

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Willowbrook Lodge
Centre ID:	OSV-0000302
Centre address:	Mocklershill, Fethard, Tipperary.
Telephone number:	062 615 60
Email address:	info@willowbrooklodge.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	NSK Healthcare Limited
Provider Nominee:	Noelle Killeen
Lead inspector:	Caroline Connelly
Support inspector(s):	Paul Dunbar
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	4

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 June 2015 10:00 To: 11 June 2015 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection of Willowbrook Lodge was unannounced and took place over one day on the 11 June 2015. As part of the monitoring inspection, the inspector met with the provider, person in charge, residents and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The findings of the inspection are set out under 12 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Residents' comments are found throughout the report.

The provider and person in charge were proactive in response to the actions required from the previous inspections and the inspectors viewed a number of continued improvements during the inspection which are discussed throughout the report. The provider took a very active role in the management of the centre and was present in the centre on a daily basis. It was evident that there was a strong working

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

The collective feedback from residents was one of satisfaction with the service, the staff and care provided. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time and there were visitors seen in the centre during the inspection.

The person in charge, provider and staff demonstrated a commitment to care delivery and continuous improvement with comprehensive auditing of the service and care resulting in improvements for residents. They had adequate knowledge of 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.

The inspectors identified that improvements were required in the premises which had been identified in all inspections to date and remained non compliant, other improvements were required in medication management, fire compliance, and in the record keeping for residents finances and staffing records. These are discussed under the outcome statement. The related actions are set out in the Action Plan under the relevant outcome. These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 was viewed by the inspectors, it clearly described the service and facilities provided in the centre. It had been updated to reflect the recent changes to the management structure. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The ethos of care as outlined in the statement of purpose was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The statement of purpose was found to meet the legislative requirements.

Judgment:

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 inspectors saw and staff and residents confirmed that there is a clearly defined

management structure in place that identified and defined the lines of authority and accountability. The inspectors met the provider and the person in charge during the inspection who were clear on their roles and responsibilities. The provider took a very active role in the management of the centre and was present in the centre on a daily basis. It was evident that there was a strong working relationship between the provider and the person in charge, which promoted good and transparent governance.

The person in charge, the provider and staff displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of all aspects of resident care and the facilities, staff appraisals and provision of staff training. The inspectors noted that a range of audits had been completed over 2014 and 2015. These included:

- medication management
- hand hygiene
- infection control
- environmental audit
- accident and incident
- use of restraint
- activities
- food and nutrition
- dementia care
- diabetes care

An annual resident satisfaction survey had been implemented and inspectors saw the results of same. There was an active residents' association which offered residents and relatives an opportunity to participate and engage in the running of the centre. Minutes of meetings were seen by the inspectors which included discussion on the improvement of quality of life for residents through appropriate activities.

The inspectors were satisfied that the quality of care is monitored and developed on an ongoing basis and the provider has commenced the Annual review of the service.

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 centre is managed by a suitably qualified person in charge who holds the post full time. The person in charge was clear on her roles and levels of responsibility and was committed to creating an environment that supported quality improvement. The person in charge is an experienced nurse and manager who had worked in the centre for numerous years. She was very involved in the day-to-day management of the organisation and had a good reporting mechanism in place to ensure that she was always fully aware and up-to-date in relation to each of the residents' changing needs. There was evidence of a commitment and person-centred approach to the resident's care and that she had an in-depth knowledge of all the residents.

There was evidence seen by the inspectors that the person in charge kept her knowledge base current and she had engaged in a range of professional development training including management training. During this inspection and on previous inspections she displayed a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:

This outcome was not examined on this inspection. However, inspectors found that there were some discrepancies in staff files. These are discussed further under Outcome 18: Suitable Staffing.

Judgment:

Non Compliant - Moderate

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 policy on adult protection was seen by the inspectors and found to be comprehensive and there was a very clear reporting matrix posted prominently in the centre.

The inspector found evidence that staff had up-to-date training in elder abuse and behaviours that challenge. Staff who spoke to inspectors were clear on what abuse was and what they would do if they encountered an abusive situation and staff confirmed their attendance at relevant training. Staff with whom the inspector spoke also confirmed their reporting responsibilities.

Inspectors reviewed the management of residents' finances and possessions and found that the system in place was inadequate. Residents monies and personal possessions handed in for safekeeping were kept in individual envelopes in a safe. Transactions were recorded by writing the date and amount on the envelope. The recording of these transactions was not always signed by the resident or a staff member. The safe also contains a sheet of paper that lists the residents and the amount they have in their respective envelope. Inspectors found that the amount recorded for one resident was not the same as what was in the envelope. Overall the inspectors found that this system was not sufficiently robust to safeguard the residents finances and personal belongings handed in for safekeeping by the centre.

The inspectors saw that there was a restraint registrar in place in the centre identifying residents who required any form of restraint. The centre was working towards a restraint free environment and the inspectors saw numerous other options to restraint in use such as lower beds, alarm mats and crash mattresses. Restraint assessments seen by the inspectors demonstrated that restraint was used as a last resort following trying least restrictive alternatives.

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):

Findings:

Inspectors were generally satisfied with the health and safety measures in place in the centre. However, there were some issues with fire compliance which required attention.

There was an up-to-date health and safety statement for the centre which was reviewed annually. The centre also had a risk management policy which had measures and controls for all of the risks specified by the Regulations. There was an emergency plan which outlined the different types of events which may require evacuation of the centre. Evacuation notices were in prominent places throughout the centre and there was an alternative premises identified should there be a need for a full evacuation. Given the size and layout of the centre, there was a system in place to contact staff in the event of a need to fully evacuate the centre.

The fire alarm system in the centre had been serviced and certified on the 30 April 2015. The fire equipment (extinguishers and fire blankets) were checked on 22 January 2015 and the emergency lighting was checked on 11 February 2015. Staff had all attended fire training in January 2015. Staff who spoke to inspectors were clear on what they would do in the event of discovering a fire or hearing the fire alarm. Fire drills were regularly carried out at the centre and the provider nominee advised that these were followed by a de-briefing for staff to discuss any issues that arose. Inspectors identified that two fire doors were wedged open and this was viewed as an unsafe practice in terms of fire safety. The centre had recently provided an outdoor smoking area within a garden. Inspectors observed one particular resident using this area throughout the day. However, there was no fire-fighting equipment in close proximity to this area should there be a need to extinguish a fire.

The centre maintained a log of all incidents and accidents which occurred within the centre. Inspectors were satisfied that there were arrangements in place to investigate and learn from these adverse events. The centre had a core number of staff who were responsible for cleaning and laundry work. All areas of the centre were noted to be clean. The staff who spoke to inspectors were clear on the procedures to control infection, both in terms of laundry and cleaning, within the centre.

Judgment:

Non Compliant - Major

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:

The inspector observed that medications were stored, and disposed of appropriately in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007). There was evidence that resident medications were being reviewed on a three-monthly basis and sooner if required by the GP.

The pharmacist has not yet got fully involved in reviewing medications on a regular basis but the provider confirmed that she was to contact the pharmacist to have further involvement of the pharmacists in the provision of information to residents and to staff and the regular review of residents' medications as is required by legislation. Further involvement, training and audit from the pharmacist would help to enhance the service provided to the residents.

The inspector accompanied the nurses on a medication round and safe practice in medication administration and in the recording of the drugs administered was generally observed however nurses were observed to handle and touch tablets which did not comply with best practice. The medication prescription sheet contained all the required information and included the resident's photo.

The inspectors saw a chart for a resident that required their medications to be crushed. Although it was written on the top of the chart to say resident's medications could be crushed, individual medications were not individually prescribed as could be crushed and signed by the GP. It is a requirement of legislation that the GP prescribes crushed medications as medications which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe medications in this format. The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurses displayed a good knowledge of medications, effects and side effects.

The medication policy seen by the inspector included required policies and procedures on all aspects of medication administration storage and safe keeping as required by legislation.

The medication trolley was secured and the medication keys were held by the nurse in charge. Medication management was the subject of audit by the person in charge and inspectors saw the results of these audits which are fed back and action plans completed by the staff.

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:

Quarterly returns have been made to the Authority and an accident and incident book was maintained. The inspector saw that there was a process for recording any incidents that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in a comprehensive incident log.

The authority generally received all notifications in a timely manner as required by legislation. However, there was one recent incident of a stage 2 pressure sore that was not reported to the authority as required by legislation.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

A number of different GPs provided medical services to the residents. Residents generally have the choice whether or not to remain with their own GP. GPs visit routinely all residents care is reviewed at least three monthly. There was a responsive out-of-hours service available to residents seven days per week. Residents' medical records were inspected and these were current with entries including referrals, reviews, and blood results. The inspector found that resident's general healthcare needs were

adequately met and monitored. Vital signs and weights were recorded monthly; blood sugar levels were recorded daily or weekly as required.

Residents' additional healthcare needs were met. A chiropody service is provided to the residents on a regular basis. Dietician and speech and language services were provided by professionals from a nutritional company who was also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Residents have regular nutritional screening and regular weight monitoring. Optical assessments were undertaken on residents in-house by an optician from an optical company. Physiotherapy was available as required and funded privately by residents. Access to occupational therapy services were provided via referral to community HSE services.

The inspector was satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors and out into the grounds and gardens. Residents and relatives said they were satisfied with the healthcare services provided.

There was evidence of pre admission assessments in residents' records and residents had assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a four monthly basis or sooner if the residents' condition had required it. The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the person-centred care plans available for each resident and named nurses were responsible for the planning of that care. The care plans were used to prescribe and direct personalised care for the residents and they were seen to be reviewed and updated as required. There was evidence of residents and their representative's involvement in the discussion, understanding and agreement to their plan of care as is required by legislation.

The inspectors found that one resident had particularly complex physical and nursing needs and had recently developed a pressure sore. Although there was a care plan in place for the pressure sore there was no evidence of a wound care assessment chart for the resident with pressure sores and therefore no scientific measurement of wounds to identify improvement or deterioration.

Judgment:

Non Compliant - Moderate

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:

The centre is a two-storey building and resident accommodation is provided on both the ground and first floors. Twelve residents are accommodated on the ground floor in three single bedrooms and one four-bedded room neither of which are en suite; one two-bedded room with en suite toilet and wash-hand basin and one triple bedroom with en suite toilet, wash-hand basin and assisted shower. There are two further toilets and a bathroom with toilet, wash-hand basin and assisted shower provided for residents use on the ground floor. The ground floor also accommodates the residents' dining room that was extended in 2010, residents' communal room and adjoining multi-purpose conservatory, a centrally located nurses' station, the main kitchen and ancillary areas, the laundry, cleaning room and sluice room.

The first floor is accessed by means of stairwell, chair lift and passenger lift. Seventeen residents are accommodated on the first floor. There are six single bedrooms, two of which are en suite with toilet and wash-hand basin and a third that shares an en suite toilet and wash-hand basin with a two-bedded room. There are a further three two-bedded rooms with en suite toilet and wash-hand basin and one triple bedroom en suite with toilet, wash-hand basin and shower. A further bathroom with toilet, wash-hand basin, non-assisted bath and assisted shower are provided for the use of residents. Also accommodated on the first floor is a staff toilet, toilet facilities for catering staff and a second communal room/ quiet room.

The building was not purpose built and therefore its physical design and layout posed challenges and limitations with regard to its fitness for purpose in meeting the individual and collective needs of dependent persons and the stated aims and objectives as set out in the statement of purpose. Findings to support have been outlined in numerous inspections to date and actions have been required to alter the premises to ensure it meets the needs of the residents. These included

Two bedrooms, one twin bedroom and one triple bedroom, on the ground floor are directly accessed from the conservatory/communal area. While staff were observed to take action to preserve the privacy and dignity of residents this arrangement is not satisfactory. One bedroom room 14 is quite dark and has very little natural light, the one window from it faces directly into the conservatory area.

Of the 17 available bedrooms only eight met the criteria outlined in the National Quality Standards for Residential Centres Settings for Older People in Ireland. The size and layout of some bedrooms was not conducive to meeting the needs of residents, particularly those with complex care needs or requiring specialist equipment. The multi-occupancy rooms did not protect or promote residents privacy and dignity.

Doorways to some first floor bedrooms were of a domestic nature and narrow and not conducive for universal access by residents with complex care needs or requiring specialist equipment devices.

Lack of storage remained an issue for residents and for equipment.

None of these actions had been completed despite the provider sending plans into the authority in relation to addressing the overall shortcomings in the design and layout of the building, which would require additional investment.

There was a person employed for maintenance duties he worked through a schedule of general upkeep and minor repairs. Grab-rails were available in communal areas and there was a stair-lift which the inspector noted was used frequently by some residents in preference to the passenger lift. The centre was very clean throughout and the décor was homely in style.

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

The site is well maintained. Residents have access to a pleasant garden with seating, shrubbery and water feature to the front of the building and a secure outdoor area has been provided to the rear of the building. The main entrance is universally accessible and adequate car parking is provided. There were suitable facilities available for staff.

Judgment:

Non Compliant - Major

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:

Inspectors were satisfied that the centre had an appropriate complaints system in place and had a positive attitude towards complaints. There was a complaints procedure displayed in a number of areas throughout the centre. The complaints log was available for inspectors to review. All complaints were handled by the provider nominee. The documentation on complaints demonstrated that the centre responded promptly and

that complainants received good communication in terms of updates of their complaints. In all cases, the documentation recorded whether the complainant was satisfied with the outcome.

Judgment:

Compliant

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:

Inspectors were satisfied that the centre had an adequate number of staff to meet the needs of the residents. There was one nurse on duty at all times in the centre. Inspectors observed staff interacting with residents in a respectful and dignified manner. Residents who spoke to inspectors were complimentary about the staff. There were no occasions where staff appeared to be overworked or unable to offer time to residents.

The provider nominee and person in charge carried out appraisals every year. Staff informed inspectors that these appraisals were a forum to discuss any issues related to performance and training needs. Appraisal documentation was kept in each staff member's file. Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity.

There was a clear management structure and staff were aware of the reporting mechanisms. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. There was evidence of good communication amongst staff with all staff attending handover meetings. The inspectors viewed minutes of regular staff meetings which were held every quarter.

Inspectors reviewed a sample of staff files. While most of the documentation required by Schedule 2 of the Regulations, there were some minor examples of missing documentation. For example, there was an unsatisfactory employment history for one staff member. Another staff member's file did not contain a copy of their professional

qualification. This action is dealt with under Outcome 5: Documentation.

Any volunteers in the centre had Garda vetting and written terms and conditions. All staff had received mandatory training in fire safety, elder abuse, behaviours that challenge and manual handling.

Judgment:

Compliant

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:

Caroline Connelly
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 report¹

Centre name:	Willowbrook Lodge
Centre ID:	OSV-0000302
Date of inspection:	11/06/2015
Date of response:	03/07/2015

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 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 staff files did not require all of the documentation outlined in Schedule 2 of the Regulations.

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

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the Chief Inspector.

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

Staff files requiring documentation will be addressed.

Proposed Timescale: 31/07/2015

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 system for managing residents possessions and finances handed in for safekeeping was not sufficiently robust.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

We have put an indexed hard cover A4 notebook in place for managing residents finances.

Proposed Timescale: 03/07/2015

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:

Two bedrooms had doors held open inappropriately i.e. in a manner that they would not close in the event of the fire alarm sounding.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We are purchasing suitable door holding devices which will release in the event of the fire alarm sounding.

Proposed Timescale: 10/07/2015

Theme:

Safe care and support

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

An outdoor smoking area had no fire fighting equipment in close proximity.

Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

A fire blanket has been affixed to a wall within very close proximity to our additional outdoor smoking area

Proposed Timescale: 03/07/2015

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:

Crushed medications were not signed by the GP and therefore not prescribed as crushed.

Nursing staff were observed to touch tablets during the administration process.

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 PIC shall ensure that all medications are signed by the relevant GP, the five rights of medication management will be adhered to

The PIC shall ensure all nurses are more vigilant when administering medication, a non touch technique will be adhered to.

Proposed Timescale: 03/07/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

There was one recent incident of a stage 2 pressure sore that was not reported to the authority as required by legislation.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

The PIC will re-read the regulatory legislation and ensure that pressure sores are reported and returned to the authority within the correct timeframe.

Proposed Timescale: 03/07/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There was no evidence of a wound care assessment chart for the resident with pressure sores and therefore no scientific measurement of wounds to identify improvement or deterioration.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

A wound care chart has commenced and contains evidence of liaising with GP, Dietician and other members of the Multidisciplinary team. All information will be documented in the care plan.

Proposed Timescale: 03/07/2015

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 building was not purpose built and therefore its physical design and layout posed challenges and limitations with regard to its fitness for purpose in meeting the individual and collective needs of dependent persons and the stated aims and objectives as set out in the statement of purpose.

Two bedrooms, one twin bedroom and one triple bedroom, on the ground floor are directly accessed from the conservatory/communal area. While staff were observed to take action to preserve the privacy and dignity of residents this arrangement is not satisfactory. One bedroom room 14 is quite dark and has very little natural light, the one window from it faces directly into the conservatory area.

The size and layout of some bedrooms was not conducive to meeting the needs of residents, particularly those with complex care needs or requiring specialist equipment. There was not adequate space to ensure the privacy and dignity of residents were maintained.

Doorways to some first floor bedrooms were of a domestic nature and narrow and not conducive for universal access by residents with complex care needs or requiring specialist equipment

Lack of storage remained an issue for residents and for equipment.

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:

We acknowledge the building is not purpose built and we are aware of the challenges that this presents.

Notwithstanding that we have over time developed robust procedures and practices to ensure the delivery of a high standard of care to each of our residents as per our statement of purpose.

We also acknowledge that two of our bedrooms on the ground floor are accessed directly from the conservatory. This arrangement although not ideal, does provide our high dependency residents with a greater degree of interaction both with staff and with the day to day activities.

It also facilitates regular observation of these high dependency residents.

It has been our practice over the years to accommodate our high dependency residents and our residents with complex care needs on the ground floor only. We will continue this practice.

At our most recent resident meeting the issue of adequate storage was discussed. The residents are satisfied with their storage facilities presently. We did however clarify that should the need for further storage arise, we would do our utmost to accommodate

them,

The issue of storage for equipment was raised in a previous inspection and as a result we created an additional storage area. Following this recent inspection we will now extend this equipment storage area.

The provision of a meaningful timescale to the Inspectorate in relation to the physical environment is hampered by a number of complex background issues. These were discussed with the Inspectors on the day of the inspection.

We are confident that these issues can be resolved over time and we undertake to appraise our lead inspector of any developments in this area.

Proposed Timescale: for equipment storage 31/07/2015

Proposed Timescale: 31/07/2015