

**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>	eyrefieldmanor@gmail.com
<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>	Deirdre Byrne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	53
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
21 September 2016 09:30	21 September 2016 17:00
22 September 2016 10:00	22 September 2016 15:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspector met with residents, relatives, and staff members. The journey of four residents with dementia was tracked within the service. The inspector also reviewed documentation such as care plans, medical records and staff files. The inspector observed care practices and interactions between staff and residents who had dementia using a formal recording tool. The relevant policies and the self assessment questionnaire which were submitted prior to inspection were also reviewed.

The person in charge completed the provider self-assessment which was also submitted along with the above documents. It compared the service with the requirements of 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. The inspector found the provider was very committed to providing a high quality service for residents with dementia. The person in charge was on leave during the inspection. An assistant director of nursing (ADON) deputised in her absence and provided information and updates for the inspector on the two inspection days.

The centre provided a service for people requiring long term care and support and also of dementia care. On the day of the inspection 53 residents (one was in hospital) were accommodated in the centre, and about 40 residents had a dementia diagnosis. There was no dementia specific unit and all residents lived amongst each other in the two storey centre.

The environment was designed for residents to move around as they wished, with access to an internal garden available to them at all times. There were sitting areas and numerous smaller quiet rooms. All were an appropriate size to meet the needs of up to 55 residents. Signs had been used in the unit to support residents to be orientated to where they were.

Arrangements were in place to support the civil, religious and political rights of residents with dementia. The quality of residents' lives was enhanced by the provision of a choice of interesting things to do during the day. Staff were trained to communicate with people who had dementia. The inspector used an observational tool showed that over a period of time staff were engaging with residents in a meaningful way.

Staff were offered a range of training opportunities, including a range of specific dementia training courses, explaining the condition, the progression of the disease and effective communication strategies.

The centre was compliant in four of the six Outcomes reviewed during the inspection. There were areas of improvement required in the Outcomes on: health and social care needs, safeguarding and safety and, an aspect of the premises.

These findings are included body of the report and the action plan at the end.

**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 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents' wellbeing and welfare was maintained to a good standard. Their assessed needs were set out in individual care plans that identified their needs and interests. There was an area of improvement regarding the completion of care plans.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was then developed on admission.

The assistant director of nursing described the pre-admission assessment process. The person in charge completed the pre-admission assessment and visited residents living at home or in hospital. There were pre-admission assessments in place for all residents and a common summary assessment form (CSAR). These documents identified resident's needs and an assessment of the cognitive abilities completed. In addition, the nursing staff completed an assessment of residents' cognitive abilities.

The residents could choose to retain their own general practitioner (GP). In addition, three GPs regularly visited the centre. There was access to an on call and out of hour's service also. Residents were usually seen the day after admission by their own or one of the GPs who visited the centre. The nursing staff confirmed this happened in practice.

Records also showed that where there were known risks related to a residents care they were set out in the care planning documentation on admission. Nursing staff completed the details of how to support the residents in relation to their identified needs, for example communication, nutrition, daily living skills, mobility, oral hygiene and pain management.

Care plans were seen to cover health and social needs, with information about residents social, emotional and spiritual needs included. There were detailed care plans specifically around the residents' dementia. These care plans outlined the residents' background, interests, and how to communicate effectively with the resident. A life history document

called a "Key to Me" was also completed by the resident and their family that covered important information and events in their lives. It covered a wide range of subjects including childhood, parents, siblings, marriage, children, occupation and hobbies .

However, the documentation of some care plans required improvement to ensure they guided practice. For example:

- care plans for residents with diabetes did not consistently describe the safe blood sugar levels and symptoms of hyper or a hypo glycaemia and what action should be taken.

Records showed that where medical treatment was needed it was provided. They showed that residents had timely access to GP services, and referrals had been made to other services as required, for example, dietician, the speech and language therapist, optician or dietician.

There was good access to a range of allied health professional services. Records of referrals and visits from the following service were read: dietician, speech and language therapy, optician, dentist, occupational therapist, physiotherapist and chiropodist. In addition, there was very good access to the services of psychiatry of the older person and geriatrician who could be called upon when required.

Where residents had been admitted to hospital, records were seen that detailed what the residents needs were, and included any medication they were prescribed. Records also showed that when residents returned from hospital there were discharge notes and any updated details about their healthcare needs and medications were provided for them.

There was evidence that the care plans were being reviewed and updated every four months, or as needs changed. Documents were updated and signed by the nursing staff responsible for the records.

There was evidence that residents and families were involved in developing the care plans. Staff held meetings with family members if residents were unable to discuss their own care plan, and staff incorporated these meeting dates into the care plan reviews. The assistant director of nursing showed the inspector a sample of reports from care plan review meetings that had taken place.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records, when required were appropriately maintained.

The inspector joined residents having their lunch in the ground floor dining room, and saw that a choice of meals was offered. There was a robust system of communicating between nursing staff and catering staff of the residents' prescribed special dietary

requirements. The inspector found residents on weight reducing, diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served.

A pictorial menu was used to inform residents' with dementia or a communication difficulty of the choice of meals available that day. It was displayed on each dining table. The residents were also asked what they would like before their meal was served.

The inspector also met residents finishing their lunchtime meal in the first floor dining room. Mealtimes in the two dining rooms were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. The rooms were beautifully decorated and each table very nicely set.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, and care plans were updated to include interventions to mitigate the risk of further falls. Where residents had fallen there were post falls assessments and incident forms were completed. A review of the information about where and when falls were occurred to identify if there were any changes that could be made to reduce the risks.

During the time the inspector was in the centre, staff were observed supporting residents to maintain their mobility, encouraging them to walk with staff and relatives who were visiting. There was a programme in place to discreetly highlight residents who were assessed as at risk of falls. A red ribbon system was in place whereby a ribbon was worn by residents at risk of falling and to ensure staff supervision was provided where required. Incident records were reviewed. Where residents had experienced falls, the residents experienced minor or no injuries and there was evidence of appropriate action taken.

There was evidence seen during the inspection that residents were able to make choices about the care and treatment they received. Some residents were seen to choose not to take part in activities, or social interactions taking place, and spent time doing something of their own choosing such as moving round the centre or resting in their room.

The inspector spoke with nursing staff about medicine management practices. It was noted there was a clear system in place for the safe administration of medication. One area of improvement was identified in relation to crushed medicines as these were not consistently individually authorised to be crushed by a medical professional. This was brought to the attention of the provider and the assistant director of nursing. All nursing staff who administered medication had completed medicine management training online. There were regular reviews of the residents' medicines by the GP and the pharmacy service. The person in charge ensured regular audits of medication practices.

This outcome was judged to be compliant in the self assessment. The inspector judged it as substantially compliant, with actions in relation to residents' care plans and prescribing of crushed medicines.

**Judgment:**

Substantially Compliant

**Outcome 02: Safeguarding and Safety****Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found there were systems in place to safeguard residents and protect them from the risk of abuse, with good promotion of positive supports to manage responsive behaviours. There were some improvements required around the elder abuse training and the restrictive procedures.

Records were read that confirmed most staff had received training on recognising and responding to elder abuse. However, there was no record of training for five staff working in the centre. This was brought to the provider's attention. He described the systems in place to inform the other staff. On induction all staff read the safeguarding policy and had a talk from the person in charge. It was noted there was no record of this. The provider assured the inspector he would take immediate action to remedy this. Following the inspection the provider confirmed that training would take place for staff on the 26 September 2016. The attendance sheets were submitted to HIQA afterwards.

The policy on safeguarding of vulnerable adults policy reflected the principals of the Health Service Executive Safeguarding Vulnerable Residents at Risk of Abuse, National Policy and Procedures of 2014. The inspector spoke with staff who knew what action to take if they witnessed, suspected or had abuse disclosed to them. Staff also explained what they would do if they were concerned about a colleagues behaviour. The inspector spoke to a number of residents who expressed their satisfaction with the care they received and that they felt safe.

There had been no suspicions or allegations of abuse in the centre since the last inspection. The assistant director of nursing was aware of the requirement to carry out an investigation and was familiar with the procedures to be followed.

There were a small number of residents who had their personal monies held in safekeeping. There were policies in place to guide practice. These were seen to operate in practice. For example, detailed transactions records were read, and two signatures obtained for every transaction. A sample of residents' monies checked matched the balance on record.

There were detailed policies in place about managing responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia) and restrictive



practices. Training records read for the last 12 months confirmed that staff had also attended training related to the care of people with dementia. This is discussed further in Outcome 5.

The inspector saw staff dealing with all residents in a calm and dignified manner. Staff were knowledgeable of these residents and gave detailed insight into the residents' underlying dementia that may cause some behaviours. Staff were happy with the level of training provided in supporting them to understand responsive behaviours. They also said the person in charge regularly had meetings with them to discuss the psychological signs and symptoms of dementia.

Where there were incidents of responsive behaviours, these were recorded in the residents' files. For example, the inspector reviewed a sample of care plans and saw that specific triggers and possible suitable interventions were identified. There was evidence of specialist input when required. Nurses spoken with were clear that they needed to consider the reasons why people's behaviour changed, and would also consider and review them for issues such as infections, constipation and changes in vital signs. There were no residents prescribed as required (PRN) psychotropic medicine in the centre.

There was a policy on restrictive practices, which made reference to the national policy Towards a Restraint Free Environment, 2011. A restraint free environment was promoted in the centre. However, it was still work in progress in relation to the use of bedrails. For example, a recent bedrail record read stated 16 of the 52 resident used bedrails. The provider stated that they were regularly reviewing the use of bedrails, and it had reduced during the year but had increased again. There were regular assessments completed each time the bedrails were reviewed. It was noted that the layout of the assessment forms did not identify the alternatives or the least restrictive form of restraint clearly. This was brought to the provider's attention who said the form would be updated to ensure alternatives were clearly recorded. There were care plans and regular checks completed when bedrails or other forms of restraint were in place.

This outcome was judged to be compliant in the self assessment, and inspector judged it as substantial compliant. The improvement relates to the recording of elder abuse training for all staff and the reduction in restraint in the centre.

**Judgment:**

Substantially Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied residents were consulted in the organisation of the centre,

and that their privacy and dignity was respected.

A residents' meeting was held every month. The minutes of these meetings were read. Not all residents attended however, and these residents were visited to see if they wanted to raise any issues. The residents' feedback was generally positive, and some had taken the opportunity to give comments on areas they felt could be improved. An example of improvement brought about as a result of the meeting was shared with the inspector. In response to a request at a recent meeting, bowls of potatoes were left on each table for residents who preferred to peel their own potatoes. The minutes of the meetings were recorded by a staff member who facilitated the meetings. She would bring them to the action of the provider and person in charge.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the centre for Catholic and Church of Ireland residents. Where residents were of other religious denominations they were also facilitated. A small prayer room was located in the centre which provided a quiet space for residents to pray or reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

The provider outlined details of independent advocacy services that were available to the residents. The advocate regularly visited the residents and their contact details were displayed in the centre.

During the inspection a range of activities were taking place on both floors. There were three activities coordinators employed to provide social recreation and activities. The activities took place in the two sitting rooms in the centre. Some were group activities, for example, exercise classes and art work. Others were one to one activities such as reading the paper, hand massage, making jigsaw puzzles, walking and talking. In addition, there was a classical music appreciation group and two crosswords groups. A choir had been and was facilitated by a choir mistress from the local community. One resident's family told the inspector about the choir and how much enjoyment their loved had being part of it.

Throughout the week a range of activities including music, exercise, art. A number of external service providers visited to provide exercise and art classes. There were also visits from therapy dogs. The activities programme was displayed on the residents' notice board that outlined the activities planned for the week. There was a fixed schedule but this could change frequently according to one activity coordinator. All residents' needs were considered in the activities provided, with activities specially catered for the residents with dementia and more independent residents.

Inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspector they were free to plan their own day, to join in an activity or to spend quiet time in their room. Inspectors observed residents with dementia being encouraged supported to follow their own routines. On one floor a resident was observed playing their accordion in the sitting room. The staff told inspectors the resident loved to play and the other residents enjoyed it.

Residents were also observed coming and going between the two floors of the building. There was no restriction on this and they could use the lift to access both floors. Some residents liked to independently come down to the ground floor sitting room or to the garden. Staff told inspector that breakfast times were at the residents choosing, and could go on till the late morning most days. The inspectors observed staff providing late meals for residents who missed lunch or supper. Residents choose what they liked to wear and the inspector saw residents looking well dressed, including jewellery and makeup.

As part of the inspection, the inspector spent two periods of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place in the two sitting rooms of the centre for an hour. The overview of the two observations is outlined below:

At the first sitting, the inspector found 75% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). Staff know the residents well and they connect with each resident on a personal level. There was an activity coordinator in the room who greeted the residents by name when they came to the lounge and ensured that they were socially engaged. She engaged the majority of residents with her knowledge of resident's life histories. An exercise class then took place after this. Positive language was used such as great, brilliant and come on you can do it. Staff stayed to support in the exercise class and encouraged residents to get involved or to gently assist them along to the exercises. Three scores of +1 were awarded when staff provided good physical care, where the conversation focused on the task such as assisting residents to sit at the table. Nine +2 scores were merited when staff sat with the resident and offered appropriate assistance, offered choice and shared the moment with residents as they chatted during the meal.

In another sitting room, the inspector found 100% of the one hour observation period, the quality of interaction score was also +2. In this unit the activity coordinator was present and chatted individually amongst the residents. She sat close to residents and initiated conversation. Some residents were asleep or enjoying reading a magazine. Other residents were enjoying the accordion played by a fellow resident. In between the music there was lots of conversation going on between residents too. The inspector overheard staff coming into the room to assist residents who needed support mobilising. They spoke to the residents about what they were about to do and was the resident ok with that. As it was the period of time just before lunch was served, the conversation was around food. There were kind, friendly and patient interactions with the residents.

The inspector found residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector spoke to staff who were familiar with residents' right to privacy. Staff were also required to sign a confidentiality agreement also when they start work in the centre.

Some residents with dementia were spending time in their own rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the many communal areas of the centre.

Residents had access to a number of private areas and meeting rooms whereby they could meet with family and friends in private, or could meet in their rooms. The two sitting rooms were seen to be used by lots of people visiting the home. There were three smaller sitting rooms and a number of sitting areas where people who could meet loved ones in private.

There was a laundry service provided in the centre and residents' clothes were individually labelled. If clothes went missing, the staff endeavoured to find them and these clothes would be returned. Many residents told the inspector their clothes were well looked after. On the rare occasion clothes went missing, the staff promptly returned the items of clothing to him.

All residents had a section in their care plan that covered communication needs, and staff were seen to be familiar with them. Residents were seen to be wearing glasses and hearing aids, to meet their needs.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
A complaint's policy was in place that met the requirements of the regulations, and outlined the procedures for recording and investigating all complaints.

The complaint's procedures were on display in the reception area of the centre. The complaint's officer contact details and the independent appeals process were outlined in the procedures.

Inspector found there were systems in place to record all complaints, which were documented. These were accompanied by records of all relevant correspondence and meetings with the complainant. A sample of complaints and their investigations was reviewed. A detailed account of the complaint, the outcomes of the investigation, the

actions to be taken by the provider and the satisfaction status of the complainant.

The procedure in place was for staff to try to resolve complaints at local level first before escalating to the complaints officer. These complaints were recorded at unit level by staff.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found there was an adequate staffing skill mix and number working in the centre to meet the care needs of the residents for both day and night.

There was a planned and actual staff roster in place. It included the names and the times of staff shifts and of each staff category. Staff were familiar with the residents' health and social care need and were knowledgeable of their duties, and accountability.

The assistant director of nursing who worked full time in the centre was rostered on duty. While the person in charge was on leave during the inspection, she was also on the roster on the days she did work. The nursing staff took a supervisory role in the centre. The care staff on duty reported to the nurses. The nurses in turn reported to the person in charge.

The inspector reviewed a sample of personnel files for staff and found them to contain the documentation and information required by Schedule 2 of the regulations. The nursing staff were sufficiently qualified, and health care staff had a further education training awards council (FETAC) level 5 qualification.

Appraisals were carried out for all staff on an annual basis. They focused on performance and training needs. The information from the appraisals supported the development of the training plan.

The provider ensured that all staff access to and completed training in all mandatory areas. The inspector reviewed a training programme and a training matrix. The provider kept the training matrix up-to-date. Training records confirmed all staff had completed

up-to-date mandatory training in areas such as fire safety. An area of improvement regarding training for some staff in the prevention of abuse was identified (as reported in Outcome 2). Staff had completed refresher training in medication management and movement and handling.

There was a range of other training completed by staff based on the needs of the residents and the operation of the centre. The person in charge and all nursing and care staff had received wide ranging training in dementia care in residential settings, in responsive behaviour in dementia care, dementia care and nutrition in late 2015 and 2016. Catering staff completed a variety of training in food hygiene/hazard analysis critical control points and preparation of meals for residents' with dysphagia and dementia.

Other training completed by staff included tissue viability, food hygiene, infection control, cardiopulmonary resuscitation (CPR).

There were systems in place to regularly meet to review care practices in the centre and meet staff. There were regular staff nurse meetings which ensured residents' health care needs were regularly reviewed and discussed in details. There was evidence of action taken and improvements to be brought about after each meeting.

There was no use of agency staff in the centre. Relief and banked staff were all employed directly by the provider.

The centre availed of a number of volunteer staff presently. Two volunteer's files were reviewed. There was An Garda Siochana vetting and a written agreement of their role on file.

This outcome was judged to be compliant in the self assessment, and the inspector judged it as compliant.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found the design and layout of the centre was in line with the statement of purpose. There were some aspects of the layout of the centre that required improvement to meet the needs of residents with a dementia.

The purpose built centre premises consisted of 11 single occupancy bedrooms, 16 two bedded rooms, and four three bedded rooms over two floors. The residents lived together and there was no specific dementia unit. The building was clean, tidy and in a good state of internal and external repair.

The layout of the centre was in line with the statement of purpose and was suitable to meet the needs and promote the dignity and independence of residents with dementia. However, an area of improvement was identified in relation to using contrasting colours. For example, the bedroom doors and fixtures used in toilets and bathrooms could be painted different colours. This would make them more easily identifiable to residents with a dementia or cognitive impairment. Along the corridors were resident photographs, artwork, and interesting things for residents to look at. A "friendship" tree mural was painted on one floor with the names of each resident. There were tactile paintings that residents could touch and interact with. There were signs throughout pointing residents in the direction of the garden, sitting areas and bedrooms. Every bedroom door had each resident's name on it.

All of the corridors on the centre's two floors interlinked back to the reception, sitting areas and dining rooms. These enabled residents with wandering type behaviours to navigate the centre unrestricted and without running into dead ends. The provider informed the inspector that they are continuously aiming to improve the dementia friendly design of the centre.

The centre was very pleasantly decorated in a homely manner. The centre was well lit, heated and ventilated and free of sloping floors, steps and trip hazards.

The centre had two dining rooms, one for each floor, and these were clean and well stocked. There were facilities in the kitchenette on the first floor for making tea or getting a snack. The dining rooms were adequate in size, beautifully decorated in a domestic manner and easily identifiable for residents to find.

There were three smaller living rooms separate from the two main living rooms, which functioned as a space to receive visitors in private outside of the residents' bedrooms. The two main sitting rooms were nicely laid out and decorated in a homely manner, and one was provided with a fire place setting. There was a prayer room provided to hold mass /service , or used by some residents during the day to sit in. Residents' who passed away have been waked in the centre and the oratory used by family members. There were double doors opening into the sitting room to allow for people to visit and pay their respects at that time.

A number of residents gave the inspector permission to enter their bedroom. The bedrooms were decorated so as to be personal and individualised to each resident, and had an adequate amount of storage for clothes and personal belongings, including lockable space for valuables. The multi-occupancy bedrooms were spacious, with screens between each bed for privacy. Residents were happy sharing their bedroom. There was adequate room by each bed for a locker and chair.

There were an adequate number of assisted toilets and bath/shower rooms in the unit.

These were spacious, decorated appropriately and provided with a call bell. Each bathroom may be locked from the inside and, and were spacious enough to accommodate a wheelchair user.

The corridors were fitted with grab rails and all floors were free of trip hazards. There was a suitable and secure outdoor area in the form of a courtyard garden, with a seating area that was used by residents in warm weather. An internal area on the first floor had been recreated to reflect the layout of a garden. One family member told the inspector their loved one enjoyed this sitting area as they did not like to go out due to the cold.

The centre is over two storeys and lifts were provided to move between the floors. The bedrooms, communal bathrooms, sitting and dining rooms were equipped with working call bells.

There was assistive equipment used in the centre, for example, hoists and wheelchairs. Records read confirmed these were regularly serviced and in good working order.

The centre had well equipped and maintained kitchen and laundry facilities. The inspector reviewed records of regular servicing, and checks of assistive equipment, water thermostatic controls, lifts, call bells.

This outcome was judged to be compliant in the self assessment, and the inspector judged it as compliant.

**Judgment:**  
Substantially 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:*

Deirdre Byrne  
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>	21/09/2016
<b>Date of response:</b>	31/10/2016

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some care plans did not consistently guide staff practice for example the management of diabetes.

#### **1. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

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

We have implemented improved care planning for our residents with diabetes. Their care plans now describe the safe blood sugar levels and the symptoms of hyper and hypo glycaemia with the actions that should be taken.

**Proposed Timescale:** 28/10/2016

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Medicines that were crushed were not individually prescribed as such prior to their administration.

**2. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Medicines that are to be crushed are now individually prescribed as such prior to administration.

**Proposed Timescale:** 28/10/2016

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

There was progress required in the implementation of the national restraint policy regarding the use of bedrails.

**3. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

We strive to comply with the National Policy "Towards a Restraint free environment."  
We are in the process of improving the layout of the assessment form to ensure that

the alternatives or the least restrictive forms of restraint used are clearly identified and recorded.

**Proposed Timescale:** 30/11/2016

**Theme:**

Safe care and support

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

Five staff had not received training in elder abuse.

**4. Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

We intend to keep a full record of all in house training for staff in this area from now on.

**Proposed Timescale:** 28/10/2016

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The use of best practice design dementia care facilities should be further explored to meet the needs of all residents in the centre.

**5. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

We undertake to explore the use of contrasting colours on doors and on fixtures used on toilets and bathrooms.

**Proposed Timescale:** 31/01/2017