

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Eyrefield Manor Nursing Home
Centre ID:	0036
Centre address:	Church Lane Greystones, Co Wicklow
Telephone number:	01 2872877
Fax number:	01 2557553
Email address:	eyrefieldmanor@ireland.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Norwood Nursing Home Limited
Person authorised to act on behalf of the provider:	Patrick Behan
Person in charge:	Elizabeth Mitchell
Date of inspection:	19 and 20 July 2011
Time inspection took place:	Day-1: Start: 08:55 hrs Completion: 18:00 hrs Day-2: Start: 09:30 hrs Completion: 13:30 hrs
Lead inspector:	Sheila Doyle
Support inspector:	Linda Moore
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Eyrefield Manor is a two-story facility with 55 places, set in a large garden and has been in operation since 2006. It provides accommodation for up to 55 residents who require long-term residential care, convalescence, respite and dementia care.

On the ground floor there are six single rooms, seven two-bedded rooms and two three-bedded rooms. The first floor comprises four single rooms, five two-bedded rooms and five three-bedded rooms. All have en suite shower, toilet and wash-hand basin facilities.

Other facilities include two sitting rooms, two quiet rooms, a television room, a hairdressing/therapy room, a doctor's examination room, two assisted bathrooms with assisted toilets, an oratory, a kitchen and a serving kitchen and dining areas. A visitor's room and a visitor's toilet are also available. Staff facilities consist of a dining room and male and female toilets. There are separate amenities for catering and nursing staff.

Closed-circuit television (CCTV) is in operation at the entrance and exits for security purposes.

There is a secure garden behind the building divided into smaller areas with appropriate garden furniture. The gardens are well maintained and contain a glass house and a summer house for the residents. Car parking is provided to the front of the centre.

The centre is located in Church Lane, Greystones, Co. Wicklow. Local shops and churches are within easy reach.

Date centre was first established:			2006	
Number of residents on the date of inspection:			50 + 1 in hospital	
Number of vacancies on the date of inspection:			4	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	18	15	5	12
Gender of residents			Male (✓)	Female (✓)
			✓	✓

Management structure

The Provider is Norwood Nursing Home Limited. Patrick Behan and Elizabeth Mitchell are the Directors of the company. Patrick Behan is the nominated Provider on behalf of the company and he attends the centre on a daily basis and as required. Elizabeth Mitchell who is secretary of the company is the Person in Charge. The Person in Charge is supported in her role by an Assistant Director of Nursing (ADON). The carers and multi-task attendants report to the nursing staff who in turn report to the ADON. Administration and catering staff, report to the Person in Charge.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

While areas for improvement were identified, overall inspectors found that the provider and person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner.

The provider and the person in charge promoted the safety of residents. A risk management programme was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place.

The health needs of residents were met. Residents had access to medical cover and to a range of other health services and evidence based nursing care was provided. Care plans were in place and the documentation was regularly reviewed.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

Improvements were required around the content of some of the policies and some aspects of the premises. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

Inspectors were satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations.

Inspectors observed that the service's capacity to meet the diverse needs of residents, as stated in the statement of purpose, was reflected in practice. In particular inspectors noted that care was provided in a "safe, physical and emotional environment for all residents and staff" as described in the statement of purpose. This was confirmed by residents and relatives to inspectors throughout the two days and in their comments in the resident and relative questionnaires submitted.

The statement was kept under review by the provider and was made available to residents on admission, and following review.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Inspectors were satisfied that the quality of care and experience of residents was monitored and developed on an ongoing basis.

The person in charge had put a system in place to gather and audit information related to falls, accidents/incidents and medication management. There was a robust system in place to collect clinical data to identify possible trends and for the purpose

of improving the quality of service and safety of residents. Inspectors read the minutes of the staff meetings and saw where the information was exchanged for learning purposes.

Inspectors read where a resident satisfaction survey had been completed. Inspectors saw that the results of this were used to bring about changes in the centre. For example, inspectors noted that one questionnaire stated that the top of the wardrobe was dusty, as a result additional cleaning equipment was purchased and the cleaning schedule amended. The person in charge and provider told inspectors that they intended to repeat this survey in September.

In addition the person in charge conducted frequent audits of the care plans to identify any deficits and provide additional support and training for staff if required.

Staff were also surveyed about possible improvements to the service. Inspectors saw where suggestions from staff had been taken on board. For example, a walking club was established to assist residents in maintaining their mobility. Residents told inspectors how much they enjoyed going outside for walks, either to the local shops, coffee shop or the local park.

A residents' committee was also active within the centre and this is discussed in more detail under Outcome 11.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Inspection findings

Inspectors found evidence of good complaints management. The complaints policy was reviewed and was found to be comprehensive and met the requirements of the Regulations. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint.

Inspectors noted that a separate log was maintained where verbal concerns from residents and relatives were recorded. Inspectors saw how these had been acted upon and documented in accordance with the policy.

Residents and relatives told inspectors they felt comfortable raising any concerns with the provider, person in charge or any member of staff should the need arise. Many residents and relatives said they never felt the need to complain.

The complaints procedure was displayed in a prominent place and was summarised in the Residents' Guide and the statement of purpose.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to and those who completed questionnaires confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times and the safety procedures in place such as the locking systems on the exit doors and call bells. One resident had told the person in charge that he didn't like other residents going in to his room but he liked to keep the door open. A wooden guard had been installed across the doorway and the resident was very happy with this.

The person in charge managed small amounts of money for some residents. The inspector checked the balances which were correct. Deposits and withdrawals were signed and witnessed by the person in charge and either another staff member, the resident or relative.

The person in charge monitored safe guarding practices in the centre. She regularly spoke to residents and relatives, reviewed the systems in place to ensure safe and respectful care and ensured that the staff understood the centres' policy and procedure in relation to elder abuse, including reporting procedures. As part of her auditing procedures, she randomly asked staff the types of abuse and the procedure to follow. Staff said they would report any suspicion immediately as the person in charge had informed them verbally and through a whistle blowing policy that their rights would be protected.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Inspection findings

Inspectors found that practice in relation to the health and safety of residents and the management of risk sufficiently promoted the safety of residents, staff and visitors.

The environment was kept clean and well maintained and there were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control and staff spoken with were knowledgeable. Staff had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available in each room.

The health and safety statement was read by inspectors and it included the employers' and employees' responsibilities and the role of the person in charge. A health and safety representative had been selected by the staff and inspectors read the minutes from regular meetings which were held with the provider to discuss any concerns. The health and safety policy identified the hazards and the control measures for food safety and safety of residents, visitors and staff.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary. Staff spoken with were aware of the procedure to follow and also the alternative accommodation in the event of evacuation. Clinical risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management.

The provider and person in charge had sufficiently prioritised the safety of residents in the event of fire. Service records showed that the fire alarm system was serviced on a three-monthly basis, the emergency lighting and fire equipment on a yearly basis. Inspectors read the records which showed that daily inspections of fire exits were carried out. The fire panels were in order and inspectors noted that fire exits were unobstructed. Inspectors read the training records which confirmed that all staff had attended training. All staff spoken with were very clear about the procedure to follow in the event of a fire.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

Inspectors found evidence of good medication management processes. There were comprehensive medication management policies which provided guidance to staff. Inspectors observed the nurses on part of their medication rounds and found that medication was administered in accordance with the policy and An Bord Altranais guidelines. Inspectors also noted that all nurses had undertaken the An Bord Altranais e learning medication management programme.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. There were no such medications in use at the time of inspection.

A medication fridge was in place and inspectors noted that it was kept locked and the daily temperatures were recorded. Medications in use were dated on the day they were opened.

There were appropriate procedures for the handling and disposal of unused and out of date medicines. Inspectors also noted that there was regular input from the pharmacist.

Reviews of medication prescriptions, administration records and stock balances were carried out by the person in charge, general practitioner (GP) and pharmacist. When discrepancies occurred these were recorded and shared at staff meetings for learning.

3. Health and social care needs

Outcome 7

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

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review

Inspection findings

Staff promoted the residents' health by encouraging them to stay active. Residents had regular group exercise classes and were seen walking about during the day. As discussed under Outcome 2 inspectors noted that residents were supported to go outside frequently for walks in the garden accompanied by staff.

Residents had access to a range of peripatetic services. Physiotherapy and occupational therapy (OT) were available in the centre and the benefit of these services to residents was apparent. Individual and group exercise sessions were provided, seating assessments undertaken and the selection and provision of appropriate and individualised assistive equipment. The speech and language therapist and dietician attended residents on a referral basis. Audiology services were also provided on a referral basis. Dental and optical services were provided locally or in-house if required. While reviewing residents' files inspectors noted the input of the various services who recorded their review and treatment plans for each resident.

Inspectors reviewed some residents' files and noted that a nursing assessment and additional risk assessments were carried out for residents. Comprehensive person-centred care plans were in place for all residents' needs. Inspectors read residents' care plans and the staff outlined to inspectors how they were committed to improving this documentation. Three-monthly reviews were completed, dated and signed by staff, residents and relatives. Staff told inspectors how residents and relatives were included in the development and review of care plans. All residents spoken with knew about their care plan and relatives confirmed in the questionnaires received that they were also familiar with the care plans.

Inspectors checked the number of falls that occurred within the centre in the previous six-month period and were satisfied that they were well managed. The person in charge and members of the multi-disciplinary team had collected and analysed this information. Analysis included the timing of falls and the number of residents who fell. Strategies were put in place for those residents who were at high risk of falling. This included the residents discreetly wearing a red ribbon which alerted all staff to the risk. Supervision of all residents was in place and inspectors noted that all communal areas were supervised by staff when residents were there. Inspectors also saw that half-hourly checks of all residents were completed day and night. Inspectors read the care plan of two residents who had fallen and noted that the strategies had been implemented including medication review, provision of hip protectors and additional supervision.

Inspectors reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to a number of staff and there was a policy which provided guidance to staff. Inspectors reviewed residents' files and noted that appropriate assessment and intervention strategies were in place. Staff spoken to were aware of the policy and knowledgeable of appropriate strategies.

Inspectors noted that several residents were using restraint such as bedrails and reclining chairs. In the sample of care plans reviewed inspectors noted that assessments were undertaken including the consideration of alternatives. A comprehensive policy was in place to guide practice. The OT and physiotherapist were involved in these assessments and the provision of appropriate equipment. The person in charge had recently attended a 'Train the Trainer' course on the use of restraint and outlined to inspectors the plans to review their current documentation and revise the policy in line with the national policy on the use of physical restraints.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

Inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

This practice was informed by the centres' comprehensive policy on end-of-life care. The policy included guidelines for involving the resident and their families in planning the end-of-life care. Inspectors spoke with staff who were able to outline the contents of the policy. Some staff had already attended specific training and this is discussed further under Outcome 14.

The centre was using an integrated pathway to plan the residents' care. Inspectors spoke to relatives whose loved one had passed away the previous night. They praised the staff and outlined the kindnesses shown to them. Inspectors also met the daughter of a resident who had passed away some time ago. She told inspectors that one of her fondest memories was a member of staff hugging her mum as they left to attend a birthday party, after which her mother died unexpectedly.

Inspectors read where residents' end of life preferences were discussed and documented in care plans. Inspectors noted that if relatives or residents expressed a wish to remain in the centre then reposing of the body was held there. In addition, on the night before removal to the church, following prayers, refreshments are provided relatives and friends of the deceased. The chef showed inspectors where he had made a menu card which included a picture of the deceased and this was made available to attendees. Inspectors saw that preparations were underway for such an event following the passing of one resident.

The local palliative care team also provided support and advice when required.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

There was a large central dining room and a smaller dining room upstairs for residents who required assistance. Residents chose where they would prefer to have their meal. Inspectors noted that meals were well presented and tasty.

Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. The main course was served plated, and residents were offered a choice of sauces or gravy separately. Inspectors saw that each resident was asked if they would like a second helping. Residents told inspectors they could have anything they wanted at meal times and inspectors saw where a wide variety of dishes were served. Inspectors noted that during the residents' meetings described later under Outcome 11, suggestions had been made and acted upon. For example, some residents said they wanted fish on the menu every Friday and inspectors saw this was included. Another resident stated that she wanted poached eggs as they were her favourite. Inspectors spoke to this resident who said that she had this meal for her tea the previous evening. A relative told inspectors that his mum had a poor appetite but she loved pancakes and that this was frequently prepared for her.

Inspectors saw residents being offered a variety of snacks and drinks. Jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time they asked for them. Relatives also told inspectors that they were always offered tea or coffee.

Residents' dietary requirements were met to a high standard. The chef discussed with inspectors the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff, the residents care plans and from speaking directly to residents. Inspectors noted that the catering staff spoke with the residents during meal times asking if everything was ok.

Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Inspectors were satisfied that this outcome was achieved.

Contracts were agreed with and provided to residents. Inspectors read a random sample of completed contracts and noted that they set out the overall care and services provided to the residents and the fees charged, including any additional fees charged. Residents spoken with were aware of their contracts.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents' privacy and dignity were respected by staff although one aspect of the premises made this difficult and this is discussed in more detail under Outcome 15.

Staff were observed knocking on toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name. Inspectors also heard good humoured banter which some residents were enjoying.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at the recent election. Mass took place on a monthly basis and more often where possible while Holy Communion was offered every day. Several residents commented on how important this was to them. The Church of Ireland minister visited regularly and on request. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been established and inspector read the minutes of some of these meetings and noted that where suggestions were made by residents these had been addressed by the person in charge. For example, the residents had asked for changes to the menus as outlined under Outcome 9 and that they would like more social outings. Residents confirmed that several outings had been arranged including accompanying the person in charge on shopping trips and they said how much they enjoyed them.

The person in charge told inspectors how she promoted links with the local community. Photographs were displayed around the centre of various outings and activities the residents had attended in the local community.

Care plans and documentation had been updated to be more person-centred. The information included the residents' previous life experiences, preferences and important dates such as the birthday of the resident's spouse and family, anniversary dates and other important personal information. Inspectors saw where this information was used to inform and plan the activity programme. For example, some of the residents were very involved in dancing and music of this nature had been obtained and was played within the centre. Inspectors saw a resident asking another resident to dance and also saw staff accompanying other residents to dance.

Two activity coordinators had been employed in the centre and residents were provided with an extensive range of things to do during the day. A schedule of activities was available. Inspectors noted that some members of staff were also involved in developing facilities for some activities. For example, the maintenance person had designed a raised plant potting table. Inspectors also noted that the administration staff frequently joined residents for part of the activities, singing and dancing to the residents' favourite tunes. Inspectors also noted that residents and relatives frequently stopped at her desk in the reception area to pass the time of day.

Life books had been collated for all residents and this included input from relatives. The life history of residents was captured by favourite photographs, poems and stories. Inspectors read a sample of these and relatives confirmed how these captured the real person in a very meaningful way.

Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. The person in charge had ensured that these residents were provided with opportunities for personal growth and were included in the daily life of the centre. Several staff members had been trained to deliver activity programmes such as Sonas (a therapeutic communication activity which focuses on sensory stimulation) and hand massage. Inspectors saw where the residents responded warmly to these one-to-one sessions. Inspectors spoke to a resident who had just received a massage from a member of staff. She said it was her first experience of this and said how much she had enjoyed it. In addition inspectors saw photographs of some residents enjoying a visit from Peata, the organisation who provide a pet therapy service to caring institutions.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

There was a well-established laundry system in place. The laundry room was spacious and well equipped and a second room was set aside for the laundered clothes and ironing. Inspectors spoke to the staff member seen working there and found that she was knowledgeable about infection control and the different processes for different categories of laundry. A resident was seen helping out in the laundry and confirmed to inspectors how much she enjoyed this.

Clothing was marked discreetly by relatives or on admission by staff and all residents' clothes were folded and returned to the resident's cupboards by the laundry worker. Inspectors saw that great care and attention had been given to ironing shirts belonging to male residents. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them. One relative told inspectors that staff always made sure his mother was beautifully dressed and how important this was to her. Residents told inspectors that they were satisfied with the laundry arrangements.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge was a registered general nurse and worked full-time at the centre. She continued to keep her skills up-to-date by undertaking ongoing professional development and had recently completed the Further Education and Training Awards Council (FETAC) Level 6 in Gerontology. Inspectors saw documentation confirming that she was due to undertake a management course starting in August. She conveyed a good knowledge of her responsibilities under current legislation and demonstrated good leadership skills. She had 21 years experience and relevant knowledge in caring for older people. She was well organised and could readily access information requested.

Inspectors found that she was knowledgeable about residents' needs and their background. She was observed to engage well with residents and relatives throughout the days of inspection. She demonstrated a firm commitment to the provision of good quality care to the residents and welcomed the inspection process to assist in driving forward quality care for residents. She was well supported in her views and commitment to running a high quality service by her husband, the provider. Comments received by inspectors from staff, residents and relatives indicated that the person in charge was supportive and had a regular presence in the centre. She was supported in her role by an assistant director of nursing and two senior nurses who deputise in her absence.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

Inspection findings

There was a robust written operational recruitment policy in place. Inspectors examined a sample of staff files. All staff files contained the information required by the Regulations.

Staff turnover was very low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to residents' needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

Formal induction arrangements for newly employed staff were in place. Inspectors spoke to a recently appointed staff member who outlined the induction process including the training she had attended since commencement. In addition there was an annual employee review where the employee was rated against a range of skills and further training needs were identified.

The provider and person in charge were committed to providing ongoing training to staff. Extensive training had been undertaken in the last 12 months including training on medication management, management of nutrition, dementia care and the management of behaviour that challenged. Inspectors read the training records and staff spoken with confirmed that they had attended. All staff had attended mandatory training in moving and handling and staff spoken with were knowledgeable in this regard.

Most healthcare assistants had FETAC Level 5 training and some were scheduled to commence this autumn. Staff spoken with confirmed how much they had enjoyed doing the training and how it helped them in their work. One care assistant told inspectors about the benefits to him of undertaking the palliative care module. He felt better equipped to care for both the residents and their families at end of life.

All volunteers had been vetted appropriate to their role. There was a written agreement outlining their roles and responsibilities in place as required by the Regulations.

Inspectors viewed the staff rota and found that the planned staff rota matched the staffing levels on duty. The staff roster detailed each staff member's position and full name. A separate roster was in operation for each floor. A registered nurse was on duty at all times on each floor including night duty. The person in charge or senior nurse on duty was always supernumerary and available to support and supervise staff.

The person in charge informed inspectors that if for any reason staff were unavailable to work, part-time staff were organised to work extra shifts. This ensured that residents were familiar with the staff and ensured that staff members were competent in their role. A staff handover occurred at the commencement of the morning and night shift.

The person in charge also stated that formal monthly staff meetings were held. Minutes of these were available and viewed by inspectors - recent topics discussed included the Regulations, the upcoming inspection and recent falls and intervention strategies. Staff interviewed confirmed this.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The centre was purpose-built, with a good standard of private and communal space and facilities. The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided. Many referred to it as hotel-like services. Communal areas such as the day rooms had a variety of pleasant furnishings and comfortable seating.

All bedrooms were of a reasonable size and had specialised beds, call bell facilities and adequate personal storage space including a locked storage area. The person in charge and provider were aware that the multi-occupancy rooms will not meet the requirements of the Standards and planned to address this within the timeframe.

Inspectors were concerned that residents' privacy while in their bedrooms was jeopardised by the lack of suitable screening in the multi-occupancy rooms. There was no secure fixed screening instead portable screens were in use which required staff to bring them to each bed when needed. This made it difficult for residents to manage their own personal care and also made it difficult for staff to ensure privacy particularly when using lifting equipment. This was discussed with the provider and person in charge who had already identified it as an area for improvement. Plans were in place to source appropriate screening and to introduce this on a phased basis throughout the centre.

There were one sluice room which had a bedpan washer, a cleaners' room and laundry all of which were appropriately equipped. Staff were provided with changing and storage facilities.

A passenger lift provided access between the two floors. The centre had a secure landscaped garden area with lots of colourful flower beds and garden furniture. In addition there was a landscaped garden to the front with seating placed at intervals around it. A large stone feature which was filled with colourful plants provided a focal point in the centre of the car park. The gardens were safe for use by all residents,

and they told inspectors that they enjoyed spending time in the garden during fine weather. A sun room had recently been added in the garden and inspectors saw residents out there reading their newspapers.

The kitchen was found to be well organised and equipped with sufficient storage facilities. Inspector observed a plentiful supply of fresh and frozen food.

There was appropriate assistive equipment available such as hoists, pressure relieving mattresses, cushions, wheel chairs and walking frames. Handrails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

Although each bedroom had an en suite shower, toilet and wash-hand basin, inspectors were concerned that there were no toilets within easy distance of communal areas such as the sitting and dining rooms. Staff and residents spoken with confirmed that occasionally residents' had to use the en suite in one of the bedrooms occupied by other residents which also impacted on the privacy and dignity of residents. This was discussed with the provider and person in charge who agreed that they would look at this as part of ongoing improvements. There were two assisted bathrooms, one on each floor and they also contained assisted toilets.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Although all policies were in place, some were not specific enough to inform practice nor did they reflect the good practices observed by inspectors. For example, the nutrition policy did not state the assessment procedure yet care plans reviewed showed evidence based assessments, weight records and appropriate intervention strategies as described earlier under Outcome 7.

Directory of residents

Substantial compliance

Improvements required*

Staffing records

Substantial compliance

Improvements required*

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

The ADON deputised for the person in charge. The person in charge and provider were aware of their responsibilities to notify the Authority but as yet this was not required. Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge to report on inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

Inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sheila Doyle

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

22 July 2011

Provider's response to inspection report*

Centre:	Eyrefield Manor Nursing Home
Centre ID:	0036
Date of inspection:	19 and 20 July 2011
Date of response:	25 August 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 11: Residents' rights, dignity and consultation

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was insufficient screening in the multi-occupancy bedrooms to ensure the privacy and dignity of residents.

Action required:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 4: Privacy and Dignity

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are planning to install fixed screening in semi-private rooms on a phased basis. A company has been contracted and costs are being obtained. In the meantime, we continue to use portable screening in all shared rooms.</p>	<p>12-18 months</p>

Outcome 15: Safe and suitable premises

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Although each bedroom had an en suite shower toilet and wash-hand basin, inspectors were concerned that there were no toilets within easy distance of communal areas such as the sitting and dining rooms.</p>
<p>Action required:</p> <p>Provide sufficient numbers of toilets and wash-basins which incorporate thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>At present, we are in consultation with our Architect who is drawing up plans to provide additional toilet facilities near communal areas.</p>	<p>12-18 months</p>

Outcome 16: Records and documentation to be kept at a designated centre

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some policies were not specific enough to inform practice nor did they reflect the good practices observed by inspectors.</p>

Action required:	
Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.	
Reference:	
Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are now conducting a review of our policies to ensure that they are specific enough to inform good practice.	3 months

Any comments the provider may wish to make:

Provider's response:

We wish to thank Ms. Doyle and Ms. Moore for the professional manner in which our recent inspection was conducted. We value the opportunity to have our service reviewed by an independent body and appreciate the comments and recommendations offered to us by the inspectors.

The Person in Charge and the Provider would like to commend our staff on the true dedication and commitment they show to the residents in our care on a daily basis.

Provider's name: Patrick Behan
Date: 25 August 2011