply of books had not been depleted during the lock-down. A younger resident said she spent a lot of time watching television because she found it difficult to concentrate or to engage in activities. Two residents said they missed the live music in the centre and looked forward to the day when the musicians return.

Staff were deployed to spend time with residents in their rooms to mitigate the risk of residents feeling isolated due to having to spend time alone in their bedrooms. They also ensured that residents could listen to the radio or watch the television channel of their choice. Staff organised video calls with relatives and window visits were facilitated when possible.

Residents agreed that they were provided with relevant information about the COVID emergency. They understood the need for social distancing and the importance of coughing correctly and regular hand washing. One resident said she stopped watching television altogether for a while, just to get away from COVID-19. Some residents were aware that staff were now being tested regularly. All the
residents who spoke with the inspector said they felt safe in the centre.

The inspector observed that staff knocked on bedroom doors before entering. Staff spoke kindly and respectfully of residents and were observed to interact with residents in a person-centred manner. The inspector observed staff singing along with residents and chatting with them about their personal interests and family members. Residents appeared at ease and enjoyed their interactions with staff.

**Capacity and capability**

This was an unannounced one day inspection. The purpose of the inspection was to follow up on information received and to monitor ongoing compliance with the regulations and standards to inform a decision to renew the registration of the designated centre. The centre's current registration was due to expire on 18 November 2020 and the provider submitted an registration renewal application in May 2020. The inspector followed up on notifications received by the Chief Inspector of Social Services since the previous inspection in the centre on 4 February 2019. One action was required following that inspection and the Directory of Residents now contained all the required information.

The inspector followed up on unsolicited information and apart from concerns regarding the functioning of a fire door, no evidence was found to support the concerns raised.

Issues in relation to the effective functioning of two sets of fire doors were found on inspection. The provider took immediate action to address these issues and ensure that all fire doors in the centre would function effectively in an emergency to contain smoke and fire.

The provider also organised a fire drill on 21 July 2020. The fire drill report provided assurances that all residents could be safely evacuated from a large compartment with night time staffing levels.

The provider had a clear management structure and an effective system for monitoring the quality and safety of care. The provider representative and person in charge had been proactive in relation to the challenges posed by a COVID-19 outbreak.

The provider had made contact with support groups, including Public Health and had access to HSE and Health Protection Surveillance Centre (HPSC) guidelines. Up-to-date guidance documents and necessary emergency supplies had been sourced by the provider. A contingency plan has been put in place to minimise the risk of residents or staff contracting a COVID infection. The plan also set out actions to ensure the safety, care and welfare of residents in the event of a COVID-19 outbreak. On the day of inspection, the single room designated for isolation was occupied and there was no other isolation room available if a resident developed
Symptoms of COVID-19. Following the inspection, the provider representative confirmed that they had sought expert specialist advice and training to ensure that robust plans were in place in the event of an COVID-19 outbreak.

Adequate staff had been employed and contingency staffing arrangements were in place to ensure that residents' needs would be met in the event of an outbreak.

**Registration Regulation 4: Application for registration or renewal of registration**

The provider submitted a complete application form to renew the registration of the centre in May 2020.

**Judgment:** Compliant

**Regulation 14: Persons in charge**

The person in charge was a registered nurse with a management qualification and she was in her position since 2006. The person in charge worked full time. She engaged in continuous professional development and demonstrated a clear understanding of her role and responsibilities.

There were appropriate deputising arrangements in place, to cover for the person in charge in the event she or the deputy person in charge became unwell or had to self isolate.

**Judgment:** Compliant

**Regulation 15: Staffing**

Staffing levels and skill-mix were continually reviewed and new staff were hired to replace nurses who were on long-term leave and three healthcare staff who recently left the service. The provider had ensured that there was sufficient staff available to support residents' assessed needs. There were contingency arrangements in place to ensure continuity of care in the event that a significant number of staff were ill or required to self-isolate, including part-time staff with additional capacity and agency staff. The provider had also established links with the HSE’s Crisis Management Team, should staffing resources be required. Additional hours had been organised for activity and household staff to meet additional demands due to COVID-19 and to ensure that cover was provided for seven days each week. Staff teams were assigned to zones in the centre and a minimum of two nurses were on
duty in the centre at all times

The inspector was assured that appropriate numbers of skilled staff were available to meet the assessed needs of residents. Staffing levels reflected the staffing levels described in the centre's statement of purpose. Each staff member completed a formal induction and all staff had an annual performance appraisal. Each member of staff was aware of their roles and responsibilities regarding providing person-centred care and timely assistance for residents.

The inspector examined staff rosters for the preceding six weeks and found the planned and actual rosters were maintained with subsequent changes recorded as necessary. The staffing roster reflected the staff on duty on the day of inspection and there were arrangements in place to provide cover for any planned or unplanned leave. Staff sometimes swapped shifts or part-time staff covered on occasions when staff were sick or unable to work. Staff assured the inspector that they volunteered for any additional shifts and they were not coerced or pressured to work additional hours. The provider confirmed that recruitment was ongoing and two healthcare assistants and a nurse were due to begin working in the centre within two weeks.

An on-call system was in place for staff to contact the management team, and rosters ensured that a member of the management team was on duty each day. The environment had been adapted to ensure that staff could socially distance for break times. Records were available to show that staff confirmed that they are symptom free and staff temperatures are monitored twice during each shift.

Other measures taken to minimise the risk to residents and staff include:

- Staff employed in the centre do not work in any other centre.
- Staff are allocated into two teams to work in two separate zones.
- Staff changed their uniform or work outfit at the beginning and end of each shift.
- Staff adhere to rules on social distancing.
- All staff wore face masks and disposed of the masks correctly.

No volunteers were working in the centre at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training needs were informed by residents' needs and annual staff appraisals completed by the person in charge. Staff were also facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre. All staff had mandatory training and training on end-of-life care,
continence promotion and HACCP training for staff engaged in catering duties.

The provider representative maintained a matrix to monitor staff training and track completion of mandatory and other training completed by staff. The staff training records confirmed that mandatory training for staff in safeguarding residents from abuse, safe moving and handling procedures and fire safety were completed by all staff. All staff, including catering staff, completed infection control and CPR training and attended training in dementia care and behavioural management. Two recently recruited staff had a briefing on the principles of safe moving and handling and fire safety as part of their induction and they were scheduled to attend this training within two weeks. All staff were supervised on an appropriate basis according to their roles. A staff recruitment policy was available and included details of the induction process for each staff grade. Induction of new staff was closely monitored and supervised by the person in charge.

All staff had completed the relevant HSELaND training and the person in charge had facilitated staff training and regular updates in infection prevention and control. The training focused on timely identification of residents with COVID-19 infection, hand hygiene, donning and doffing (putting on and taking off) of personal protective equipment (PPE) procedures and public health guidance to prevent and control COVID-19 infection. The person in charge and her deputy supervised infection control practices and ensured that PPE was used and disposed of in line with national guidelines. From discussions with staff it was evident that they were knowledgeable about the procedures in place and their roles and responsibilities to prevent a COVID-19 infection.

Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 19: Directory of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A directory of residents in the centre was maintained and made available to the inspector. The directory of residents detailed all information regarding each resident as required by the regulations.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 21: Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>The three staff files examined held the required documentation as set out in the regulations. An Garda Síochána (police) vetting disclosures were available in the three staff files reviewed. The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the</td>
</tr>
</tbody>
</table>
necessary disclosure documentation. Documentation confirmed that all nursing staff had up-to-date professional registration with the Nursing and Midwifery Board of Ireland.

A record of simulated emergency evacuation drills and tests of fire equipment was maintained. Records were maintained detailing fire safety checking procedures completed and service records for the centre’s fire alarm system and emergency lighting were available. The records of fire drills described the scenario practiced and staff in attendance. These records required improvement to include details of any problems encountered and new learning.

Daily records of each resident’s condition and any treatments given was maintained by night and day nursing staff. Although residents were weighed monthly and their weights recorded in a hardback copy, three of the five residents’ files examined had not been updated to reflect the residents’ weight in June 2020.

A register of any restrictive procedures used in the centre was maintained including alternatives tried. However, the external door was locked and this was not documented as a restrictive practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

An annual review report on the quality and safety of care and quality of life for residents was available for 2019. Suitable arrangements were in place for consultation with residents. Residents meetings were held every two months up to March 2020 and the provider was on site daily to meet with residents. Feedback from residents’ and relatives’ satisfaction surveys in 2019 was positive regarding all aspects of the service. Norwood Nursing Home Limited was the registered provider. The centre was established in 2006 and the two company directors, the registered provider representative and the person in charge worked full time in the centre. The person in charge was supported by a deputy person in charge and a team consisting of clinical, catering and household staff. Staff turnover was low and many of the staff were long standing employees. There was a clearly defined governance and management structure and staff were clear about the lines of authority and accountability, and specific roles and responsibilities for all areas of the service.

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were routinely carried out and informed ongoing quality improvements in the centre. Monthly management meetings and regular staff meetings were held and the standing agenda items included audits, incidents, staff training and maintenance issues.

The provider ensured that adequate resources were provided to meet residents’ needs. Staff recruitment was ongoing and staff had been recruited to replace staff who had recently left the service. The centre was divided into two zones,
with separate staffing in each zone. Necessary guidance documents and emergency supplies had been sourced by the provider and made available to staff and visitors if required.

The provider and person in charge had been proactive in relation to the challenges posed by a COVID-19 outbreak. The provider had made contact with Public Health and the HSE Crisis Management Team and had accessed current HSE and HPSC guidelines. A comprehensive contingency plan was put in place to minimise the risk of residents or staff contracting a COVID-19 infection. The centre had a plan in place should an outbreak occur. Policies had been updated to guide staff and specific training had been provided which included hand hygiene techniques, cough etiquette, donning and doffing PPE and symptom monitoring. Cleaning procedures were updated and the frequency of cleaning increased for specific areas of the centre.

Housekeeping staff were competent in all aspects of decontamination cleaning and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Staff testing for COVID-19 was done weekly by the person in charge and the deputy person in charge, who were trained to perform testing. To date, no positive cases had been reported in the centre. The provider acknowledged the challenges posed if a staff member tested positive or if residents developed symptoms of COVID-19. Following the inspection, the provider requested specialist advice to ensure that a COVID outbreak in the centre would be managed effectively.

Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 24: Contract for the provision of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each resident had an agreed contract of care setting out the terms and conditions of their residency. Residents' contracts of care outlined the services to be provided and the fees to be charged to residents in receipt of the 'Fair Deal Scheme' including additional fees. Residents or their family members on their behalf signed their contracts of care. The contract required a minor amendment to include details of the bedroom each resident occupied.</td>
</tr>
<tr>
<td>Judgment: Substantially compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 3: Statement of purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The centre's statement of purpose was recently revised and contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement</td>
</tr>
</tbody>
</table>
of purpose accurately described the management structure, the facilities and the service provided.

Judgment: Compliant

**Regulation 31: Notification of incidents**

A record of accidents and incidents involving residents in the centre was maintained. The person in charge submitted the required statutory notifications regarding specified incidents involving residents to the Chief Inspector within the timescales specified by the regulations.

Judgment: Compliant

**Regulation 34: Complaints procedure**

A complaints policy was on display and available to inform management of complaints in the centre. Information on the complaints procedure and how to access support was communicated to residents and relatives on admission. An independent advocacy service was available to residents to assist them with raising a concern and the contact information for this support was made available to residents.

The person in charge had responsibility for managing complaints in the centre and to ensure that complaints were responded to appropriately and records kept as required. The records confirmed that complaints were dealt with, appropriately recorded, investigated and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was in place. The provider representative maintained oversight of complaints management and records.

Complaints were reviewed at governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure and said that if they were dissatisfied with any issue they could talk to the person in charge or another staff member.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

Written operational policies to inform practice were available and there was a
system in place to ensure that policies, procedures and practices were regularly reviewed. The provider had recently revised policies such as the risk management policy, infection prevention and control policy, end of life policy and visitors’ policy to reflect the current guidance and practice in respect of COVID-19.

Judgment: Compliant

### Quality and safety

The health and nursing needs of residents were consistently met to a good standard in the centre. Each resident's care needs were comprehensively assessed and the care plans developed to guide care, were informed by person-centred information that reflected each resident's individual wishes and preferences regarding their care.

Residents were supported in as far as possible to enjoy a decent quality of life while maintaining safety. They had access to medical care and specialist assessments and advice as required. Social activities continued with smaller groups and one-to-one activities. The provider representative and person in charge met with residents individually to keep them informed about COVID-19, restrictions and changes in the centre as a result. Visits had resumed in line with the guidance and residents were able to have visits seven days per week.

Policies and procedures were in place as set out in Schedule 5 of the regulations. Relevant policies were updated to reflect updated guidance in relation to COVID-19.

All staff were facilitated to attend fire safety training and evacuation procedures and staff were knowledgeable regarding fire safety procedures. Fire drills normally simulated the evacuation of one room and following the inspection, the provider organised a simulated evacuation of a compartment. The drill report provided assurances that residents would be evacuated safely in the event of an emergency evacuation at night with minimum staffing.

Deficiencies were noted to a set of fire doors and another set could not be tested because the switch to close one set of doors was missing. The provider representative engaged a fire safety engineer to undertake an assessment of all fire doors in the centre. The issues with the fire doors found on inspection were addressed immediately and the fire safety expert submitted a report stating that minor issues identified were due to wear and tear and these would be addressed within four weeks.

The management team was responsible for ensuring that all staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Good practices were observed with hand hygiene and social distancing and signs were in place to remind residents and staff of their responsibilities. The staff uniform policy had also been updated and included
mandatory changing of uniform when coming on and off duty.

The provider was vigilant and managed the two floors of the centre where residents lived as separate units. Staff were cohortet to work on each of the floors and did not mix. Staff were competent in infection control procedures and were participating in the weekly screening for COVID-19.

<table>
<thead>
<tr>
<th>Regulation 10: Communication difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents with communication difficulties were supported to communicate freely. Residents with specialist communication needs had a care plan to support them and each resident had a communication support plan in their room to support staff to communicate effectively with them and ensure that their choices were respected and their voices were heard.</td>
</tr>
<tr>
<td>The management team had arrangements in place to phone relatives regularly and ensure that good communication was maintained when visiting was restricted.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 11: Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider had arrangements in place for residents to receive visitors, and suitable communal and private space was available for residents to meet with visitors.</td>
</tr>
<tr>
<td>The provider developed a visiting protocol to minimise any risk of COVID-19 to residents, staff and visitors and the centre had reopened for visitors on a phased basis in line with the national guidance. Visits were organised by appointment for eight visitors daily, over a seven day period. Visiting controls included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, and cleaning of the room following every visit.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 12: Personal possessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents were satisfied with arrangements in place for laundering and storage</td>
</tr>
</tbody>
</table>
of their clothing and personal possessions. The person in charge of the laundry told
the inspector that relatives had responsibility for marking items of clothing with the
resident's name. The laundry service also labeled any clothes that were not marked.
The sample of clothing checked had a label with the resident's name.

Judgment: Compliant

Regulation 17: Premises

The centre had bedrooms, a dining room and sitting rooms on both floors. There
was an ongoing programme of maintenance in the centre, and the inspector found
the centre was clean and in a good state of repair. The standard of decor
throughout the centre was good. The carpeted floors in circulating areas, sofas,
domestic chairs and furnishings created a homely environment for residents. The
inspector observed that some residents had items of furniture from their home
in their rooms and their bedrooms were personalised with photographs, pictures and
ornaments. The inspector noted that furniture in the centre was clean and in good
condition. The provider representative confirmed that suitable equipment was
available to ensure that carpets and fabric covered seating were clean and well
maintained.

Servicing of equipment was prioritised to ensure that essential items were in
working order. However the bedpan washer had not been serviced within the
previous 12 months. The provider submitted evidence that the bedpan washer had
been serviced following the inspection.

The communal areas were reviewed to create additional seating areas to support
residents to maintain a social distance. The provider had converted two triple rooms
to twin rooms. On the day of inspection there were 11 single rooms, 18 twin rooms
and two triple rooms. Residents who occupied the triple rooms could transfer into
and out of bed without requiring a hoist, as set out in the statement of purpose. The
provider representative confirmed that there was a two metre space between beds
to support social distancing and ensure that residents' personal space was
respected. All bedrooms except two had a wheelchair accessible en suite with a
shower. Two single rooms had an en suite with a wash-hand basin and toilet. The
bathrooms which were close by, had been recently renovated to create an
accessible shower for residents use. The toilets had one grab-rail, a second grab-rail
would further support residents to function independently.

Judgment: Compliant

Regulation 27: Infection control
The infection prevention and control policy was revised to include reference to COVID-19. The assistant person in charge was the nominated lead for infection prevention and control in the centre. There were enhanced arrangements regarding infection control set out in the contingency plans developed by the provider. The person in charge ensured that staff read and understood the policy, and regular tutorials were organised to appraise staff of any changes in the national guidance. The management team demonstrated a good awareness of key statutory guidance specific to COVID-19 and demonstrated knowledge of key messages in this guidance. Staff had access to HSELanD training and they had received practical training in hand hygiene and the donning and doffing of personal protective equipment (PPE).

Cleaning schedules had been reviewed and there was documentary evidence that regular cleaning and deep cleaning was completed. Each bedroom was cleaned daily and deep cleaned once a week. A programme to decontaminate frequently touched surfaces was carried out by day and night staff. The household staff had infection prevention and control training relevant to their roles — including the use of equipment and solutions for cleaning. The inspector noted that the centre smelled fresh and observed that the premises and equipment was clean.

Hand hygiene facilities were provided and sanitising stations were accessible in all areas. Some areas of infection prevention and control required strengthening. For example:

- domestic taps were fitted on sinks where staff washed their hands. This posed the risk of recontaminating a hand when turning off the tap

- the room allocated for isolation did not have an ensuite and the resident used a commode, which was stored in the sluice room

- the inspector was not assured that the commode basin or urinals could be appropriately disinfected as the bed pan washer had not been serviced for over 12 months.

The provider had a system in place to ensure that there were adequate supplies of masks, PPE, disinfectant, hand hygiene products, tissues and cleaning products.

A contract for waste disposal was in place and additional pedal bins had been procured. The provider had recently purchased a device to automatically monitor the temperature of persons entering the centre. All residents had their temperatures taken twice daily and they were monitored for symptoms of COVID-19. On the day of inspection, there was one vacant bed in a shared room and it was probable that some residents would have to move in order to isolate one or more residents, in the event of an outbreak. The provider undertook to review the accommodation arrangements to ensure that a suitable room was available, should one or more residents present with symptoms and need to be isolated.

Judgment: Substantially compliant
Regulation 28: Fire precautions

Adequate arrangements had been made for maintaining all fire equipment. Up-to-date service records were available for the centre's L1 fire alarm system, the fire panel, emergency lighting and fire extinguishers.

The inspector noted many good practices in relation to fire precautions and escape routes and exits were noted to be free of obstruction. All bedroom doors were fitted with automatic self-closing devices. The registered provider representative and the person in charge highlighted the importance placed on the training of staff and the induction process in place to ensure staff knowledge of the fire precautions in the centre. Staff who spoke with the inspector confirmed that they had attended fire drills and they were familiar with fire safety procedures and the evacuation plan for each resident in their zone.

Simulated fire drills were held three times a year. The inspector reviewed the fire drill records and found that the drills simulated the evacuation of a bedroom, rather than a compartment. Following the inspection, the provider representative organised a fire drill and submitted a report which provided assurance that residents in the largest compartment could be safely evacuated with night duty staffing levels.

The inspector was not assured of the likely fire performance of all door sets and noted that a fire door assessment was required in this regard. It was observed that there was a delay with one set of fire doors closing. Substantial gaps between the fire doors and between the floor and the doors were also observed. The switch to manually test another set of fire doors was missing. The following day the provider contacted the inspector to report that the switch had been replaced and the other fire door had been adjusted. He had also contacted a fire safety engineer and organised an assessment of all the fire doors in the centre. The fire safety engineer submitted a report stating that some minor issues were found which were due to wear and tear and repair works would be completed within four weeks.

While weekly checks of fire doors were taking place, due to the observed deficiencies to fire doors in the centre, improvements were required to ensure the checks of the fire doors were of adequate extent, frequency and detail.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive nursing assessment on admission and care plans were developed which were informed by these assessments. Care plans were reviewed at least four monthly.
Clinical risks such as malnutrition, cognitive decline, falls and pressure sores were assessed and appropriate care plans put in place to mitigate the risks. Residents at risk of a pressure sore were provided with pressure relieving mattresses and cushions. The inspector reviewed the care plan for a resident who had a wound and found that the wound assessments and management plan were in line with evidence-based practice. Staff had access to specialist tissue viability advice which was reflected in the care plan. The resident was taking prescribed nutritional supplements to aid healing. The incidence of falls in the centre was low. Staff were made aware when a resident was at risk of falling and all staff had a role in falls prevention. The inspector observed throughout the day that residents in communal rooms were supervised at all times. All residents were assessed for risk of malnutrition on admission and their daily food intake was monitored for three days to establish their likes and dislikes and eating pattern. Residents were weighed monthly or more often if required. Fluid intake charts for three residents were reviewed and found to be up to date.

The person in charge had taken the necessary steps in relation to assessments and care planning to reflect the impact of infection controls on residents care and well-being and to prepare for an outbreak of COVID-19.

Staff were aware of atypical symptoms of COVID-19, and residents were monitored for symptoms on an ongoing basis.

Residents were supported by a multidisciplinary team to make informed choices and express their wishes should they experience a deterioration in their health status. End-of-life decisions were documented to inform advanced care planning and end of life care and signed by the medical practitioner and members of the team.

Judgment: Compliant

**Regulation 6: Health care**

Residents’ healthcare needs were met through timely access to assessment and treatment. Residents were registered with a general practitioner (GP) from three practices. Nursing staff confirmed that all residents had been reviewed by their GP within the preceding four months. A GP visited the centre on a weekly basis or more often if required. Random records for five residents, examined by the inspector, confirmed that residents had access to medical services. There were arrangements in place for timely access to out-of-hours GP services. The inspector noted that prescriptions for residents’ medicines were up to date and compliant with the regulations.

Arrangements for access to health and social care professional such as a tissue viability nurse, dietitian, speech and language therapists were also in place. The person in charge confirmed that podiatry and physiotherapy services had been interrupted during the restrictions and the provider was progressing
plans to restore normal physiotherapy and podiatry services to residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. Staff identified 36 residents with dementia and one resident who exhibited responsive behaviours. A nurse told the inspector that this resident was more at ease since the visiting restrictions were introduced and records of her mood and behaviours confirmed this. No residents exhibited responsive behaviours during the inspection. The inspector observed that interactions between staff and residents were friendly and person-centred. Many of the residents were living in the centre for years and the staff and residents knew each other very well. Residents were offered choice in relation to their personal care and aspects of their daily life including, how and where they wished to spend their day.

Four residents were using full length bed rails and six residents wore a bracelet which would alert staff if they attempted to leave the premises. Risk assessments were completed and the use of restraint was reviewed regularly. The inspector found that chemical restraint was used only as a last resort. Less restrictive alternatives to bedrails were in use such as bed wedges, sensor mats and half length rails. Staff held cigarettes for one resident who smoked. There was evidence that the resident had a smoking risk assessment and their care plan set out the rationale for this intervention.

Judgment: Compliant

Regulation 8: Protection

The policy on safeguarding referenced the Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014 and included the time frames to direct staff when dealing with allegations or suspicions of abuse. There were no records of suspected or confirmed allegations of abuse in the centre. The management team were familiar with the policy and their role should a staff member report abuse. Records showed that all staff had attended annual safeguarding training which was held in February and May 2020. Staff who met the inspector confirmed that they had attended training and they were familiar with the Safeguarding Policy and procedures.
Each resident had a lockable storage unit in their bedroom for storing valuables. The provider was not a pension agent for any of the residents.

Judgment: Compliant

**Regulation 9: Residents’ rights**

Residents were consulted in relation to the organisation of the centre, and that their privacy and dignity was respected. Two monthly residents meetings were normally well attended and these had been on hold since March and replaced with one to one meetings with the person in charge. Residents told the inspector they availed of opportunities to express their views and make their wishes know when they met with the person in charge or the provider representative during the day. An annual satisfaction survey was administered to residents and relatives to elicit their opinion of the service. The feedback was overwhelmingly positive. The nominated resident advocate met with residents on regular basis and raised issues on their behalf.

Residents were informed of changes in the centre and were aware of the rationale for ongoing measures in place to keep them safe including social distancing in communal areas and shared bedrooms, hand hygiene, respiratory etiquette and increased monitoring of their vital signs. Residents said they were reassured that their safety was paramount. Residents were happy that visiting restrictions had eased and two female residents said they looked forward to the hair dressing service resuming.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were not held in the centre since March 2020 but residents were supported to use Webcam to watch religious services and some residents told the inspector they enjoyed saying the weekly rosary. Inspectors found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room if they wished to do so. Staff told the inspector that meal times were extended to offer residents choice around meal times and an opportunity to socialise. Menu options were offered at each meal. Residents choose what they liked to wear and the inspector saw that residents looked well dressed.

The inspector observed staff interacting with residents in an appropriate and respectful manner. Staff were observed to be speaking with residents in a respectful way, and using their preferred names. Conversations were paced appropriately to allow residents time to respond to questions. Residents who had difficulty communicating were supported to communicate. All residents had a section in their care plan that covered communication needs, and a copy of the care plan was held in the resident’s room so that staff were familiar with them. Residents had bi-annual
optical assessments and were provided with spectacles as appropriate.

Activity staff members were on duty every day, including weekends. They organised the activity roster and facilitated activities with smaller groups mostly. Activities included arts and crafts, board games, exercise, music and reading. A social assessment 'Key to Me' had been completed for residents which gave an insight into each resident’s history, hobbies and preferences. This information supported staff to connect with residents and informed the residents’ social care plan. An additional activity staff member was employed to ensure that residents who spent prolonged periods in their rooms were not socially isolated.

Newspapers were delivered to the centre on a daily basis, and included national and local editions.

Each bedroom had a television set and many residents had radios. Some residents had mobile phones and residents had access to a phone to take or make calls.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Eyrefield Manor Nursing Home OSV-0000036

Inspection ID: MON-0029849

Date of inspection: 13/07/2020

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records: External door is now documented as a restrictive practice.</td>
<td></td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contract of care now contains details of the bedroom each resident occupies.</td>
<td></td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>
| Outline how you are going to come into compliance with Regulation 27: Infection control:  
  • All taps are now fitted with levers.  
  • Commode is now stored in isolation room.  
  • Bed pan washer was serviced in the week following the inspection and will be serviced annually from now on. |
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Having discussed the matter regarding fire doors with our consultants, it has been agreed to implement an enhanced fire safety audit program with quarterly reports regarding any deficiencies encountered.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21(1)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/07/2020</td>
</tr>
<tr>
<td>Regulation 24(1)</td>
<td>The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/07/2020</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/07/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/2020</td>
</tr>
</tbody>
</table>