### 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:
Sheila Doyle

### Support inspector(s):
None

### Type of inspection:
Announced

### Number of residents on the date of inspection:
24

### Number of vacancies on the date of inspection:
5
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From: 01 February 2016 10:30  To: 01 February 2016 18:30
02 February 2016 09:30  02 February 2016 17:30

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

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Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority’s Regulation Directorate prior to or during the inspection.
As part of the registration process, an interview was carried out with the person in charge, the person authorised to act on behalf of the provider, a company director and the staff member who deputises for the person in charge.

Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. Recruitment practices and staff files met the requirements of the Regulations. However improvement was required to the use of restraint and the management of behaviours that challenge.

The centre was managed by a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. Improvement was required to ensure that the arrangements to meet each resident's assessed needs were set out in individual care plans.

The dining experience was pleasant, and residents were treated with respect and dignity by staff. One resident commented that they had the same rights as they would at home while another described how they were treated with dignity and kindness. Relatives also described how staff went out of their way to make them feel at home and wrote about the Christmas and summer parties that they attended.

Other improvements related to some aspects of medication management and ongoing issues with the premises. These are discussed further in the report and included in the Action Plan at the end of this report.
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 inspector was satisfied that the statement of purpose, which had recently been updated, met the requirements of the Regulations. It accurately described the service that was provided in the centre.

**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 inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

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

Audits were being completed on several areas such as pressure area care, incidents and hand hygiene. There was evidence of improvements being identified following these audits and interventions put in place to address them.

Resident and relative satisfaction surveys had been carried out and the provider discussed plans to complete these on a yearly basis. The inspector saw that the actions required from these had been completed. For example some residents had requested that the chiropodist would call more often and the inspector saw that this was now the case.

There was evidence that the annual review required by the Regulations was carried out. The inspector read a copy of the 2015 report and saw that this included details of admissions, discharges, improvements carried out to the premises and a review of complaints received. The summaries from the resident and relative satisfaction surveys were also included.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A residents’ guide and contracts for the provision of services were in place within the designated centre.

The residents' guide was reviewed and found to contain all the information required by the Regulations.

Contracts for the provision of services were also inspected and noted to contain the necessary details such as the services to be provided and the fees to be charged. These contracts had been signed by residents or their representatives.

**Judgment:**
Compliant
Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

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

The person in charge had maintained her continuous professional development having previously completed a course in gerontology and a management course. She also attended numerous clinical courses relevant to her role such as catheterisation and dementia care. She frequently attended local and regional courses relating to gerontology. She discussed plans to complete additional training on end of life care.

During the inspection the person in charge demonstrated her knowledge of the Regulations and the Standards. The person in charge was observed meeting with residents, visitors and staff throughout the days of inspection. Relatives confirmed in questionnaires returned to the Authority that they frequently met with her to discuss their loved ones care.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
**Findings:**
The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was in place. All information requested by the inspector was readily available.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

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

The deputy director of nursing deputises for the person in charge in her absence. The inspector interviewed this person and found that he was aware of his responsibilities and had up to date knowledge of the Regulations and Standards.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that measures to protect residents being harmed or suffering abuse were in place. However some improvements were required around the use of restraint and the documentation relating to the management of behaviour that challenges.

Improvements were required around the use of bedrails. The inspector noted that appropriate assessments had not been completed prior to their usage. In addition safety checks were not consistently carried out when bedrails were in use. There was a policy in place but this was not being used to guide practice.

There was no documented evidence that alternatives had been tried prior to the use of restraint although staff spoken with were aware of the various strategies that had been tried. Additional equipment such as low beds and sensor mats had been purchased to reduce the need for bedrails. Staff had attended specific training.

This was discussed with staff during and at the end of inspection.

Improvements were also required regarding the documentation relating to behaviour that challenges. Some residents had episodes of behaviour that challenged related to their medical conditions. The inspector noted some gaps in their documentation. No specific assessments had been undertaken and no details such as possible triggers and interventions were included in their care plans.

Staff spoken with were familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that staff had attended training and advice and support was available from the psychiatric services.

Small amounts of money were managed for some residents at their request. Action required from the previous inspection had been completed. The inspector was satisfied that this was managed in a safe and transparent way, guided by a robust policy.

Residents spoken with and questionnaires received confirmed that residents felt safe in the centre. They primarily attributed this to the staff being available to them at all times. One resident said she felt safe and well cared for while another commented that there were no dangers in the centre.

The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and provider were clear about the measures they would take if they received an allegation of abuse of a resident. Plans were in place to incorporate the national policy and procedures on safeguarding.
Outcomes 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy had been updated and met the requirements of the Regulations.

Robust procedures for fire detection and prevention were in place. Service records indicated that fire extinguishers, emergency lighting and the fire detection system received maintenance at the required intervals. Fire exits were unobstructed and the inspector read the records confirming the daily inspection of means of escape. The inspector noted that fire alarm system was in working order.

Fire drills were carried out at frequent intervals. Staff spoken with had attended training and all were clear on the procedure they would follow in the event of a fire. Additional equipment had been provided to use for residents who liked their bedroom door to remain open. This was noise activated and released the door if the fire alarm sounded. This had been identified as an area for improvement at the last inspection.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. This had been updated since the previous inspection. Alternative accommodation for residents had been sourced and was available if a total evacuation was necessary.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. Individual risk assessments were also completed on the use of the slings.

Action required from the previous inspection relating to the lack of fire fighting equipment near the smoking area had been addressed. The inspector saw that
equipment was now in place. Fire aprons were in use and additional training had been provided to staff on the use of fire blankets should a resident's clothing catch fire. This procedure was also available to staff in a written format.

**Judgment:**
Compliant

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

**Findings:**
Although there was evidence of good medication management practices improvement was required regarding the management of medications to be crushed and the storage and administration of drugs that required strict control measures.

Some residents required their medication to be crushed. The inspector reviewed a sample of their prescription and administration records and saw that some improvements were required. In some cases the medication was not individually prescribed as requiring crushing in line with best practice guidelines. This was also identified as an area for improvement at the last inspection.

Medications that required strict control measures (MDAs) were kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct. The inspector discussed with staff the practice in place of not getting a second person to check the administration of these medications. This practice is not in line with national guidelines and recommendations. In addition the inspector discussed the observed practice of removing medication from the original container in which they were dispensed which can increase the risk of error and is also not in line with best practice guidelines.

Otherwise the inspector was satisfied that medication management practices were safe. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

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

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

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The action required from the previous inspection had been addressed.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

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

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan.

The inspector reviewed a sample of care plans and saw that in some cases they had not been updated to reflect the recommendations of various members of the multidisciplinary team. For example the inspector saw that a resident had been referred
to a speech and language therapist (SALT). Specific recommendations were made regarding providing assistance at meals. However the care plan had not been updated to reflect this. A similar issue was noted when specific instructions regarding mobility including an exercise regime were recommended and although they were happening in practice; the care plan did not reflect this.

Otherwise the inspector was satisfied that each resident’s wellbeing and welfare was maintained. There was evidence of pre admission assessments in residents’ records and residents had assessments completed on admission which included dependency level, moving and handling needs, falls risk assessment, 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 required it. Relatives and residents confirmed their involvement at development and review.

The inspector reviewed the procedure for wound management and found that assessment and treatment plans were in place. Appropriate documentation was available for use. This was identified as an area for improvement the last inspection. Additional advice and support was available from tissue viability nurses if required. The procedures in place relating to other clinical conditions such as falls management were also reviewed and found to be in line with best practice. Weight management is discussed in more detail under Outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral or privately including speech and language therapy (SALT), physiotherapy, occupational therapy (OT) and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

Residents were seen enjoying various activities during the inspection. Each resident’s preferences were assessed and this information was used to plan the activity programme and this is discussed in more detail under Outcome 16.

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 inspector found that the centre was warm and homely but the layout of some bedrooms did not meet resident's individual and collective needs.

The centre is a two-storey building and resident accommodation is provided on both the ground and first floor.

Currently twelve residents are accommodated on the ground floor in three single bedrooms and one four-bedded room, none 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 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 provider had identified that the building was not purpose built and therefore its physical design and layout posed challenges and limitations. Major reconfiguration was agreed at inspection. This included reducing the overall occupancy from 29 to 26. One twin room which did not meet the needs of the residents will now be used as a single room. The four bedded room will be reduced to three. The smaller three bedded room will be reduced to two. These changes are due to take place over the coming weeks to allow time for consultation with residents about proposed changes to their home.

Issues relating to the premises were discussed in detail over the course of the inspection and the provider is aware of the requirements to further address the multi occupancy rooms within the timescale. Plans in place required the resolution of complex background issues in order to be progressed.

The ground floor also accommodates the residents’ dining room, 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.

There was a maintenance person on site and he worked through a schedule of general upkeep and minor repairs. The inspector saw that he was supporting a resident to engage in meaningful occupation and both were busily occupied with some carpentry.
work at the time of inspection.

Grab-rails were installed in communal areas. The centre was very clean throughout and the décor was homely in style. 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. There were suitable facilities available for staff. Adequate arrangements were in place for the disposal of general and clinical waste.

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. Adequate car parking is provided.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The complaints procedure in the designated centre was found to be appropriately managed and reviewed.

The inspector read the centre’s complaints policy and found that it met the requirements of the Regulations. It identified the complaints' officer and the person responsible for monitoring all complaints.

The procedures in place to deal with complaints were clearly set out and understood by staff members spoken with. The complaints' procedure was on display in the centre.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints' log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants’ level of satisfaction with the outcome. The number of complaints received was minimal.

Judgment:
Compliant
**Outcome 14: End of Life Care**

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

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. This centre had undertaken improvements as part of the thematic inspection process and in response to the training provided by the Authority.

The inspector found that there were care practices in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents’ dignity and autonomy were respected. The inspector read where relatives had written to the centre to thank the staff following the death of their loved one. They described the care and kindness shown to them at that difficult time.

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life.

The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The person in charge stated that the centre received support from the local palliative care team if required.

Specific equipment and bed linen was set aside for use at the time of death as a mark of respect for the deceased. There was a procedure in place for the return of possessions.

An annual remembrance mass was held for the families of deceased residents and the inspector saw that an individual purple ribbon was placed on a tree in the front garden for each resident who had died in the previous year.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

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

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that each resident was provided with food and drinks at
times and in quantities adequate for his/her needs. Food was properly prepared, cooked
and served, and was wholesome and nutritious. Assistance was offered to residents in a
discreet and sensitive manner.

The centre continued with the improvements undertaken previously as part of the
thematic inspections. Validated assessment tools were used to identify residents at
potential risk of malnutrition or dehydration on admission and were regularly reviewed
thereafter. Weights were also recorded on a monthly basis or more frequently if
required. The inspector saw that records of residents’ food intake and fluid balance were
accurately completed when required. Records showed that some residents had been
referred for dietetic review. Medication records showed that supplements were
prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist
when required. The inspector observed practices and saw that staff were using
appropriate techniques to assist the residents as recommended. Training for staff in
dysphagia (difficulty in swallowing) was ongoing.

The inspector visited the kitchen and noticed that it was well organised and had a
plentiful supply of fresh and frozen food which was stored appropriately. The chef on
duty discussed the special dietary requirements of individual residents and information
on residents’ dietary needs and preferences. The catering staff discussed on-going
improvements in the choice and presentation of meals that required altered
consistencies. The inspector saw that residents who required their meal in an altered
consistency had adequate choices available to them.

The inspector saw that snacks and drinks were readily available throughout the
inspection. The inspector observed and residents confirmed that the catering staff
produced a wide range of home-baking including a variety of scones, cakes and home-
made desserts.

The inspector saw that residents were consulted about the meals and suggestions were
taken on board. For example residents had requested that soup was available all year
round and this was now included on the menus.

Judgment:
Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Residents’ rights and dignity were respected while residents were also consulted with regard to the running of the designated centre.

Staff were observed to interact in a very respectful manner with residents while staff also knocked on all bedroom doors before entering. Adequate screening was available in the shared rooms. Residents were supported to communicate as required. Relatives and residents were very complimentary about the centre and the staff.

Residents described the staff as warm and caring. One relative simply stated that if she herself needed a nursing home she would choose this one. Another described how staff provided holistic care and not just meeting health care needs. Several residents stated that it was like home from home and one resident stated that everything was as it should be.

The activity programme was planned with the residents and individual and group sessions were carried out. Several residents and relatives commented positively on the activities available in the questionnaires returned to the Authority. A programme of events was displayed and this included games, knitting, arts and crafts, music and outings.

A wide range of activities was available and staff members were specifically allocated to provide them. Staff and residents confirmed that sometimes the plans changed depending on what else was happening. The inspector observed a number of activities during the course of inspection and found that residents were clearly enjoying and engaging in these activities.

A compilation of the various events that had taken place over the year was used to make a DVD. This was very popular with the residents and the inspector saw them enjoying watching it and discussing the various events. A relative told the inspector that she had been given a copy of the DVD at Christmas and how much she enjoyed looking at it and remembering the year gone by.

The inspector saw that some activities were dementia specific and staff spoken with confirmed how valuable life stories were in ensuring that the range of activities available
suited the needs of the residents.

Arrangements were in place for residents to vote if they wished to do so. Newspapers, magazines, television, telephone and internet were also provided for within the centre. Religious services were provided for and visitors were actively encouraged.

Resident meetings were held on a two monthly basis. The residents’ advocate attended the meetings. Issues such as meals, forthcoming events and activities were discussed.

**Judgment:**
Compliant

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

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

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents could have their laundry processed in the centre. The inspector visited the laundry which was organised and well equipped. The staff member spoken with was knowledgeable about the different processes for different categories of laundry. Residents and relatives spoken with confirmed that they were happy with the service provided.

There was a reasonable amount of space for residents’ possessions including a lockable space. Several residents commented on how important this was to them.

**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:
The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector examined a sample of staff files and found that all were complete. Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained which identified which staff had attended training, which were due to attend and the dates of courses planned. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on infection control, falls prevention and dementia care including the management of behaviours that challenge. The inspector also saw where staff appraisals were undertaken on a yearly basis and the results of these were used to plan a training programme.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. Their roles and responsibilities were set out in writing as required by the Regulations.

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:
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Willowbrook Lodge</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000302</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>01/02/2016 and 02/02/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11/02/2016</td>
</tr>
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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 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments had not been completed to guide care for residents with challenging behaviour.

1. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Full assessments to be completed for residents presenting with behaviours that challenge to ensure correct management and correct responses in accordance with the regulations.

**Proposed Timescale:** 11/02/2016

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of bedrails was not in line with national policy.

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

Please state the actions you have taken or are planning to take:
Where bedrails are in use we will undertake a full assessment of their use as per the national policy. Where practicable we will introduce alternative systems.

**Proposed Timescale:** 11/02/2016

**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 consistently prescribed that way.

3. **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:
All medications to be crushed will be individually prescribed by the resident’s GP and in accordance with any advice provided by the resident’s Pharmacist.
Proposed Timescale: 11/02/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inappropriate storage systems were in use for medications that required strict controls.

4. Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:
All medicinal products dispensed or supplied to a resident will be stored securely.

Proposed Timescale: 11/02/2016

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:
Some care plans had not been updated to reflect the recommendations of various members of the multidisciplinary team.

5. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
Care plans will be updated to reflect any recommendations of the multidisciplinary team and will be reviewed within four months.

Proposed Timescale: 11/02/2016

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:
Some aspects of the design and layout of the premises will require improvements to meet the requirements of the Regulations within the given timescale. This includes but is not limited to the remaining multi occupancy rooms, narrow doorways to some of the first floor bedrooms and lack of storage.

6. 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:
The premises were not purpose built and as such presents certain challenges. In the course of the inspection it was agreed to reduce our occupancy capacity in response to spatial issues identified.
Additional equipment storage capacity was provided following our previous inspection. There are a number of complex background issues with regard to substantial alterations to the physical environment and these were discussed with the inspector in the course of the inspection. We are aware of the requirements of the Regulations with regard to the physical environment and we will meet those requirements by 2021.
We have begun the process of reconfiguration of some rooms as discussed during the inspection, but this process is also dependent on the personal choices of our current residents.
We will update our lead inspector as to the progress on reconfiguration.

Proposed Timescale: Commenced

Proposed Timescale: