

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Willowbrook Nursing Home
<b>Centre ID:</b>	OSV-0000112
<b>Centre address:</b>	Borohard, Newbridge, Kildare.
<b>Telephone number:</b>	045 431 436
<b>Email address:</b>	willowbrookdon@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Galteemore Developments Limited
<b>Provider Nominee:</b>	Liam Tedford
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	49
<b>Number of vacancies on the date of inspection:</b>	8

## **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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
19 October 2015 10:00	19 October 2015 18:00
20 October 2015 09:30	20 October 2015 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection.

Interviews were carried out with the person in charge, the senior nurse and the person authorised to act on behalf of the provider.

The inspector was not satisfied that the safety of residents, visitors and staff was sufficiently promoted. Issues were identified in relation to fire safety training and immediate action was required to address this. A confirmation email was received by the Authority that most of the staff had attended training and additional training was planned.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. Appropriate care plans were in place.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The dining experience was pleasant and residents were treated with respect and dignity by staff. Relatives and residents spoke very highly of the staff in the questionnaires received and in discussions with the inspector. They described the staff as respectful and caring and also that they always make time to talk.

Some improvement was required to medication management and recruitment practices. Further improvements were required to ensure the premises met residents' individual and collective needs.

Documentation in particular the schedule 5 policies required full review to ensure they were specific enough to guide practice. The statement of purpose also required updating. There was no evidence available that an annual review of the quality and safety of care delivered to the residents was carried out.

The other improvements identified related to the use of restraint and maintaining residents' dignity.

These are discussed further in the report and included in the Action Plan at the end

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***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.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose did not meet the requirements of the Regulations. For example it did not contain the information set out in the Certificate of Registration nor the size of some of the rooms.

**Judgment:**

Substantially Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied effective management systems were in place to support and promote the delivery of safe, quality care services. However improvement was required to ensure that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis and the requirements of the Regulations were met.

There was no evidence available that an annual review of the quality and safety of care

delivered to the residents was carried out as required by the Regulations. In addition there was no evidence of resident or family consultation.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Audits were being completed on some areas such as medication management and accidents and incidents to monitor trends and identify areas for improvement.

Data was also collected each week on the number of key quality indicators such as the use of restraint and the number of infections.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. 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.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. It had recently been updated and was available to all residents.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge is a registered nurse and has the required experience in nursing older people.

He continues to attend clinical courses such as end of life care and dementia care.

During the inspection he demonstrated his knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents, relatives and staff throughout the days of inspection.

Relatives spoken with and the questionnaires reviewed indicated that the person in charge was well known to relatives and they commented that they could discuss any concerns they had with him.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The designated centre did not have in place some of the written operational policies required by Schedule 5 of the Regulations. For example there was no policy developed for the provision of information to residents or the creation of, access to, retention of and destruction of records. In addition, some were not specific enough to inform practice and all required review.

The inspector was concerned that this could lead to confusion and insufficient guidance for staff. These were individually discussed with the person in charge and included the

medication policy, the recruitment policy, the use of restraint and the prevention, detection and response to abuse.

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge and provider were aware of the periods of retention for the records which were securely stored.

Adequate insurance cover was also in place.

Action required relating to incomplete staff files is included under this Outcome.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge***

***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.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary.

The senior nurse deputises for the person in charge in his absence. The inspector interviewed this person during the inspection and found that she was aware of her responsibilities and had up to date knowledge of the Regulations and Standards.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that measures to protect residents being harmed or suffering abuse were in place and that residents were provided with support that promotes a positive approach to behaviour that challenges. However some improvements were required around the use of restraint and the policies to guide practice.

The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and provider were clear about the measures they would take if they received an allegation of abuse of a resident. However, the inspector read the policy and found that while it gave valuable information on types of abuse, it did not outline the procedures to follow in the event of an allegation of abuse. Action required relating to the policy in place is included under Outcome 5.

The inspector was concerned that the use of restraint in the centre was not in line with national guidelines. Usage remained high. The inspector reviewed the assessment which was carried out prior to usage and found that some improvement was required. For example it did not explore the use of possible alternatives nor include assessment regarding the risk of entrapment. The inspector reviewed the policy and found that some improvement was required regarding the procedure in order to provide sufficient guidance to staff. Action required relating to the policy in place is included under Outcome 5.

Although no specific extra low beds were available, additional equipment such as sensor alarms had been provided. Frequent checks were completed when restraint was in use. The person in charge maintained a register of who was using bedrails.

Some residents had episodes of behaviour that challenged related to their medical conditions. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The provider and person in charge managed some residents' monies. They discussed plans to make this system more robust including updating the policy in place. Balances checked on inspection were correct.

**Judgment:**

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector was not satisfied that the safety of residents, visitors and staff was sufficiently promoted.

The inspector reviewed the fire training records and saw that six staff had not attended fire training. This was discussed with the person in charge and because of the possible risk to residents immediate action was required. The inspector asked that these staff were not rostered for duty until they had attended training. The person in charge undertook to address this immediately.

A confirmation email was received by the Authority that most of the staff had attended training and additional training was planned.

The inspector noted that fire drills were not held at six monthly intervals and the provider also undertook to address this.

Otherwise the inspector was satisfied that adequate fire safety procedures were in place. The fire alarm system and equipment had regular servicing. There was an evacuation plan in place. The inspector noted that the fire alarm system was in order and fire exits, which had daily checks, were unobstructed. Staff spoken with were aware of the procedure to follow in the event of a fire.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

The risk management policy had been identified as requiring action at the previous inspection and had been updated since. However additional information was still required in order to meet the requirements of the Regulations. For example it did not outline the measures and actions in place to control the specified risks such as self harm, unexplained absence or aggression and violence.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Medication Management**

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Although there was evidence of good medication management practices improvement was required regarding the prescribing of medication to be administered as and when required (PRN) and the transcribing of medications by nursing staff.

Some residents required medication on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. Action required relating to this outcome will be included under Outcome 5.

Improvement was required regarding the transcribing of medications by nursing staff. The practice in place was that a nurse transcribed the resident's prescription on a three monthly basis or as required. This was subsequently signed by the general practitioner (GP). However initials rather than signatures were used by the transcribing nurse which was not in line with professional guidelines. In addition there was no evidence that a second nurse checked the transcribed document.

The inspector read the medication policy and saw that this did not provide sufficient guidance around either the transcribing or the prescribing of medication to be administered as and when required (PRN).

Otherwise the inspector was satisfied that medication management practices were safe. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The inspector saw that all relevant details of each incident were recorded together with actions taken.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.***

**Theme:**

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans. Relatives and residents confirmed their involvement at

development and review. Relatives also confirmed that staff contacted them whenever there was any change in the residents' condition or treatment plans. In the questionnaires returned to the Authority, several relatives commented on how important this was to them.

The inspector reviewed the management of some clinical issues and found they were well managed. This included diabetic care and the care of residents who required alternative means of nutrition such as by means of an enteral tube. The inspector reviewed the procedure for wound management and found that assessment and treatment plans were in place. Additional advice and support was available from tissue viability nurses if required. Appropriate equipment was also available.

Work had been undertaken on falls prevention and management including audits to ensure compliance with the policy. The physiotherapist, senior nurse and staff were involved in this and each fall was analysed to identify any possible patterns or trends.

In addition, post fall assessments were carried out and any additional treatments put in place. For example, the inspector saw that a resident was referred to the physiotherapist for balance exercises following a fall. In addition many residents were involved in a falls prevention programme guided by the physiotherapist.

The inspector saw residents actively involved in exercise programmes to improve balance and coordination. The inspector saw that the Otago programme (a strength and balance exercise programme) was used as part of the falls prevention programme. Many residents told the inspector how much they enjoyed this.

The inspector also saw that residents were using MOTOMed movement therapy on equipment provided by the provider. The MOTOMed movement trainer moves your legs or arms gently in either passive, motor-assisted or active resistive training. Apart from the health benefits, residents told the inspector that they liked using the equipment and being part of the group.

The inspector noted overall improvements in the number of falls occurring in the centre and the actual number of residents who were falling.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), and occupational therapy (OT) services. Chiropody, dental and optical services were provided in house. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes. Where appropriate care plans were put in place to address the recommendations.

Residents were seen enjoying various activities during the inspection. This is discussed in more detail under Outcome 16.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Some work was required to the premises in order to ensure that it met resident's individual and collective needs in a comfortable and homely way.

Some renovation work was underway prior to this inspection. This included complete renovation of the upstairs bedrooms which were nearing completion at the time of inspection. An issue had arisen regarding the bathroom facilities on the top floor and as yet they were not in working order. This meant that residents had to go down three steps to the nearest toilet. The provider told the inspector that he already had work underway to address this.

However additional work was required as some of the bedrooms in the older part of the centre needed to be renovated as well. For example there was exposed pipe work and unfinished woodwork in some of the resident's rooms. Other issues were identified but were addressed before the end of inspection.

The inspector noted that some furniture such as wardrobes and lockers were in need of repair. Some paintwork was also in need of touch up or repair. The inspector saw that although the timescale had passed the previously agreed action of ensuring that each resident had a lockable space in their room was not completed. This is discussed under Outcome 17. The lack of staff facilities had not been addressed either.

The inspector was also concerned that there was a risk of infection because the bed pan washer was located outside of the sluice room, in an area where the boilers were located and this was on route to a clean storage area. This was discussed with the provider who acknowledged the difficulties but the sluice room was currently too small to put the bed pan washer in there.

These issues were discussed in detail with the provider. He told the inspector of plans in place for extensive expansion and renovation and planning permission was already in

place for this. In addition, some replacement furniture had already been purchased.

Otherwise the inspector found that the centre was warm and homely. Some residents showed the inspector their bedrooms. There were 23 twin rooms and 11 single rooms which were appropriately decorated and contained personal items such as family photographs, posters and pictures. Appropriate assistive equipment was in use.

There was adequate communal space and these areas were comfortably furnished and well maintained. The centre had a secure garden area to the rear. The inspector saw residents out there during the inspection. Residents told the inspector that they enjoyed spending time in the garden during fine weather. There was ample garden furniture for residents' use.

All areas of the centre were clean and tidy. Appropriate arrangements were in place for the disposal of waste.

Adequate parking was available at the front of the building.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

***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.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The complaint's policy was in place but the inspector noted that it did not meet the requirements of the Regulations. For example it did not name a nominated person who holds a monitoring role to ensure that complaints are responded to.

A complaints log was maintained. During discussions with staff the inspector was aware that verbal complaints which were handled locally were not logged in the complaints' log. The inspector discussed with the person in charge the missed opportunity for learning and improving the service provided that would result from a review of all complaints.

Residents spoken with and in the questionnaires returned to the Authority, relatives and residents confirmed that they were aware of how to make a complaint with many saying that they never had to.

**Judgment:**

Substantially Compliant

**Outcome 14: End of Life Care**

*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.*

**Theme:**

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

The inspector saw that extensive development work had been undertaken in response to the training provided by the Authority. The inspector reviewed completed end of life care plans. This was comprehensive and dealt with the physical, emotional, psychological and spiritual needs of the residents. Training had been provided for staff and staff spoken with confirmed how useful they had found this. This had been identified as an area for improvement at the previous inspection.

The person in charge stated that the centre received support from the local palliative care team when required. Staff said that the service was always available for advice and support when required.

Other hospice friendly hospital (HfH) initiatives continued and the staff spoken with outlined plans to further improve the service including the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep.

The action required from the thematic inspection regarding the provision of information to relatives had been addressed and the inspector saw that an information pack was now available for relatives which included information such as how to register a death.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. Staff also confirmed that when possible some staff attended each funeral. A remembrance mass was held each year and bereaved relatives were invited to attend.

**Judgment:**

Compliant

**Outcome 15: Food and Nutrition**

*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.*

**Theme:**

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector was 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.

Residents' dietary requirements were met to a high standard. The catering staff discussed with the inspector 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 and from speaking directly to residents. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. Food diaries were completed for residents who appeared to have reduced appetites and 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.

The inspector saw that snacks and refreshments were available at all times. Although most residents went to the dining room they had a choice as to where to have their meals. At the previous inspection it was identified that the dining room was not big enough to accommodate all the residents. The inspector saw that two sittings were now in place for each meal.

The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. Savoury choices were now available at each meal. The inspector saw that in the main residents who required their meal in an altered consistency had the same choices as other residents.

All residents spoken with commented on the availability of homemade cakes and

desserts. The inspector saw that a birthday cake had been made to celebrate a resident's birthday. Residents, relatives and staff were seen enjoying this.

The inspector saw that residents had made suggestions regarding menu choices at their residents' committee and the inspector saw that these had been taken on board. This had included having roast potatoes and noodles included.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. However the inspector was concerned that residents' right to privacy was compromised by inadequate screening in some of the shared rooms.

The inspector walked around the premises and saw that there was inadequate screening in some of the shared rooms. This was discussed with the person in charge who undertook to find out why the screens had been removed. Discussion took place as to why this was not noticed or if staff had reported it. On day two the inspector noted that some screens had been found but some were still missing. The provider confirmed that these were now on order.

There was an extensive range of activities available within the centre. Staff spoken with confirmed that the programme was based on their assessed needs and capabilities. Some residents spoken with confirmed how much they enjoyed the activities in particular the outings, bingo and music sessions. Many residents also commented on the visiting dog each Saturday while others spoke about the groups that visit the centre and put on shows, drama, dancing or music.

The inspector spoke to the activity coordinator who outlined how the programme was planned with the residents and how group sessions were carried out. Ongoing improvements were noted. The inspector saw that additional hours had been allocated

to the activity programme which was now available over the seven days. Residents told the inspector how much they appreciated this.

Residents who had dementia related conditions were encouraged to be part of the activity programme. A memory box had been set up with old photos and memorabilia and the inspector saw residents looking at these and discussing days gone by.

Many residents spoke about how much they enjoyed being out in the garden and said that they had several activities and meals out there during the summer.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass took place each Thursday and a Eucharistic minister also visited each Sunday. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' council had been established. All residents were invited to attend. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. For example, residents had made suggestions about the range of activities available. The inspector saw that some residents had requested going out to afternoon tea in a local hotel and this had been accommodated.

Advocacy services were available in the centre and the inspector saw that a new advocacy service was currently being introduced.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions  
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.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was concerned that residents' were not able to retain control over their own possessions and clothing and the use of communal underwear impacted on residents' right to receive dignified care.

Residents could have their laundry attended to in the centre. Residents and relatives

spoken with confirmed that they were happy with the service provided. The inspector visited the laundry which was organised and well equipped. Staff spoken with were knowledgeable about the different processes for different categories of laundry.

However the inspector saw some underwear of different sizes that were not individually labelled. Staff spoken with were unsure who this belonged to or how it was returned to residents. This impacted on residents' right to receive dignified care. Corrective action was required to address this.

There was adequate space for residents' possessions. However only some residents had access to a lockable space despite a previous agreed action plan. In addition the inspector noted that some of the drawer fronts were falling off several of the lockers and a handle was missing off a wardrobe which impacted on the residents' ability to retain control over their own possessions. This was discussed with the provider and plans were put in place to address this. The inspector saw that additional new furniture was ordered that same day.

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

***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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. However additional work was required to ensure staff files were complete and that the regulatory requirements regarding volunteers were met.

The inspector examined a sample of four staff files and found that three of these were incomplete. They did not contain a satisfactory history of any gaps in employment as required by the Regulations. In addition, the recruitment policy did not contain sufficient detail to guide this process. Action relating to this is included under Outcome 5.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. However these had not been vetted appropriate to their role nor were their roles and responsibilities set out in a written agreement as required by the Regulations.

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. The inspector was aware that difficulties had occurred in securing enough staff for night duty. The person in charge outlined plans in place to address this in the coming weeks. An agreement was reached to ensure that sufficient staff were on duty at all times during this interim period.

Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate



### Action Plan

#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Willowbrook Nursing Home
<b>Centre ID:</b>	OSV-0000112
<b>Date of inspection:</b>	19/10/2015 and 20/10/2015
<b>Date of response:</b>	09/11/2015

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

The statement of purpose did not meet the requirements of the Regulations.

**1. Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

<sup>1</sup> 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:**

The Statement of Purpose has been updated to include the Terms and Conditions of Registration. It also includes sizes of all rooms.

**Proposed Timescale:** 09/11/2015

**Outcome 02: Governance and Management**

**Theme:**

Governance, Leadership and Management

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

There was no evidence available that an annual review of the quality and safety of care delivered to the residents was carried out.

**2. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Data is collected on a weekly basis with a summary of that data every six months. A full review of this data will be carried out at year end and a report produced on same.

**Proposed Timescale:** 15/01/2016

**Theme:**

Governance, Leadership and Management

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

There was no evidence of resident or family consultation.

**3. Action Required:**

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

Residents have been informed that they will receive a copy of the Annual Report by January 15th next. Letters have been posted to all relatives informing them that they will receive a copy of the review by that date also.

**Proposed Timescale:** 09/11/2015

**Outcome 05: Documentation to be kept at a designated centre****Theme:**

Governance, Leadership and Management

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

Some of the Schedule 5 policies were not in place.

**4. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Most schedule 5 policies are now in place. The Risk Management Policy and the Policy on the Health and Safety of residents, staff and visitors should be in place before November 13th 2015. A series of staff meetings will take place over the next three weeks to arrange for full implementation of same. All staff will receive a disc containing all the policies within two weeks.

**Proposed Timescale:** 20/11/2015**Theme:**

Governance, Leadership and Management

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

Some policies were not specific enough to inform practice. All Schedule 5 policies require review.

**5. Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Schedule 5 policies have been reviewed. Some policies have been updated and a full review of all policies will take place before the end of next June. Two other policies should be completed before November 13th 2015.

**Proposed Timescale:** 13/11/2015**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Some staff files were incomplete.

**6. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Staff files are being reviewed and all files will be updated.

**Proposed Timescale:** 13/11/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The use of restraint was not in line with national policy.

**7. Action Required:**

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

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

Up to now the EpicCare Restraint Reduction Assessment tool was used. However this concentrates on the dangers of a resident not having a restraint as opposed to the dangers of having a restraint. It is now the intention to use the EpicCare Restraint Assessment tool.

**Proposed Timescale:** 25/11/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

The risk management policy did not meet the requirements of the Regulations.

**8. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The Risk Management Policy is being updated at present and should be in place shortly.

**Proposed Timescale:** 13/11/2015

**Theme:**

Safe care and support

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

Some staff had not attended fire training.

**9. Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Two new members of staff will receive training on Monday November 16th next. All other staff have received training.

**Proposed Timescale:** 16/11/2015

**Theme:**

Safe care and support

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

Fire drills were not carried out on a six monthly basis.

**10. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire Drills will be carried out on a monthly basis commencing November 10th 2015.

**Proposed Timescale:** 10/11/2015

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Transcribing of prescriptions by nurses was not in line with professional guidelines.

**11. Action Required:**

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

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

The maximum prn dose of a medication over a 24 hour period is included on the Drug Prescription Chart. Full signatures have now replaced initials. A second nurse signature is recorded as proof of a transcribed document being checked by two nurses.

**Proposed Timescale:** 09/11/2015

**Outcome 12: Safe and Suitable Premises****Theme:**

Effective care and support

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

The bed pan washer was in an inappropriate place.

Areas of the centre were in need of repair and renovation.

Some furniture was in need of repair.

Some toilets and showers were not working.

**12. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A suitable location for the bedpan washer is still being considered. Materials for the upstairs bathrooms have been ordered and should be delivered before November 23rd next. Fittings will commence and the showers/toilets should be in use before December 14th next. Furniture is due for delivery on November 9th 2015 to replace any broken/inadequate furniture. The en-suite shower in room 19 is now operational.

**Proposed Timescale:** 14/12/2015

### **Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints policy did not meet the requirements of the Regulations.

**13. Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The Provider Nominee will monitor the Complaints Book on a monthly basis. All complaints/concerns will be logged no matter how small they may appear.

**Proposed Timescale:** 09/11/2015

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

There was inadequate screening in some of the shared rooms.

**14. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

New screens have been ordered and are due for delivery on November 16th next.

**Proposed Timescale:** 16/11/2015

### **Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

Lockable space was not available for each resident.

**15. Action Required:**

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

Some residents do have a lockable space. Fifteen lockable units have been ordered and are due for delivery on November 9th 2015.

**Proposed Timescale:** 10/11/2015

**Theme:**

Person-centred care and support

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

Some of the drawer fronts were falling off several of the lockers and a handle was missing off a wardrobe making them difficult to open which impacted on the residents' ability to retain control over their own possessions.

**16. Action Required:**

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

New furniture is due for delivery on November 9th 2015 and will replace broken units.

**Proposed Timescale:** 10/11/2015

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Volunteers did not have their roles and responsibilities set out.

**17. Action Required:**

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

The roles of volunteers is being developed at present.

**Proposed Timescale:** 13/11/2015

**Theme:**

Workforce

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

Volunteers had not been vetted appropriate to their role.

**18. Action Required:**

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

Garda vetting has been applied for two musicians, the hairdresser and the reflexologist. Our two volunteers had already been Garda vetted through the advocacy service but will be vetted by the nursing home also.

Proposed Timescale: Applications completed and awaiting results.

**Proposed Timescale:** 09/11/2015