

**Health Information and Quality Authority  
Social Services Inspectorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Willowbrook Lodge
<b>Centre ID:</b>	0302
<b>Centre address:</b>	Mocklershill
	Fethard
	Co Tipperary
<b>Telephone number:</b>	062-61560
<b>Email address:</b>	info@willowbrooklodge.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	The Caring Specialists Ltd.
<b>Person authorised to act on behalf of the provider:</b>	Noelle Killeen
<b>Person in charge:</b>	Helen Murnane
<b>Date of inspection:</b>	10 October and 11 October 2012
<b>Time inspection took place:</b>	<b>Day-1: Start:</b> 09:50hrs <b>Completion:</b> 16:30hrs <b>Day-2: Start:</b> 09:00hrs <b>Completion:</b> 13:30hrs
<b>Lead inspector:</b>	Cathleen Callanan
<b>Support inspector(s):</b>	N/A
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under **a maximum of 18 outcome statements**. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**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 inspection report sets out the findings of a monitoring inspection, in which **all** of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input checked="" type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input checked="" type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input checked="" type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input checked="" type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input checked="" type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was not announced and took place over two days. As part of the monitoring inspection the inspector met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector found that there was a good level of care as reflected in care processes such as risk management and care planning, and practices observed over the two days of inspection. The provider took a very active role in the management of the centre and it was evident that there was a strong working relationship

between her and the person in charge, which promoted good and transparent governance.

Of the 13 actions arising out of the inspection of 10 May 2011 and 11 May 2011, the inspector found that there were only two that had not been fully addressed. These referred to the re-organisation of the complaints procedure and the suitability of the premises. While an action in relation to the statement of purpose had been completed, a minor issue arose as to its content, which did not accurately reflect the frequency of residents' meetings.

### **Section 41(1)(c) 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*.**

### **Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

### **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

### **Outstanding action(s) required from previous inspection:**

The statement of purpose did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

### **Inspection findings**

While the statement of purpose did outline the information outlined in Schedule 1 of the Regulations, it did not match the actual operational procedures. The statement of purpose stated that a meeting of residents would be held on a monthly basis. However, the provider had found that residents were more likely to participate if the meetings were less frequent, and had therefore convened the meetings on a bi-monthly basis. Relatives were also invited by letter to attend.

**Outcome 2**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The contracts of care set out the services to be provided and specified the costs, and of a sample of four files chosen at random by the inspector, all had been signed within one month of admission.

There were three contracts entitled "Terms and Conditions" that were in a different format to the others, and contained a clause that no personal belongings were covered by insurance. This was brought to the attention of the provider who explained that this version was no longer in use, and the exclusion of insurance cover was an administrative error which would be amended immediately. He further provided evidence of insurance cover for all residents.

**Outcome 3**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The centre is managed by a suitably qualified person in charge (PIC) who holds the post full time. It was evident throughout the two days of inspection, for example at the handover meetings, that she had an in-depth knowledge of all the residents, and she executed her role in a knowledgeable and authoritative manner. She had engaged in a range of professional development training over 2011 and 2012 such as:

- medication management
- leadership and management
- infection control
- challenging behaviour
- risk management and audit
- dysphasia
- physical restraint (train the trainer).

The inspector noted the close working relationship between the PIC and the provider, and the extent to which they were both very well informed about all aspects of residents' needs.

**Outcome 4**

*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:**

- Regulations 21-25: The records to be kept in a designated centre
- Regulation 26: Insurance Cover
- 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 \*

Some improvement was required in the recording of complaints insofar as concerns expressed by staff were logged as complaints.

### **Directory of Residents**

Substantial compliance

Improvements required \*

### **Staffing Records**

Substantial compliance

Improvements required \*

Evidence of medical fitness was not available for all staff.

### **Medical Records**

Substantial compliance

Improvements required \*

### **Insurance Cover**

Substantial compliance

Improvements required \*

### **Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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

#### **Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The provider informed the inspector that there had been no periods when the person in charge had been absent over and above the ordinary leave arrangements. A suitably qualified key senior manager was in post to undertake the responsibilities of the PIC in her absence.

### **Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

### **Outcome 6**

*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

### **Outstanding action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

## Inspection findings

The policy on adult protection was comprehensive and there was a very clear reporting matrix posted prominently in the centre.

The inspector found evidence that staff had attended training in elder abuse and staff confirmed their attendance at relevant training. Staff with whom the inspector spoke were knowledgeable about the features of elder abuse and their reporting responsibilities. They were able to reflect on the features of elder abuse training as it related to the *National Quality Standards for Residential Care Settings for Older People in Ireland* and were clear about the whistle-blowing policy.

The provider acts as pension agent for five residents and was able to show the inspector a clear accounting process of residents' finances so that at any one time a

resident could be given a full account of their means and any funds held on their behalf.

The inspector noted good infection control practices in the manner in which staff used protective clothing and appliances. Staff demonstrated to the inspector how they undertake cleaning duties and they had a clear understanding of the need to segregate cleaning tasks in the interest of infection control. Cleaning equipment and mops were appropriately stored and cleaning fluids were stored securely. Staff had attended training on infection control in 2012.

#### **Outcome 7**

*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  
Standard 26: Health and Safety  
Standard 29: Management Systems

#### **Outstanding action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

### **Inspection findings**

There was a comprehensive health and safety statement which was signed as having been read by all staff.

The centre had a management and risk committee that convened every two months, the minutes of which were available for inspection. The committee membership included housekeeping and maintenance staff and addressed issues such as the use of hoists, evacuation chairs, training needs and the general upkeep of the centre.

There was a risk management policy that identified centre-specific risks. In addition, there were personal risk management plans for each resident outlining a range of risks including falls, and those for residents who smoked outlined the specific measures in place to protect individual smokers and manage the risks attached to smoking.

On reviewing the staff meeting minutes the inspector noted that the agenda for the next meeting contained an item on learning from incidents.

The inspector noted that all checks of fire equipment were up to date and daily and weekly checks were recorded. For a number of residents there were personal evacuation plans in place separate to their individual risk assessments and their care plans were clearly marked with a red dot to indicate which residents were the subjects of individualised plans. Evacuation drills had been held on a regular basis to

include all staff, and those with whom the inspector spoke confirmed their attendance and their understanding of procedures.

Service contracts for equipment and lift maintenance were up to date and there was evidence that clinical waste was disposed of appropriately.

**Outcome 8**

*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

**Outstanding action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

There were centre-specific policies for ordering, prescribing, storing and administering medication. At the time of inspection no resident was self-administering. Unused medication was disposed of appropriately and the inspector noted the procedure for the receipted return of such medication to the pharmacy. Monitoring procedures were in place for the storage and management of controlled drugs. Arising out of the inspection of 10 and 11 May 2011 an action had been issued in relation to the practice of transcribing drugs. The provider had responded that prescription records would be transcribed solely by the resident's doctor. However, the PIC had found that this presented difficulties in practice, and had resumed transcribing with two nurses signatures on the basis that the GP signed the transcription within five days. The inspector noted the dated signature of the GP where transcribing had taken place.

**Outcome 9**

*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

**Outstanding action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

## Inspection findings

Quarterly returns have been made to the Authority and an accident and incident book was maintained. There was no evidence that a notifiable event had occurred since the last inspection but where there had been a change to the management structure, this had been notified to the Authority.

### **Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

### **Outcome 10**

*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

### **Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The inspector noted that a range of audits had been completed over 2011 and 2012. These included:

- medication management
- hand hygiene
- infection control
- environmental audit
- observation of care
- use of restraint
- pressure ulcer.

It was further noted that the audits, for example, on the use of restraint, resulted in particular recommendation in terms of staff practices.

A resident satisfaction survey had been implemented in June 2012 and the inspector noted that minutes of the activities group included discussion on the improvement of quality of life for residents through appropriate activities.

The provider was actively engaged in the life of the centre and was clearly well known to residents with whom she chatted throughout the day.

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Outstanding action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspector noted that care plans contained all the relevant information in respect of the residents' needs. Of five care plans selected at random, all had been signed by the residents at the time of review and the one without a resident's signature noted that that resident did not wish to sign.

The care plans contained personal risk assessments and a management plan for those risks identified, including risks associated with smoking. Pre-admission care plans were in place and a range of standard assessment tools in use. The plans reflected referral to a number of allied health professionals and this was also reflected at the handover meeting where such referrals were discussed.

The centre aimed for a restraint free environment and at the time of inspection three residents were subject to restraint. Two were at an advanced stage of dependency with mobility limitations and relevant documented checks were in place. The third resident liked to have a belt on his wheelchair when mobilising only. Staff were

instructed by the PIC to encourage another resident to continue his recently discontinued use of a bedrail, which had been implemented successfully.

Falls management was proactive with the use of hip protectors where appropriate.

### **Outcome 12**

*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

### **Outstanding action(s) required from previous inspection:**

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Ensure the size, location and layout of rooms occupied or used by residents are suitable for their needs.

Provide adequate dining space separate to the residents' private accommodation and sufficient to the needs of the number of residents accommodated.

Provide a sufficient number of accessible, assisted baths and showers, having regard to the number and dependency of residents in the designated centre.

### **Inspection findings**

Of the actions required from the inspection of 10 and 11 May 2012, those relating to storage of assistive devices and the installation of a bedpan washer had been met. Hoists and wheelchairs were now stored in a part of the building slightly apart from the main centre. While this was somewhat inconvenient for staff, it did free up space for residents in the communal area. A bedpan washer had been installed in the sluice room.

None of the remaining actions had been completed and all formed part of the provider's longer term plans to address overall shortcomings in the design and layout of the building, which would require additional investment. However, with regard to the capacity in the dining room, the inspector noted that some residents, who were otherwise mobile, preferred to dine in their rooms or in the communal area.

There was a person employed for maintenance duties three days per week and he worked through a schedule of general upkeep and minor repairs. The inspector tested the call-bell system and found it to be in working order. Grab-rails were

available in communal areas and there was a stair-lift which the inspector noted was used frequently by some residents in preference to the passenger lift.

The centre was clean throughout and the inspector noted that in a recent environmental health report on the kitchen there were no non-compliances recorded.

Keypad locks were installed and used appropriately, for example for the sluice room and the general cleaning store. The sluice and storage areas were clean and orderly and mops were stored appropriately. There was a keypad system in use at the front entrance and a pleasant outdoor secure area for residents' use to the rear.

Bedrooms and communal areas were bright and clean and the décor was homely in style.

There were suitable facilities available for staff.

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

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

*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

**Outstanding action(s) required from previous inspection:**

Ensure that the complaints policy and procedure reflects the aims, objectives and ethos of care of the designated centre as outlined in the statement of purpose and are in line with best practice guidelines for understanding and responding to challenging behaviours.

**Inspection findings**

The complaints policy was clearly posted in the lobby area of the centre and identified two external nominees who could be contacted by residents and relatives if required.

The policy was signed as having been read by 21 staff.

The minutes of the residents' committee meeting reflected an open attitude on the part of the provider to receiving complaints. In addition, the inspector noted from minutes of staff meetings that the handling of complaints had formed part of the agenda.

While an audit of the complaints procedure had been undertaken in September 2012, the inspector had some concern that the practice of combining concerns expressed by staff with those of residents and families somewhat obscured the process. The complaints log contained entries in relation to both, and made it more difficult to identify trends in terms of potential resident dissatisfaction. In discussion with the provider she outlined the practice of dealing with complaints at the most local level, which, when resolved without delay, were not then recorded. However, she agreed to document staff concerns/complaints separately from those of residents so that any trends might be more clearly identified.

**Outcome 14**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

There was an end of life policy in the centre which was signed as having been read by 22 staff. The centre had an open visiting policy so that there were no restrictions relatives were able to visit at any time (on access at end of life).

The PIC informed the inspector that, should it be required, palliative care support would be provided by the Health Service Executive (HSE).

The sensitive management of end of life care was somewhat compromised by the absence of any dedicated space for a resident and his/her family at such a time. Where possible, a resident at end of life was moved out of a shared room.

**Outcome 15**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector noted that care plans clearly documented dietary requirements, weights were recorded and nutritional intake was charted if necessary.

The menu was audited twice yearly by a nutritionist and the inspector reviewed the minutes of bi-monthly minutes of kitchen staff meetings where issues such as swallow care plans, fire procedures and hygiene audits were discussed.

There was an individual food plan for each resident outlining their dietary needs and preferences and staff in the kitchen were familiar with residents' swallow care plans.

The inspector noted that the food served was of a high quality with a good range of choice, and home baking was available. Snacks were regularly served and water and hot drinks were readily available.

The inspector noted that at the handover meeting staff discussed the need to encourage one resident who had the potential to eat with limited assistance and maintain independence, rather than relying completely on a carer, and the need for vigilance around the fluid intake of particular residents.

**Outcome 16**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector observed good practice by staff knocking and waiting for a reply before entering a resident's room. All rooms had *Do not Disturb* signs on the door while personal care was being administered.

Newspapers were readily available and one resident told the inspector that his reading material was sourced from the local library. There were televisions in the centre but these were not intrusive or in constant use, and telephone facilities were available for those residents who did not have their own mobile phones. Over the two days of inspection visitors were welcomed at varying times.

There was a programme of activities appropriate to the residents needs and, while residents were encouraged to participate, the wishes of those who choose to abstain were respected.

The inspector noted that, where appropriate, care plans contained instructions as to the communication needs of residents, for example, where a resident was reluctant to use his hearing aid.

An advocacy service was available which was confirmed in care plans and in minutes of residents' meetings.

Religious observance was facilitated.

**Outcome 17**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

There was sufficient space and storage for residents' personal belongings and a list of personal possessions brought on admission was retained in the care plans.

Personal laundry was done on site and all garments were labelled.

All residents appeared well dressed and well groomed.

### **Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

### **Outcome 18**

*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

### **Outstanding action(s) required from previous inspection:**

Provide full and satisfactory information in relation to all staff in respect of the matters listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

## Inspection findings

The inspector reviewed the staff roster and, in consultation with the PIC about the assignment of staff, was satisfied that there were sufficient staff on duty to meet the needs of residents. The posts of nursing, kitchen, laundry and maintenance staff were role-specific, but all others were multi-task.

There was a clear recruitment procedure and the provider informed the inspector that she checked references by telephone.

Training in moving and handling had been completed in 2012 as had elder abuse training.

While the issue of Garda Síochána clearance for volunteers had been an action arising out of the last inspection, at the time of this inspection there were no volunteers working in the centre. The staff files contained appraisals and there was an induction system for new employees.

The minutes of staff meetings reflected the practice of rotating staff through day and night duties to allow for an accumulation of experience.

Staff had participated in nine training events to date in 2012 including:

- management of shock
- burns and scalds
- infection control
- osteoporosis.

Of the sample of five files selected by the inspector, not all had the necessary certification of medical fitness.

## Closing the visit

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

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, provider and staff during the inspection.

### ***Report compiled by:***

Cathleen Callanan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

12 October 2012

## Health Information and Quality Authority Social Services Inspectorate

### Action Plan



### Provider's response to inspection report \*

<b>Centre Name:</b>	Willowbrook Lodge
<b>Centre ID:</b>	0302
<b>Date of inspection:</b>	10 October and 11 October 2012
<b>Date of response:</b>	3 November 2012

### 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*.

### Theme: Governance, Leadership and Management

#### ***Outcome 1: Statement of purpose and quality management***

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

Compile a statement of purpose that describes the facilities and services which are provided for residents.

#### **Action required:**

Revise the statement of purpose so that it accurately reflects the frequency of residents' committee meetings

#### **Reference:**

Health Act, 2007  
Regulation 5: Statement of Purpose  
Standard 1: Information

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We will revise the statement of purpose to accurately reflect the frequency of resident's committee meetings.	23 November 2012

**Theme: Effective care and support**

***Outcome 12: Safe and suitable premises***

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

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Ensure the size, location and layout of rooms occupied or used by residents are suitable for their needs.

Provide adequate dining space separate to the residents' private accommodation and sufficient to the needs of the number of residents accommodated.

Provide a sufficient number of accessible, assisted baths and showers, having regard to the number and dependency of residents in the designated centre.

**Action required:**

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

**Action required:**

Ensure the size, location and layout of rooms occupied or used by residents are suitable for their needs.

**Action required:**

Provide adequate dining space separate to the residents' private accommodation and sufficient to the needs of the number of residents accommodated.

**Action required:**

Provide a sufficient number of accessible, assisted baths and showers, having regard to the number and dependency of residents in the designated centre.

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We are aware of the shortcomings with regard to the layout and design of the building. A set of drawings indicating the required alterations to the building were submitted to the Authority on 26 September 2011. The alterations will require both planning permission and the necessary resources to complete the works. It is our intention to carry out these works but it is not possible at this point to indicate a precise timeframe.	Ongoing

<b>Theme: Person-centred care and support</b>
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***Outcome 13: Complaints procedures***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Ensure that the complaints policy and procedure reflects the aims, objectives and ethos of care of the designated centre as outlined in the statement of purpose and are in line with best practice guidelines for understanding and responding to challenging behaviours.</p>
<p><b>Action required:</b></p> <p>Ensure that the complaints policy and procedure reflects the aims, objectives and ethos of care of the designated centre as outlined in the statement of purpose and are in line with best practice guidelines for understanding and responding to challenging behaviours.</p>
<p><b>Reference:</b>          Health Act, 2007          Regulation 39: Complaints Procedure          Standard 6: Complaints</p>

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We have acted on the instruction of the inspector as given on the day of inspection.	Completed

**Theme: Workforce**

***Outcome 18: Suitable staffing***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Providing full and satisfactory information in relation to all staff in respect of the matters listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
<b>Action required:</b>	
Provide full and satisfactory information in relation to all staff in respect of the matters listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
<b>Reference:</b> Health Act, 2007 Regulation 18:Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We have requested staff members where applicable to submit medical certification with regard to their fitness to work, and in the meantime, we have secured self declarations from all staff. We have set a deadline of 31 January 2013 for the submission of all outstanding medical certification for all existing staff	31 January 2013

**Any comments the provider may wish to make:**

**Provider's response:**

On behalf of the residents, management and staff of Willowbrook Lodge, we wish to acknowledge the courteous and professional manner in which the inspection was conducted. The inspection was both thorough and detailed and served to highlight the improvements in our service since our last inspection and also identified areas for some further improvement.

The Providers and the Person in Charge once again wish to compliment all the staff for their continuing commitment to the delivery of a quality service to all our residents.

Their ongoing support of the various initiatives with regard to training, activities and best practice procedures is very much appreciated.

**Provider's name:** Noelle Killeen, The Caring Specialists Ltd.

**Date:** 3 November 2012