



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

Issued by the Chief Inspector

Name of designated centre:	Willowbrook Lodge
Name of provider:	NSK Healthcare Limited
Address of centre:	Mocklershill, Fethard, Tipperary
Type of inspection:	Unannounced
Date of inspection:	04 August 2020
Centre ID:	OSV-0000302
Fieldwork ID:	MON-0030029

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Willowbrook Lodge is located just three miles from Cashel on the Fethard Road. The centre is a two storey facility with accommodation for 26 residents. There is accommodation for nine residents on the ground floor and 17 residents on the first floor. Accommodation comprises 10 single bedrooms, five twin rooms and a three bedded room on each floor. Some rooms have en suite facilities. The communal rooms are mainly on the ground floor and there is a large communal room on the first floor which offers vistas of the surrounding countryside. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. Willowbrook Lodge provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 August 2020	10:00hrs to 17:30hrs	Caroline Connelly	Lead
Wednesday 5 August 2020	09:40hrs to 15:15hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

The feedback from residents and relatives was generally positive around the staff and care they provided in the centre. The inspector met and spoke with ten residents present during the inspection. The inspector also spoke with two visitors who was visiting their relative. Visitors informed the inspector that they could book to visit twice weekly, and visits were facilitated throughout the week and at weekends. The inspector saw that when a visitor was leaving she booked another visiting slot for the weekend. Social distancing was facilitated and the visitors wore a mask and other PPE if required. Temperature and health checks were in place and hand sanitiser was readily available at the entrance to the centre, just inside the door of the centre and at various convenient locations around the centre. Residents told the inspector that they had missed their families during the COVID-19 visiting restrictions, but were happier now that visiting was more frequent. A number of residents described window visits and how they had used technology to keep in touch but said it just wasn't the same as seeing their families.

The inspector observed that residents' choice was respected and control over their daily life was facilitated in relation to whether they wished to stay in their room or spend time with others in the sitting rooms, where they could observe social distancing. One resident explained to the inspector that he liked to spend the day in his bedroom where he was comfortable. The inspector observed that there were a number of areas where residents could sit and walk outside the centre. The 'memory garden' to the front of the building included plants and shrubs, while a large, brightly-painted mural and comfortable seating were featured in the secure area at the rear of the premises. Residents told the inspector that they enjoyed sitting out during the fine weather and garden furniture was available for their comfort. The weather on the days of the inspection were generally wet but when there was a break in the weather a few residents were seen to enjoy the outdoor space and a resident was seen to visit with her family member on seats outside the centre.

In the afternoon on both days of the inspection residents were observed in the day room and conservatory area joining in the activities. There were ball games, music was playing and residents appeared to enjoy the experience. The inspector heard lots of laughter from residents and staff when they were involved in a shooting game. All three afternoon staff joined with the residents and some one to one activities were also observed. A number of residents said the mornings could be quiet and the inspector observed that there was less activities going on in the mornings. Residents were observed reading newspapers and watching TV, two residents described themselves as great friends and said they enjoyed the chat. The midday rosary proved popular with the majority of residents. Residents were complimentary about the food and the inspector saw that residents were offered choice and the food was wholesome and nutritious.

The inspector observed that the environment in the communal spaces was generally

homely and efforts were made to ensure social distancing in the day room and conservatory by the removal of furniture and spacing of chairs. Tables in the dining room had been spaced out and two residents could sit at each table. Resident bedroom accommodation was provided in a mixture of single bedrooms, twin bedrooms and two three bedded rooms, one of these three bedded rooms at the time of the inspection was used for twin occupancy only due to lack of space around the third bed. A number of bedrooms were seen to be personalised with space for clothing and belongings. However, the inspector observed that in a number of bedrooms there was bedroom furniture that was broken or chipped that required repair and some bedside lockers required repainting. The inspector also observed that areas throughout the centre required refurbishment and repainting. Directional signage was pictorial as well as written; this assisted residents with cognitive difficulties to find areas of the centre. Hand rails were available on corridors to maintain residents safety and mobility needs. .

Residents who spoke with the inspector were very complimentary about staff saying that staff were friendly, kind and understanding. Staff were observed assisting residents in a relaxed and attentive manner throughout the inspection. Residents said staff made a special effort to facilitate residents to talk to their families during the time when visiting was restricted. Staff said they were making an effort to sit and chat more with residents whenever they could, to ensure residents were not too lonely in the absence of visitors and residents not being able to go out with families or to day centres as they would normally do. Kind and person-centered interactions were observed throughout the inspection. The inspector observed that some improvements were required as some staff did not use PPE appropriately, but good hand hygiene was observed by all staff.

Capacity and capability

The centre had a new governance and management system and management team in place since the previous inspection. At the time of the inspection the provider had not taken all the necessary measures to ensure that the service was safe, appropriate, consistent and effectively monitored. There were non-compliances identified with fire safety, infection control and governance and management during this inspection. The inspector issued urgent action plans to the provider in relation to these issues that require urgent attention to safeguard the safety and wellbeing of the residents. Reassurances were received from the provider within the required timeframe.

The centre is owned and operated by NSK Healthcare Limited and the management structure consisted of the registered provider, a limited company which has two directors who were responsible for the running of the centre. They took over the operation of the centre in April 2019. The person in charge is new to her role

since the previous inspection and is also new to the role of person in charge. She is a registered nurse with the required experience of nursing older people. She holds a management qualification and is actively engaged in the governance and operational management of the centre as well as working a number of days as the only nurse in the centre providing care to the residents. The person in charge is supported by staff nurses, administration staff, care staff, housekeeping, catering and maintenance. At the time of the inspection there was no other person working in the centre in a managerial role and part time nursing staff were taking charge in the absence of the person in charge.

This unannounced inspection was triggered following receipt of unsolicited information raising concerns about care of a resident and discharge planning. The inspector did not find evidence to support the concerns raised but recommendations were made around residents reviews and planned discharges and this is detailed further in the report.

There were 21 residents living in the centre on the days of the inspection. None of the residents had contracted COVID-19 and regular swab tests had confirmed all staff to be negative for COVID-19. The person in charge had a visible presence in the centre and was well known to residents and their families.

Prior to the COVID-19 pandemic there had been regular on-site governance meetings but these had stopped during the pandemic and were replaced with regular calls between the person in charge and the provider representative. An annual review of the quality and safety of care had been conducted for 2019 but there was little evidence of ongoing auditing of the service conducted to date for 2020. Improvements were required in the current governance and management structure as it did not clearly outline the lines of authority and accountability and detail responsibilities for all areas of care provision. The inspector found that the management structure in place, was not effectively monitoring the safety of the service in the following areas;

- At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire, or provided adequate procedures for the evacuation of residents in the case of a fire. There are a number of areas of concern regarding the adequacy of fire safety precautions in the centre and significant improvements were required to comply with the requirements of the regulations to ensure that residents and staff were adequately protected from the risk of fire.
- the registered provider did not demonstrate adequate and effective infection and prevention control practices in relation to use of PPE and staff uniforms which were consistent with the National Standards for Residential Care Settings for Older Persons 2016, the National Standards for Infection and Prevention Control in Community Settings 2018 and reflected relevant national guidelines including Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities V6 28/07/2020.
- the service was under resourced, the compliment of household staff was

inadequate to effectively clean the centre

- the allocation of staffing to meet the evacuation needs of residents at night time taking into account the layout of the building required review.
- ineffective management systems to monitor the delivery of safe care.
- mandatory training was not in place for all staff and ineffective systems were in place to ensure staff had attended all training including infection control and donning and doffing of PPE
- expertise in infection prevention and control was lacking . For example, the service had not identified the immediate risks associated with the standard of cleanliness, the correct use of some PPE and uniform policy. A referral to the HSE's COVID-19 crisis management team is to be made by the person in charge to help the centre bridge this knowledge gap and provide a safe service to residents in the interim.

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An urgent action plan was issued following the inspection. The registered provider submitted a comprehensive response which included:

- A full audit of the centre was undertaken by a community Infection Prevention and Control Nurse (IPCN) on 10th August 2020. The IPCN provided advice and guidance to the person in charge and staff. She also provided short training session to all staff on duty about COVID-19, how transmitted, standard and transmission based precautions, PPE donning and doffing, Hand Hygiene and Flu awareness.
- Staffing was reviewed and cleaning hours were increased by four hours daily with immediate effect.
- Assurances were received that all fire procedures were all in the process of being reviewed and an expert in fire safety was employed to complete a full audit of the centre and a report would be submitted to the Chief Inspector.
- The Provider gave assurances that they have arranged for the regular checking of all fire doors and the provider has made all necessary arrangement for fire drills to take place in the Centre, to include single room and multiple occupancy room evacuations.
- Ongoing recruitment of experienced staff to ensure sufficient staff resources including an experienced nurse to take up an acting assistant director of nursing post to support the person in charge and the governance and management system.
- All on-site regular governance meetings are to re-instated on a weekly basis and with immediate effect, to include the RPR, the Person-in-Charge and the department heads in the medium term, as a starting point;
- Removal and or repair of torn and equipment and a commitment to ongoing maintenance of the centre.

Regulation 15: Staffing

Residents and relatives were very complimentary about the staff and very positive interactions were seen between residents and staff members. The staffing numbers and skill mix during the day were appropriate to meet the support requirements of residents in line with the statement of purpose. There was a nurse plus five care staff to meet the residents' needs. However, staffing levels at night required review as there were only one nurse and one care staff on duty in the centre from 20.30 hours until 08.00 hours the following morning. The nurse is required to administer the night time medications undisturbed, leaving the care staff to care for the rest of the residents and some residents may require assistance to go to bed. The inspector also identified that two staff at night time may not be sufficient to ensure safe evacuation of the residents from a two story building in the case of a fire.

The hours rostered for cleaning of the centre also required review as 6 hours per day was not sufficient to ensure effective cleaning of the centre.

The staffing rosters evidenced that the centre generally has a stable workforce and this had a positive impact on resident care needs. There was no deputy or nominated senior nurse to support the person in charge in the operation of the centre and to act up in her absence. The person in charge told the inspector there were plans in place to recruit and appoint an assistant director of nursing.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix was in place and made available to the inspector. Although there were reasonable levels of training provided, the inspector identified gaps in all mandatory training. A small number of staff had not received up-to-date training in manual and people handling. Gaps were seen in the provision of safeguarding of vulnerable adults training. Fire training was provided in January 2020 but eight staff, including three nurses had not attended annual fire safety training and some new staff who had not received training in relation to emergency procedures in the centre. Training to support people who had responsive behaviours also was not in place for staff.

Many of the staff in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE. However, the inspector noted that at the time of the inspection a number of staff had not attended this training and there was no comprehensive monitoring

system in place to ensure that all staff had completed all the required training.

Judgment: Not compliant

Regulation 21: Records

Records as required throughout the inspection were made readily available to the inspector. A sample of four staff files were examined and were generally found to contain the information required by Schedule 2 of the regulations, including proof of professional registration and An Garda Síochána vetting. However, the inspector found that there were no references on file for a newly recruited staff nurse and although the nurse had worked in the centre in the past, there was no reference from her previous employer. Robust recruitment is essential to safeguard residents. There were no volunteers working in the designated centre at the time of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a new management team in place in the centre since the previous inspection. Prior to the COVID-19 pandemic there had been regular on-site governance meetings but these had stopped during the pandemic and were replaced with regular calls between the person in charge and the provider representative. The person in charge was recording key performance indicators weekly such as falls, pressure sores, restraint use, weight loss etc. An annual review of the quality and safety of care had been conducted for 2019 and a number of audits were in place for 2019. Although a hand hygiene audit was completed in April 2020 there was little evidence of ongoing auditing of the service and of the quality of care and experience of residents during 2020.

The system of governance and management in place for the centre at the time of the inspection did not provide adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was not a clearly defined management structure in place with adequate supports in place to support the person in charge in the day-to-day management of the centre. There was inadequate oversight of the day-to-day operation by the management team.

At the time of the inspection the provider has not identified and taken appropriate action to address the risks associated with the following issues:

Fire:

- Management systems were not in place to ensure that adequate precautions

against the risk of fire were in place in the centre. These issues are detailed further under regulation 28: Fire Precautions.

Infection Control:

- Management systems to monitor the cleanliness of the centre were not effective and the provider did not demonstrate that staff practices were consistent with the standards for infection prevention and control were implemented by staff. In particular the provider did not demonstrate adherence to the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Residential Care Facilities and Similar Units, a guideline issued by the Health Protection (HPSC) to safeguard and protect residents from infection. These issues are detailed further under regulation 27: Infection control

Premises:

- Areas in the centre were in poor repair. Inadequate systems were in place to ensure the centre was maintained to a high standard. This is outlined under Regulation 17: Premises

Judgment: Not compliant

Regulation 24: Contract for the provision of services

There was a contract in place that set out the terms of residents' accommodation in the centre. However, as identified on the previous inspection it did not specify if the bedroom to be occupied was a single, twin or a triple bedroom.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on a number of incidents that were notified and found good management of incidents with areas of learning identified actioned.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints procedure in place. The complaints log was available, and records available contained details on the nature of the complaint, prompt investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result.

Staff were familiar with the complaints process and residents reported feeling comfortable with speaking to any staff member if they had a concern.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was generally respectful of their wishes and choices. There was evidence of generally good consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector found that the quality and safety of resident care was compromised by inadequate management of infection control, poor maintenance of the premises and inadequate fire protection arrangements.

The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding care in the centre. Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals including physiotherapy in house. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The dietician was in regular contact with the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental and ophthalmology services. A number of these consultations took place over the phone or via video link in the current COVID-19 pandemic. The resident assessment process was seen to involve the use of a variety of validated tools and care plans were found to be person centred and sufficiently detailed to direct care.

The centre continues to monitor symptoms of residents and staff for COVID-19 and had in place protocols for testing and isolation of suspected case. Residents and or their families were informed of tests and the results and care plans to support the

changing needs associated with COVID-19 were in place.

The centre had reduced the use of bed rails since the previous inspection and where they were used there was a risk assessment and safety checks in line with the national policy. Care plans were in place for any residents with responsive behaviours with detailed personalised interventions to mitigate and prevent escalation of responsive behaviours.

There was one care staff that was given the role of activity coordinator, but all staff were involved in the role of meeting residents' social care needs. There was a daily programme of activities available to residents but the programme generally only ran in the afternoons. The activity staff member also provided residents with opportunities to communicate with their families via video links. Staff were found by the inspector to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests.

The design of the premises was homely and staff had made every effort to maintain social distancing in the day and dining room by removal of furniture and spacing of chairs. However, the inspector noted that a number of areas in the centre were generally in a poor state of decor and repair. Numerous areas required repainting, the floor was worn and torn and lifting in parts causing a trip hazard, some equipment required repair and there was rust evident in various parts of the centre. An ongoing programme of regular proactive maintenance was not available in the centre. Fire safety in the centre required a full review although fire training had been provided to a large number of staff in January 2020 other staff required training and regular fire drills were not taking place. Immediate actions were required in relation to fire safety and in the provision of safe and suitable fire doors in the centre.

The Inspector found as previously stated in the report that infection control in the centre as observed during the inspection required improvement.

There were systems in place to safeguard residents from abuse and training for new staff was ongoing. All staff had a valid Garda vetting disclosure in place prior to their commencement.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Staff were committed to ensuring residents and their families remained in contact by means of planned visiting in line with the national guidance. A schedule of arranged visits was in place. Visiting controls now included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, cleaning of the room following every

visit and appropriate supervision to allow for privacy and supervise compliance with the controls in place.

Judgment: Compliant

Regulation 17: Premises

The premises communal areas and external gardens were generally suitable for residents in a homely way. Residents had access to a number of day and dining room facilities. They also had easy access to a safe enclosed courtyard garden at the back and a garden area at the front which contained lovely garden furniture, with plants and flowers for residents enjoyment. The residents enjoyed lovely views out to the surrounding countryside from many parts of the centre.

However, the inspector identified the absence of a comprehensive management system in place to monitor the ongoing maintenance required in the centre and the centre was found not to be kept in a good state of repair. A number of issues with the premises that required action were identified:

- The flooring in parts of the corridors and in a number of bedrooms was in a bad state of repair, stained, torn, worn and lifting in many areas. This presented as a trip hazard and an area that was also difficult to keep clean.
- There were numerous areas where paint was chipped on walls and woodwork and the whole centre was in need of redecoration.
- There was some bedroom furniture that was broken or chipped that required repair and some bedside lockers required repainting.
- Some commode chairs were seen to have rusting legs and rust was observed in metal fittings in bathrooms/ensuites
- There were torn chairs that were not possible to clean so were an infection control risk.
- A new lift had been installed in recent months. However, the area around the lift was left in a state of disrepair with loose plaster and exposed boards. Work on this had never been completed and made safe.
- Other areas where works had been undertaken, such as the moving of sinks or putting in new sanitary wear, old equipment was left in place and no repair or repainting took place to the areas that things were removed from.

Judgment: Not compliant

Regulation 26: Risk management

Although a review and upgrade of the risk management policy had recently taken place and a large number of new risk assessments had been completed, the inspector identified a number of high risks that had not been fully risk assessed. These risk included the ones outlined previously in the report in relation to fire, the premises and to infection control. The last health and safety audit took place in March 2019 and had not been repeated. The risk management policy and procedures require review and updating to include all risks in the centre and to outline control measures to be put in place.

Judgment: Not compliant

Regulation 27: Infection control

The findings of this inspection were that residents were at risk of infection as a result of the provider failing to ensure that procedures, consistent with the standards for infection prevention and control were implemented by staff. In particular the provider did not demonstrate adherence to the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Residential Care Facilities and Similar Units, a guideline issued by the Health Protection (HPSC) to safeguard and protect residents from infection.

- One housekeeper was allocated to clean the entire centre in six hours per day, seven days per week. This was not possible due to the size and layout of the centre. Rooms were not cleaned to a high standard and deep cleaning was not completed as per the centre's cleaning schedule.
- PPE was available to staff in the centre but some was not being used correctly. The inspector saw some staff were not adhering to the correct use of face masks and not abiding by uniform policy in the full changing of uniforms on entering and leaving the centre.
- Some equipment was damaged, for example several chairs had torn and worn surfaces. Floors were damaged and bedroom furniture had exposed surfaces making them difficult to clean fully. Some commodes were rusted and therefore impossible to clean between use and posed an immediate risk of cross contamination to all residents who used this equipment.
- The sluice room was located downstairs and equipment from upstairs had to be transported downstairs for decontamination. Which poses a risk of cross contamination. Three bedrooms were located at the other side of the building from the sluice room these bedrooms were accessed via the dining room. The inspector saw a staff member taking a commode through the dining room this also poses an infection control risk and does not promote the dignity of residents in these bedrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire, or provided adequate procedures for the evacuation of residents in the case of a fire. There are a number of areas of serious concern regarding the adequacy of fire safety precautions in the centre.

Significant improvements were required to comply with the requirements of the regulations to ensure that residents and staff were adequately protected from the risk of fire.

The service was non-compliant with the regulations in the following areas:

- The inspector saw a number of bedrooms with fire doors wedged open during the inspection. Two of these fire doors did not fully close when checked by the inspector. One door was altered during the inspection to facilitate closure but the other door continued to require action. The wedging open of doors and inability of fire doors to fully close poses a high risk of smoke inhalation for residents in the case of a fire. There was no ongoing system in place for the regular checking of fire doors.
- Regular fire drills were not taking place in the centre - the last fire drill took place in September 2019. Drill reports seen were not sufficiently detailed to identify learning from drills and further actions required.
- From a review of fire drill reports in the centre and from speaking with staff it was apparent that fire drills generally only comprised of single room evacuations. Therefore the inspector was not assured that residents in each compartment could be safely evacuated using night time staffing levels. The largest compartment was upstairs and contained seven residents. Staffing levels reduced to two staff members from 20.30hours.
- The provider was required to submit a plan for updated fire drills to provide assurances that the all compartments in Willowbrook can be evacuated by night time staff in a time that ensures the safety of residents and staff. In particular, but not limited to the largest compartment of seven residents on the first floor should be completed as a matter of urgency and report on same submitted to the Chief Inspector.
- A full fire safety risk assessment was required of the centre by a suitably qualified person with experience and expertise in fire safety design and management. This assessment should identify, assess and rate all fire risks throughout the centre. It should be informed by the resident profile with particular emphasis paid to the accommodation and fire safety requirements of all residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required. A full suite of updated care plans had been put in place which were extremely comprehensive to direct person centered care.

The effects of social isolation had been individually assessed for each resident and suitable alternatives implemented to ensure the residents remained connected with their families. In their daily interactions staff were observed to be person-centred and knew residents' current health needs and their preferences as expressed in their care plans. Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out several times a day in line with the current guidance and residents' vitals signs and baseline measurements were recorded on a minimum of twice a day.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice and dietetic input.

New admissions were accommodated in an isolation area for 14 days and there were appropriate infection prevention and control signs on display around the centre to alert staff and visitors of high risk areas. Signs were in place on bedroom doors, to ensure that in the event of a resident being a confirmed or suspected case of COVID-19, all staff were immediately aware of the infection prevention and control precautions needed when caring for the resident.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. During the COVID-19 pandemic the regular GP practice continued to provide a service to the residents and some of this was onsite and some remotely. In relation to COVID-19, there was evidence of liaison with the public health officer

and with the HSE locally regarding supplies of oxygen, PPE, funding and management of same.

Access to allied health was evidenced by regular reviews by the physiotherapist. There was evidence of dietician and speech and language reviews as required. During the pandemic they were provided remotely but prescriptions and advice were followed through to the pharmacist and GP. Psychiatry of old age were also available to review specific residents on their caseloads. The person in charge had introduced and implemented new guidelines and procedures in relation to specific areas of care such as peg feeding and catheter care. Comprehensive care plans were seen in residents files updated in accordance with advice from allied health professionals. Further multidisciplinary meetings are to be arranged to ensure safe discharge plans in place for residents that require placement in different facilities.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy and procedure in place for the management of responsive behaviours. Staff were knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents. Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and person centred interventions to engage or redirect residents.

A restraint-free environment was promoted in the centre. There was evidence of a lot of work had been undertaken in relation to promoting and educating staff around residents choices and rights. Alternative measures to restraints were tried and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Judgment: Compliant

Regulation 8: Protection

Residents reported generally feeling safe in the centre. The person in charge was aware of the requirement to notify any allegation of abuse to the Chief Inspector. The person in charge also told inspectors that, if needed, support and advice was also available from the local safeguarding team. Staff that spoke with the inspector were aware of what to do if they ever saw or suspected a safeguarding issue and policies and procedures were in place to support their practice. However, as outlined

under regulation 16 not all staff had received up-to-date mandatory safeguarding training.

The inspector was satisfied that there were robust systems in place to manage residents' finances and pension agent agreements were in place for residents. Money was held in safekeeping on behalf of some residents for their day-to-day expenses. This money was held securely and records of transactions were maintained and the balances checked were correct. Residents had access to their monies as they required.

The management team confirmed that all staff had been vetted by An Garda Síochana.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity were respected and positive respectful interactions were seen between staff and residents. The residents had access to copies of local newspapers, radios, telephones and television. Residents were facilitated to exercise their religious and political rights. The centre's management had organised for residents to vote in the recent elections and religious preferences were facilitated through visits from the local clergy to the centre. Although these visits are suspended during COVID-19 restrictions residents were facilitated to partake in mass via the television and daily rosary was also prayed with the staff for residents who wished to partake.

The requirement to maintain a social distance impacted on social activities in the centre. Although larger group activities and gatherings were discontinued due to COVID-19, there was an ongoing programme of smaller group and one-to-one recreational activities for residents to partake in. These were carried out in accordance with public health advice and inspector observed that there was space to facilitate social distancing. A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. The inspector reviewed a sample of these activation plans; they were found to contain person-centred information to direct staff when developing and planning the centres activity plan. Activities included bingo, arts and crafts, floor games, exercises and reminiscence.

The centre was part of the local community and residents had access to radio, television, newspapers, Internet and information on local events. Advocacy services were available to residents upon request.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Willowbrook Lodge OSV-0000302

Inspection ID: MON-0030029

Date of inspection: 05/08/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Provider employs a highly experienced and qualified professional senior registered nurse who is approved and registered by the Chief Inspector as a fit person to be the Person-in-Charge of our Centre.</p> <p>The Provider has employed and nominated a suitably qualified and experience registered nurse to deputise for the Person-in-Charge of the Centre in her absence.</p> <p>By reference to the maximum number of residents (26) permitted by the Chief Inspector in our Centre, the Provider has employed extra nursing staff.</p> <p>The Provider has increased the hours of work by 4 per day for cleaning staff in the Centre.</p> <p>The Provider has employed a full time administrative assistant.</p> <p>The Provider employs a financial assistant in the Centre on a 3 day per week basis.</p> <p>We have arranged for HCA rosters in the Centre to be adjusted to allow for 2 staff members with full supervision while nursing staff complete medication rounds and we are reviewing on an ongoing basis our night time staffing complements to ensure ongoing compliance with the regulatory requirements.</p> <p>In compliance with Regulation 15(2) of the Care & Welfare Regulations, the Person-in-Charge ensures that the staff in our Centre always includes at least one registered nurse.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>During the Inspection, the Inspectors carried out an assessment of our Centre's Person-in-Charge's compliance with Regulation 16 of the Care & Welfare Regulations by</p>	

purported reference to Section 41(1)(c) of the Health Act.
 In order to assuage the assessments of the Inspectors, we confirm that our Centre's training matrix has been updated to reflect all staff have completed infection prevention and control, donning and doffing PPE, breaking the chain of infection, Covid 19 infection control, along with the HIQA IPF course online.
 Further, a refresher demonstration and education was conducted by the IPC Nurse 10/08/2020. Hand hygiene audits being conducted weekly. PPE/Mask audit being conducted weekly. Safeguarding refresher was completed 19/08/2020. Manual handling scheduled for 03/09/2020. Patient handling scheduled for 04/09/2020 and 10/09/2020. Dementia awareness refresher scheduled for 01/10/2020. Waiting on confirmation of BLS for refresher from trainer. Fire training commencing 08/09/2020. Electronic reminder system in place of upcoming training need schedule with review 1 x monthly.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
 The Provider has reviewed its systems and confirms that a more robust system is now in place for maintaining records in particular training files and staff folders. A system is also in place for escalating issues.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The Provider ensures that there is a properly defined management structure in place for the Centre.
 The Provider is registered by the Chief Inspector as a fit person to operate the Centre under the Act.
 The Provider, itself, as the registered provider of the Centre, comprises two directors who sit on its Board of Directors both of whom are notified to the Chief Inspector and registered in those positions in accordance with Company law requirements.
 One of the Directors of the Provider is appointed by the Chief Inspector to be the Registered Provider Representative for the Centre.
 The Chief Inspector has registered and approved two persons as fit person to be the

Persons Participating in Management (PPIM) who are responsible for the management of the Centre.

Our Centre's Person-in-Charge is approved and registered by the Chief Inspector.

In order to assuage concerns raised by the Inspectors during the Inspection structured system where risk assessments are completed in place and actions reviewed. More robust systems for auditing care and environment in also now in place.

Health and safety audit is completed and report completed.

Governance and management meetings are reinstated on a weekly basis following a preliminary COVID-19 risk averse approach with all functions now represented within the Centre. Nurses meetings are reinstated and scheduled commencing 04/09/2020

Healthcare assistant meeting reinstated and commencing 10/09/2020

Cleaning meeting reinstated and commenced 13/08/2020

Residents meeting reinstated to commence 14/09/2020

Additionally, the Provider employed an Assistant Director of Nursing on 07/09/2020, along with another full time nurse employed.

Director of Nursing on 3 x management days

Full time administrative assistant and part time financial assistant x 3 days

Increased presence and follow up systems and accountability.

In response to matters raised by the Inspectors relating to fire precautions within the Centre, an agency was engaged to complete audit report and ensure all fire training is in place going forward with full update provided to the Inspectors.

Cleaning review and audit are completed, schedules and hours amended, new system of monitoring service ensuring more protection for staff and residents.

Maintenance schedule and upgrade schedule in place. Urgent repairs completed include removal of carpet from main area, decluttering and painting works. Replacement of items in poor repair including commode and chairs.

Better system of auditing residents care and associated risks in place.

Structured system for risk assessments and actions reviewed.

Health and safety audit complete with report.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

We have conducted a review of all contracts of care and in compliance with Regulation 24(1) of the Care & Welfare Regulations, we have arranged for template contracts for care reflecting room numbers and occupancy going forward for all new residents with engagement with existing residents and signatories continuing to ensure that all existing contracts for care will be updated by agreement of the residents/signatories in line with contract law and regulatory requirements.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Cleaning review and audit completed, schedules and hours amended, new system of monitoring service ensuring more protection for staff and residents. Maintenance schedule and upgrade schedule in place. Urgent repairs completed include removal of carpet from main area, decluttering and painting works. Replacement of items in poor repair including commode and chairs. Repair works are scheduled as per financial limitations. Health and safety audit complete with report.</p> <p>Structured system where risk assessments are completed are in place and actions reviewed. More robust systems of auditing care and environment are in place. Review commissioned and report awaited.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Structured system where risk assessments are completed in place and actions reviewed. More robust systems of auditing care and environment in place.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>By way of Urgent Compliance Plan, the Provider has already reverted to the Inspectors on this item over three weeks ago. To confirm - Noting that Regulation 27 requires compliance with national standards adopted by HIQA, the Provider, following the Inspection carried out a review of its infection control practices and protocols within the Centre to ensure its compliance with the Health Protection Surveillance Centre (HSPC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities V6/07/20202 to be in a position to assuage the Chief Inspector of any concerns she might have with regard to our compliance within our Centre with the separate HSPC</p>	

public health measures. To enhance our Centre's compliance with the HSPC public health measures, the Provider arranged for a full separate audit of the Centre to be completed by the IPC nurse of the HSE, the competent public health authority, on 10 August 2020. Additionally, the Provider has enhanced its schedules and procedures to include the following: 1. The number of cleaner hours within the Centre have increased by 4 hours daily seven days a week, and a comprehensive cleaning schedule with tasks and timings is allocated to cleaning staff and supervised on an ongoing basis. All bedroom furniture identified by the Inspectors as having "exposed surfaces" are, within the cleaning schedules, subject to enhanced cleaning focus and supervision with weekly checks and monthly orientation meetings scheduled; 2. All chairs identified during the recent Inspection as having "worn surfaces" are in the process of being replaced. 3. The Provider confirms that it has ordered two more Commodes. 4. PPE centres: the Provider has arranged for one to be sited currently at the front door of the Centre and in the General Sluice Area, and for yellow bins placed beside them, with arrangements made for posters to be laminated, as duly scheduled.

By way of further update - Structured system where risk assessments are completed in place and actions reviewed.

More robust systems for auditing care and environment in place.

All staff have completed infection prevention and control, donning and doffing PPE, breaking the chain of infection, COVID 19 infection control, along with the HIQA IPF course online. A refresher demonstration and education was conducted by the IPC Nurse 10/08/2020. Hand hygiene audits being conducted weekly. PPE/Mask audit being conducted weekly

Increased hours x 4 per day for cleaning staff

Cleaning review and audit completed, schedules and hours amended, new system of monitoring service ensuring more protection for staff and residents.

Full supply of hygiene products available and waste disposal/clinical waste has been reviewed and audited by the Person-in Charge.

Disposable urine bottles have been ordered for delivery today and a review is underway of risk of contamination from upstairs to downstairs sterilizer.

Fabric chairs for delivery this week.

Buxom chair replaced for delivery this week.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: As part of its Urgent Compliance Plan, the Provider has already reverted to the Inspector on this item three weeks ago. To confirm and by way of update:

Fire Doors – Wedging & Review: The Provider has taken necessary steps to reaffirm to the Centre's staff that, no matter for whatever convenience or whether for a very limited duration or otherwise, they must desist from all practices involving the putting of wedges under fire-doors in the Centre, and a system is in place for the regular checking of practices concerning fire doors.

Fire Doors: The Provider has arranged for the regular checking of all fire doors and with

regard to the one remaining door, the identified compliance challenge has been actioned. Fire Drills: The Provider has made all necessary arrangement for fire drills to take place in the Centre, to include single room and multiple occupancy room evacuations. The Centre has engaged a new fire safety and the Provider will be putting in place a full schedule of regular fire safety training for staff on an annual basis. In the interim, immediate HSEL training was completed for all relevant staff after the Inspection and the Provider will ensure that, going forward, fire drill reports will be sufficiently detailed to identify learning from drills and further actions required. Further training is scheduled on 08/09/2020.

As stated above, the Provider has engaged a new fire safety expert adviser and the Provider arranged for an onsite meeting in our Centre on 21 August 2020 to conduct the required fire safety review of our Centre with a view to completing a written report which is awaited and will include: (i) the plan for updated fire drills by reference to all compartments in the Centre, including for the largest compartment of seven residents on the first floor of our Centre; and (ii) the full fire safety risk assessment for the Centre including by reference to resident profiles; and (iii) written confirmation of an inspection of all matters referred to in the final bullet point on page 2 of the Inspector's letter of 6 August 2020.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	04/09/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	04/09/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	04/09/2020
Regulation 21(1)	The registered	Substantially	Yellow	04/09/2020

	provider shall 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.	Compliant		
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	13/08/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Red	13/08/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	13/08/2020
Regulation 24(1)	The registered	Substantially	Yellow	30/09/2020

	provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Compliant		
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	04/09/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	13/08/2020
Regulation 28(1)(a)	The registered provider shall take	Not Compliant	Red	13/08/2020

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	13/08/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	13/08/2020