



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Eyrefield Manor Nursing Home
Name of provider:	Norwood Nursing Home Limited
Address of centre:	Church Lane, Greystones, Wicklow
Type of inspection:	Unannounced
Date of inspection:	04 February 2019
Centre ID:	OSV-0000036
Fieldwork ID:	MON-0023437

## 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 twenty-four-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
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
04 February 2019	11:30hrs to 18:00hrs	Sheila Doyle	Lead
05 February 2019	09:30hrs to 15:00hrs	Sheila Doyle	Lead

## Views of people who use the service

Residents were complimentary about the care they received and felt happy and safe in the centre. One resident described how it was like being part of a big family. Residents gave very positive feedback about staff and were aware of who the person in charge was and how to make a complaint although, all spoken with said they never had to make a complaint.

Residents said that they enjoyed opportunities to take part in various activities and occasions such as the various parties held. Residents informed the inspector that staff treated them with respect and dignity at all times. Residents described staff as very kind, caring and responsive to their needs. One resident told the inspector that she felt staff would go the extra mile for you at all times. Another resident simply stated that she was made to feel very special.

Residents described the food as delicious and that there was always a choice. Residents were particularly complimentary about the home made cakes and desserts and the whole potatoes served at lunch.

Some residents said that the centre was like a hotel and that staff were lovely and friendly to all. One resident said that everything was perfect and that everywhere was spotless. One said she was very grateful for the care taken of her belongings and that staff took care of her laundry for her. Another stated that visitors are always made to feel very welcome, tea and cake are offered to everyone. All residents spoken with confirmed their overall satisfaction with the centre.

## Capacity and capability

The registered provider representative and person in charge worked to ensure that residents received a high standard of care through the processes and systems they had in place.

The inspector found that a robust governance structure was in place. The centre had developed a plan to drive improvements. There was a clearly defined management structure. During the inspection, the person in charge demonstrated sufficient knowledge and leadership. Appropriate deputising arrangements were in place. This resulted in a positive impact on the care and support for residents.

Care and support for residents were delivered by an appropriate number and skill mix of staff. There was evidence of safe recruitment practices and assurance was

given by the registered provider representative that Garda Síochána (police) vetting was in place for all staff and volunteers.

Having reviewed the training records, the inspector was satisfied that a culture of learning was promoted through training and professional development. A robust induction procedure was in place to ensure that staff had the required competencies to care for residents.

A detailed residents' guide was available. Contracts of care were in place and opportunities for resident feedback were facilitated.

#### Regulation 14: Persons in charge

The person in charge was a suitably qualified and experienced registered nurse who worked full-time. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She had many years experience of nursing care of the older person and had completed a number of relevant post graduate courses including a management course. She maintained her own professional development and attended clinical courses relevant to her work.

Throughout the inspection, the person in charge demonstrated good knowledge of residents, their care needs and a commitment to ongoing improvement of the quality of the services provided.

Judgment: Compliant

#### Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

#### Regulation 16: Training and staff development

A culture of learning was promoted for staff through training and professional development.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was in place. Some improvement was required as some minor gaps were noted in the information required by the regulations.

Judgment: Substantially compliant

### Regulation 21: Records

The sample of staff files reviewed were complete and contained the information required by the regulations. The registered provider representative stated that he was currently undertaking a full audit of all staff files to ensure they were complete and evidence of reference verification was available as required.

Judgment: Compliant

### Regulation 22: Insurance

Evidence was available that insurance was in place.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose.

A quality management system was in place and the auditing schedule set out the yearly plan. The results of audits were shared with staff for learning and used to inform the annual review. The inspector saw that the 2018 review was completed and was available to residents. This included details of incidents, training provided, results of the resident satisfaction surveys together with plans for the coming year.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was currently being updated and the inspector saw that the latest draft met the requirements of the regulations.

Judgment: Compliant

## Regulation 30: Volunteers

Volunteers worked in the centre and added to the residents' quality of life. They provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. Evidence was available that all volunteers had been vetted to their role, and their roles and responsibilities were set out in a written agreement, as required by the regulations. In addition, a confidentiality declaration was signed.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints procedure was on display. A policy was in place to guide practice. No complaints had been received within the last 12 months. Residents told the inspector that they knew how to make a complaint but it had not been necessary.

Judgment: Compliant

## Regulation 4: Written policies and procedures

A collection of policies was in place and included the policies required by the



regulations. There was evidence of regular review.

Judgment: Compliant

## Quality and safety

Overall, the inspector was satisfied that residents' health and social care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents.

Residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of restraint was low and was in line with national policy. The person in charge demonstrated how she and her staff endeavoured to keep any form of restrictive practices to a minimum.

A review of residents' care records, the practices of staff, and feedback from residents found that healthcare needs were being met in a timely way and care provided reflected residents' preferences.

Residents were safeguarded by effective procedures in the centre. Fire safety procedures, servicing records and training were up to date.

When required, additional supports were put in place to assist residents with communication difficulties. Sufficient detail was provided in the relevant care plans to guide staff. The inspector saw staff using a range of techniques when required.

The premises were comfortable and homely and appropriate to the number and needs of the residents in the centre.

## Regulation 10: Communication difficulties

The inspector noted that, where appropriate, residents' communication needs were recorded in their care plan and appropriate interventions listed. For example, the inspector saw that a pictorial menu was available to assist residents in making a menu choice. A communication folder was also in place which contained pictures of various activities, rooms, mealtimes etc. and this was also used to support residents. Detailed care plans were in place and outlined individual requirements to assist communication.

Judgment: Compliant

## Regulation 11: Visits

Visitors were made welcome in the centre except at meal times if disturbing other residents. The inspector saw visitors attending the centre at various times throughout the inspection. Visitors spoken with said they were very grateful for the flexibility as it allowed them to visit whenever they could. They also told the inspector that they were offered tea and snacks when visiting.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents could have their laundry attended to within the centre. The inspector visited the laundry which, although small, was organised and well-equipped. A separate ironing room was available. Appropriate procedures were in place for the safe return of clothes.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space, including lockable space, was provided for residents' possessions.

Judgment: Compliant

## Regulation 13: End of life

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Having reviewed a sample of care plans, the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life.

Advice and support was available from the local palliative care team. The person in charge told the inspector about training already provided to staff and outlined plans for additional training in the coming months.

Judgment: Compliant

## Regulation 17: Premises

The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

A renovation plan was in place to ensure all areas were repainted as required. The prayer room was currently being repainted. In addition, plans were in place to renovate and redesign the existing bathrooms on each floor.

All areas looked clean and well maintained. The centre was observed to be homely, warm, bright, and furnished to a high standard. There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents. There were large easy to read clocks in a number of rooms. Resident's bedrooms were personalised with photographs, pictures and ornaments.

There was clear directional signage located at an appropriate height, around the centre to assist orientation.

Judgment: Compliant

## Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector reviewed a sample of care plans. Evidence of review by the dietitian and speech and language therapist was noted.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The inspector that catering staff spoke regularly with residents asking if everything was ok.

Judgment: Compliant

## Regulation 20: Information for residents

A residents' guide was in place and contained the information required by the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible, if needed. All staff had attended training, and fire drills were carried out on a regular basis, and these included night-time scenarios. Action required from the previous inspection in relation to storage around fire exits had been addressed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The arrangements to meet each resident's assessed needs were consistently set out in an individual care plan. Residents and relatives were involved in the review of the care plans.

Following information received in the Office of the Chief Inspector, the inspector undertook a review of falls. It was found that detailed assessments were completed. Additional support and advice was available and appropriate equipment was also in use. Pain relief was also mentioned in the information received. The inspector saw that improvements had taken place in this area as a result of an audit carried out. New pain assessments were introduced and now a more detailed, ongoing review of the efficacy of the pain relief, was carried out.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were met through timely access to treatment and therapies. Residents had suitable access to GP's, and allied health care professionals either in house or in the local community. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Overall, residents were well supported and positive behavioural plans were in place. The inspector found that evidenced-based tools were utilised to monitor behaviours where required. Where residents had known responsive behaviours, there was a care plan in place. This identified possible triggers and interventions. Staff were familiar with the residents and understood their behaviour. Support and advice were available from the psychiatric services.

Two residents only were using bedrails and usage was in line with national guidelines.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

The provider had clear processes in place to protect residents' finances. The provider did not act as a pension agent for any resident. Some pocket monies were managed and the inspector saw that recent changes had been introduced to make this system more robust.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Eyrefield Manor Nursing Home OSV-000036

Inspection ID: MON-0023437

Date of inspection: 05/02/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Any gaps in information in the Directory of Residents will be filled in immediately. From now on, all details concerning new residents will be entered in this directory within 24 hours of admission.	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	18/02/2019