



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

Issued by the Chief Inspector

Name of designated centre:	Willowbrook Nursing Home
Name of provider:	Galteemore Developments Limited
Address of centre:	Borohard, Newbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	22 July 2020
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0029828

About the designated centre

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

Willowbrook Nursing Home is situated on the main Newbridge to Naas road. There is access to a bus stop directly outside the centre. The centre consists of an old house which has been modernized and extended over time to accommodate 56 beds which cater for male and female residents over the age of 18. The centre provides long term care, short term care, brain injury care, convalescence care, respite and also care for people with dementia.

Bedroom accommodation consists of 22 twin rooms and 12 single occupancy rooms, some of which are en-suite. Access to the first floor of the old building is via a stairs or a stair lift.

There is a dining room, sitting room, two day rooms, smoking room and spacious reception area. In addition to this, there is a hairdressing room, shared toilet/bathroom/shower rooms, therapy room, nurses' office, administrative offices and training room. There is access to a secure garden for residents and ample parking at the front and rear of the building. There are facilities for staff including a staff room, shower room and bathrooms. The kitchen is in the main building. Separate and adjacent to the main centre are the laundry/store room and the maintenance room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 July 2020	10:45hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 22 July 2020	10:45hrs to 17:00hrs	Mary McCann	Support

What residents told us and what inspectors observed

Inspectors were welcomed into the centre and a staff nurse guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering and temperature checks. Residents told the inspectors that they were not concerned about the infection prevention and control measures in place for visitors and they confirmed staff have explained the rationale for these measures to them. Two residents told inspectors that they were informed of their COVID-19 positive results and were reassured where appropriate.

Residents were highly complimentary of all the staff in the centre and wanted the staff acknowledged for the high standards of care given to them. Some of the residents' comments included 'couldn't get better than here, that's as true as God', 'I love it here and wouldn't go anywhere else', 'I was in three other nursing homes before here and this is the best by far' and 'I wouldn't leave here even if I won the lotto'.

Residents told inspectors that staff told them not to worry about anything and if there was reason to worry staff would do that for them. Several residents said that they were not overly concerned about COVID-19, as they believed staff would make every effort to keep them well. The provider suspended a social charge to residents for activities during the COVID-19 outbreak but kept their activities going throughout.

Residents said they were delighted to see their relatives coming back in to visit them again and inspectors observed these visits taking place during the day of inspection. Residents said that staff 'went out of their way' to make sure that they kept in contact with their families. They confirmed that they were not too lonely as they had interesting things to do in the centre every day that 'Kept them occupied and their mind off what was going on'. During the inspection the inspectors observed social activities going on in residents' bedrooms and social distancing in the sitting rooms where most residents preferred to spend their time. There was lots of laughter and chatting among residents and staff in the main sitting room. A small number of residents with high support needs were resting in one of the sitting rooms listening to background music.

Inspectors observed the residents lunchtime meal and saw that residents had a varied menu including a chicken curry option. Residents said the meals were very 'tasty' and that they could have anything they wanted to eat at anytime. Residents' meals looked appetising and were well presented.

Some residents expressed their concern for the staff who were also sick and told the inspectors that they prayed they would get well again and said their prayers were answered. Some residents who had recovered from COVID-19 talked about their experience and attributed their recovery to the high standard of care that staff gave

them. Residents spoke fondly about residents they were friendly with and who had died in the centre and were very grateful that they had survived. Several residents wondered if life in the centre would ever be the same after COVID-19.

Staff morale was good and those who spoke with inspectors were optimistic about the future which helped to create a positive and happy environment in the centre for the residents.

Residents confirmed they had no complaints but if they had any problems or concerns, they would speak to the person in charge as he was in the centre all the time. Residents commented that the person in charge was very obliging and he always sorts out any issues quickly.

Capacity and capability

Galteemore Developments Limited is the provider entity for Willowbrook nursing home. There are three directors on the company board one of whom is the provider representative. The provider is not involved in running any other designated centres for older people. The provider employs a person in charge who works in the centre on a full-time basis and has responsibility for the day-to-day operations of the centre. The person in charge is supported in their management role by a clinical nurse manager. The centre's staff team comprises nursing staff, carers, activity coordinators, household, catering and maintenance staff. The person in charge was present on the day of this inspection and for the inspection feedback meeting.

On previous inspections where issues were identified, the provider had the capacity and capability to make the required improvements to ensure the ongoing provision of safe and effective care for residents and compliance with the regulations. In late April 2020 there was an outbreak of COVID-19 which significantly impacted residents, their families and staff. The outbreak was declared over by the Department of Public Health on 13 July 2020.

This was an unannounced risk inspection to monitor ongoing compliance in the centre following notification of an outbreak of COVID-19 infection in the centre. The centre is registered to accommodate a total of 56 residents. In total, 31 residents tested positive for COVID-19 and 28 residents recovered. Three residents who contracted COVID-19 sadly passed away early in the course of the outbreak. Inspectors acknowledged that this was and continued to be a very difficult time for the remaining residents and their relatives, the provider, person in charge and the staff team. Delays in receiving timely test results for residents and staff and difficulties with procuring sufficient personal protective equipment (PPE) for staff were challenging for the provider and person in charge in the early weeks of the outbreak in the centre. A large number of nursing staff contracted COVID-19 infection and the service also struggled to maintain nurse staffing levels. The management succeeded in maintaining a safe service through increasing the working hours of nursing staff who were working part-time and contracting agency

nursing staff from an external provider.

Inspectors found that quality, safety and oversight of clinical care provided for residents was of a good standard and was effective. However, oversight of the quality and safety of infection prevention and control procedures and practices were not effective. Infection prevention and control audits were not robust and failed to identify significant areas for improvement relating to cleaning and storage of residents' equipment, and environmental cleaning. For example, infection prevention and control audits did not identify that equipment used to assist residents was not cleaned to a high standard, equipment storage rooms were dirty and in urgent need of repair and that cleaning procedures for carpet floor covering was ineffective. These findings required urgent improvement to ensure residents were protected from infection and in preparedness for a future COVID-19 outbreak. These findings required urgent improvement to ensure residents were protected from infection and in preparedness for a future COVID-19 outbreak.

Although the provider had made some improvements in fire safety procedures in the centre since the last inspection in May 2019, inspectors were not assured that residents could be safely evacuated in the event of a fire in the centre. The provider was required to take urgent action to provide these assurances to the Chief Inspector.

Inspectors followed up on three items of unsolicited information, received by the Chief Inspector in 2020. Information received related to issues during the COVID-19 outbreak including, visiting restrictions, insufficient support for residents to maintain contact with their families, inadequate staff support for residents losing weight and the quality of food provided. Inspectors did not find evidence to substantiate the issues raised. These areas are discussed further throughout the report.

There was ongoing frequent monitoring of residents and staff to monitor for increases in temperature and any other symptoms of COVID-19 in accordance with the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. The person in charge and the registered provider representative liaised frequently with Public Health and the health service executive (HSE) throughout the COVID-19 outbreak.

Regulation 15: Staffing

On the day of inspection, inspectors found that was sufficient staff to meet residents' needs and staff were responsive and attentive without any delays to residents' individual needs. The staffing rosters reflected staffing resources as described in the centre's Statement of Purpose and ensured that the needs of residents were being met in regard to their dependencies and the size and layout of the centre, which is spread over two floors.

The person in charge confirmed that maintaining two separate staff teams led by a

nurse on a 24 hour basis, proved challenging at times during the centre's COVID-19 outbreak. However, contingency plans were put in place to ensure sufficient skilled staff were available and nurse staffing levels were maintained at the peak of the centre's outbreak. In general the management of staffing during the COVID-19 outbreak in the centre reflected the recommendations set out in the Health Protection Surveillance Centre (HPSC) guidelines, in terms of providing separate staff teams and the need for an isolation area for accommodation of residents who were symptomatic of, or were confirmed as having COVID-19 infection.

During the COVID-19 outbreak, staff shortages were managed by:

- part-time nursing staff taking on full time roles
- staff in management roles were redeployed to provide direct care to residents
- nursing staff were contracted for 12 to 14 work shifts per week from an external agency provider

Staff recruitment was ongoing and was informed by up-to-date policies and procedures. No volunteers were working in the centre during the COVID-19 outbreak or at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training matrix record was maintained by the person in charge to assist with monitoring and tracking mandatory and other training done by staff and was made available to inspectors.

Staff working in the centre had attended training in infection prevention and control in 2019. In addition to this training, in-service training that focused on timely identification and care of residents with COVID-19 infection was provided by the person in charge.

Staff were facilitated to complete online hand hygiene and donning and doffing of personal protective equipment (PPE) procedures training. They were kept informed of public health guidance to prevent and control COVID-19 infection.

While arrangements were in place to ensure staff were supervised on an appropriate basis according to their roles. the supervision of household staff required review to ensure that staff cleaned equipment used by residents and that carpets in communal areas were appropriately cleaned. This is discussed in detail under regulation 27: Infection control.

Staff were recruited, selected and vetted in accordance with best practice and legislative requirements. A staff recruitment policy was available and an induction procedure was completed by all new staff. A sample of four staff files were examined by the inspectors and were found to meet the requirements of the

Regulations. An Garda Síochána (police) vetting disclosures were available in the staff files examined. The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. All nursing staff files contained documentation confirming their up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

Judgment: Substantially compliant

Regulation 23: Governance and management

An established governance and management structure was in place and all staff were aware of their respective roles and responsibilities. The person in charge of the centre worked full-time and was supported in their role by a clinical nurse manager and staff team of nurses, care assistants, a physiotherapist, activity staff, household, laundry, catering, maintenance and administrative staff. The provider representative worked in the centre several days each week. This arrangement ensured that a senior member of the management team was available each day to respond to queries from residents or their relatives and to ensure any issues were addressed in a timely way.

The provider ensured that appropriate resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

Management meetings were held weekly to review the service including during the COVID-19 outbreak in the centre. There were systems in place to review the quality and safety of the service and an auditing schedule was in place. While, the information collated in audits was generally analysed and areas needing improvement were described in action plans, there was limited evidence that these actions were completed. An action required from the last inspection in May 2019 to provide assurances that residents would be safely evacuated in the event of a fire in the centre was not completed on this inspection. Assurances were provided by the provider in the days following the inspection in response to a requirement for urgent action by inspectors.

Inspectors found that quality, safety and oversight of clinical care provided for residents was of a good standard. However, oversight of the quality and safety of other aspects of the services was weak and required strengthening. While, environmental, infection prevention and control and health and safety audits were completed, they did not identify areas requiring improvement to ensure residents' safety. For example inspectors found:

- equipment used by residents was not cleaned to a high standard.
- equipment storage rooms were soiled, poorly organised and not fit for purpose

- carpets were not effectively cleaned.

At the time of this inspection the person in charge was in the early stages of drafting a review of the COVID-19 outbreak in the centre. Inspectors advised that this review should be expedited to provide clarity on the areas that need revision or strengthening, including analysis of the measures that had worked well and what areas required improvement in the event of a second outbreak. The person in charge gave an assurance that a comprehensive review would be completed to ensure preparedness of the service for any further COVID-19 outbreaks, thereby ensuring that residents care and welfare was protected to the highest level possible.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was revised to make minor changes to ensure the information accurately reflected the service provided in the centre and the revised document contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The revised statement of purpose accurately described the current management structure, the facilities and the service provided.

The statement of purpose describes criteria for accommodation of residents in three twin and one single bedroom on the first floor. The provider states in the statement of purpose that this accommodation on the first floor is only suitable for residents who are able to independently use the stairs or chair lift fitted on the stairs. Three residents were accommodated on the first floor at the time of this inspection and were assessed as being able to access the stairs independently.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Required statutory notifications of incidents involving residents were submitted to the Chief Inspector within the timescales specified by the regulations including timely NF02 notifications of a COVID-19 outbreak in the centre and NF01 (unexpected death of any resident) notifications.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy was available to inform the procedures for receiving and managing complaints from residents or others. Since the last inspection in May 2019, arrangements were put in place to ensure all complaints about the service provided were reviewed and signed off by the provider representative. Although not referenced in the minutes, inspectors were told that all feedback from residents or others was reviewed at the centre's governance and management meetings and was used to inform improvements in the service as necessary.

The complaints procedure was displayed in the centre and provided instruction on how to make a complaint and the response process thereafter. The person in charge was the centre's designated complaints officer. A review of the centre's complaints log by inspectors provided assurances that complaints were recorded, investigated promptly, the outcome was discussed with complainants and measures were taken to resolve any issues needing improvement. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was available.

Residents told the inspectors that they were aware of the complaints procedure and said they would express any dissatisfaction or concerns they had to the person in charge. They confirmed that the person in charge always welcomed their feedback, listened to them and was proactive in resolving any dissatisfaction with the service that they experienced.

An independent advocacy service was available to residents to assist them with raising a concern. Contact information for this support was displayed and staff were available to assist residents with accessing this service as necessary.

Judgment: Compliant

Regulation 21: Records

Staff were recruited, selected and vetted in accordance with best practice and legislative requirements. A staff recruitment policy was available and an induction procedure was completed by all new staff. A sample of four staff files were examined by the inspectors and were found to meet the requirements of the Regulations. An Garda Síochána (police) vetting disclosures were available in the staff files examined. The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. All nursing staff files contained documentation confirming their up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

Judgment: Compliant

Quality and safety

Residents' medical and health care needs were met to a good standard. However, inspectors found that the quality and safety of the service provided to residents was compromised by inadequate infection prevention and control measures in a number of areas and concerns relating to fire safety in the centre. These were discussed with the person in charge during the inspection feedback meeting and the provider was required to provide assurances regarding residents' safe evacuation in the event of a fire, as a matter of urgency.

Not all procedures and practices found by inspectors reflected best practice in infection prevention and control and posed a risk of cross infection to residents. Cleaning of residents' equipment and the cleanliness of equipment storage facilities required improvement to ensure that risk of cross infection to residents was mitigated. Residents' accommodation in the centre consisted of mostly twin bedrooms without en suite facilities. The layout of several of the twin bedrooms did not ensure social distancing or residents' privacy and dignity. An area of the centre used during the COVID-19 outbreak as an isolation area and which the provider intends to continue to utilise for isolation purposes, as needed, requires review to ensure this area reflects health protection and surveillance centre (HPSC) recommendations and the infection prevention and control standards.

Staff who communicated with the inspectors were fully aware of the signs and symptoms of COVID-19 and identified a clear pathway to report any concern regarding a resident. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE).

Residents' end of life symptoms were closely monitored and effectively managed during the COVID-19 outbreak. Families were facilitated to be with residents at the end of their lives. Throughout the COVID-19 outbreak in the centre, the person in charge and staff team were committed to ensuring that no residents were alone at the end of their lives in the centre.

Residents were observed to have good relationships with staff who engaged positively and regularly with them during the inspection. Staff were observed to be respectful of residents' wishes and choices and responded to requests for assistance promptly. There was good evidence that residents were consulted with and their views were valued. The COVID-19 restrictions impacted on the quality of residents' lives in the centre and they welcomed the easing of visiting restrictions. Residents were encouraged by staff to maintain contact with their families and friends. Inspectors found that the care and psychological support given to residents by staff was of a high quality and ensured that they were well-

supported throughout.

Staff were facilitating a social programme for residents to meet their individual needs, as far as was practicable within the current restrictions on social distancing and group activities. Residents told inspectors that staff had kept them up to date with news during the pandemic and although they sometimes felt lonely while isolating in their bedrooms, staff made good efforts to go to their rooms regularly, spend time with them and organise activities to keep them occupied.

Inspectors examination of residents' care plans, including residents with a diagnosis of COVID-19 confirmed that their needs were assessed appropriately and were met. This was confirmed by residents who told residents about their experience of care and service in the centre. Their records evidenced consultations with a variety of community professional services such as dietitian and speech and language therapy services. Residents had access to a physiotherapist employed by the provider on three days each week. Residents were screened for nutritional risk on admission and effective measures were put place to enhance and improve their dietary and liquid intake. Six residents who had lost weight were assessed by a dietician and were starting to gain weight again.

Residents who experienced responsive behaviours and those who found it difficult to remain in their bedrooms, had care plans that described their specific needs and gave guidance to staff with managing these situations without over-restricting residents.

Medicine management policies were in place and were up to date and residents were protected by safe medicines management practices and procedures. Inspectors reviewed a sample of medication administration practices and found that staff followed best practice guidance in order to ensure that residents received their medications as directed by their General Practitioner and that medicines were stored appropriately.

Regulation 11: Visits

The centre operated an open visiting policy prior to Covid-19 restrictions where normal visiting arrangements ceased with the exception of compassionate visiting by relatives or close friends of residents receiving end-of-life care or when a resident became distressed at not seeing their loved ones. Window visits were facilitated during the outbreak and relatives had been able to spend time chatting to residents through their bedroom windows or windows in communal rooms. Residents also used the telephone and video calling using mobile technology to keep in contact with their relatives.

The centre was COVID-19 free at the time of this inspection and arrangements for residents to receive their visitors in private were in progress, in line with Health Protection Surveillance Centre guidance. Visits were pre-arranged with the person in charge and all visitors were screened for symptoms of infection prior to entering the

centre. A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents, and visits were restricted to a maximum period of 30 minutes. Visitors were provided with personal protective equipment (PPE) and guidance on visits was provided including hand hygiene and social distancing.

Judgment: Compliant

Regulation 13: End of life

There were clear policies and procedures in place to guide staff when a resident's condition deteriorated and the resident was assessed as requiring end-of-life care. Staff were knowledgeable in relation to the procedures and the protocols and records showed that these were implemented in practice.

Where decisions had been made in relation to advanced care directives, such decisions were recorded and staff were knowledgeable about residents' preferences for care at end of life. Advanced care decisions were prepared and reviewed in consultation with individual residents, their GP and their families. Although not actively involved with supporting any residents in the centre at the time of this inspection, links with the community palliative care team were established and staff could make referrals for expertise from this service in residents' care as appropriate. Anticipatory prescribing was in place during the COVID-19 outbreak to ensure residents were provided with timely effective pain and symptom management.

Staff who spoke with inspectors confirmed that every effort was made to facilitate residents to have their relatives with them at the end of their lives during the COVID-19 outbreak. Staff also described their commitment to ensuring residents were not alone in circumstances where their families could not visit them.

A review of a sample of three residents' end-of-life care plans described person-centred care procedures that respected the values and preferences of each resident and their families. Details regarding each resident's wishes regarding their physical, psychological and spiritual care to meet their needs was described. This information also included residents' specific preferences and wishes regarding where they wished to receive their end-of-life care and the arrangements for their funeral and final resting place.

Judgment: Compliant

Regulation 18: Food and nutrition

Inspectors were told that residents who had COVID -19 experienced loss of taste and appetite and they experienced unintentional weight loss during the centre's COVID-19 outbreak. Residents were closely monitored for any changes in their weight and were referred for review by a dietician as necessary. Residents' nutritional care plans were updated and implemented and residents were supported to ensure their nutritional needs were met.

Inspectors found that residents' nutrition and hydration needs were being met. Residents were provided with a variety of drinks including access to a safe supply of drinking water. Residents nutritional and hydration needs were regularly assessed. These assessments informed detailed care and treatment plans for each resident, as appropriate. Inspectors confirmed that recommendations made remotely by the dietician were documented and implemented for residents needing nutritional support by staff. Residents were closely monitored for any changes in their weight and were referred for review by a dietician as necessary. The centre's dietician completed timely reviews of residents' nutritional needs remotely during the COVID-19 outbreak in the centre. The person in charge was in discussions with this service regarding their resumption of on-site consultations for residents as the outbreak in the centre was now over.

Inspectors observed residents' lunch experience on the day of inspection and spoke with several residents during this time. Residents told inspectors that they were very satisfied with the standard of the food they received. They were offered a choice of menu and a wide range of alternatives if they wished. Residents' seating was arranged to assist them with socially distancing in the dining areas. The meals offered to residents appeared to be properly prepared cooked and served. Staff were attentive to residents' needs and were available to discretely assist at mealtimes as required.

Judgment: Compliant

Regulation 27: Infection control

At the time of this inspection, the centre was declared COVID-19 free by the regional public health department. Inspectors were told by the person in charge that there were no residents or staff with confirmed or suspected COVID-19 infection in the centre.

The areas of the centre accessible to residents were generally clean and clutter free. However, the following infection prevention and control practices and protocols observed by inspectors were not in line with the health protection and surveillance centre (HPSC) guidance or the national standards. These findings required urgent improvement to ensure infection prevention and control practices and procedures in the centre protected residents from cross infection and to ensure preparedness for a further COVID-19 outbreak.

- The sluice room was unlocked and therefore there was a risk of unauthorised access by vulnerable persons to a potentially hazardous area.
- Carpet floor covering on a stairs was soiled and steam cleaning of carpet floor covering had not been completed as part of terminal cleaning procedures following closure of the COVID-19 outbreak in the centre.
- The provider did not have a cleaning system in place commensurate with the type of furniture in the centre. For example, wicker chairs in each resident's bedroom and chairs in the reception area covered with a cloth fabric.
- There was two sluice rooms but only one was fitted with a bedpan disinfection unit. This arrangement required staff carrying used bedpans from bedrooms on one corridor through the nursing home to the sluice in another corridor. This arrangement posed a risk of cross infection to residents.
- The area used as an isolation area during the COVID-19 outbreak consisted of 10 twin bedrooms and 2 single bedrooms. Only one single bedroom in this area had an en suite facility. The sluice in this area did not have a bedpan disinfection unit.
The schedule in place for cleaning frequently touched areas such as, handrails and door handles was once daily which required review to ensure there was no risk of cross infection to residents.
- Bulk healthcare risk waste bins were not secured and were not stored in a secure enclosure inaccessible to the public, while waiting collection by the centre's waste collection contractor.
- Equipment such as hoists and walking frames were not clean. Clear arrangements were not in place to ensure equipment used was cleaned after each use by staff.
- The floor and wall surfaces in a storeroom used to store assistive equipment used by residents showed signs of wear and tear including damaged to the surface of the floor and the walls. This meant that it was difficult to clean these areas
- The person in charge was not currently cohorting staff into teams to care for residents. This finding was discussed with the person in charge as it posed a risk that in the event of a positive COVID-19 diagnosis, all staff on duty would potentially be contacts.

Housekeeping staff were increased during the COVID-19 outbreak in the centre and staff spoken with by inspectors were facilitated to attend training on COVID-19 infection, hand hygiene and donning and doffing personal protective equipment (PPE). Floor cleaning procedures reflected best practice procedures and staff ensured mops and cloths for surface cleaning were changed between each resident's bedroom. Hand hygiene units were in place throughout the centre, including in residents' bedrooms. Staff were observed to carry out hand hygiene appropriately.

The provider provided a laundering service for residents' clothing and residents availed of this service. The provider ensured that residents clothing was laundered in the centre's laundry as recommended by HPSC guidance to ensure any risk of cross infection to residents was mitigated.

Sufficient supplies of PPE were available to staff in the centre and was being used as

recommended. Monitoring of residents and staff for any signs or symptoms of COVID-19 infection was in place. Visiting had recommenced in the centre, and inspectors were assured that health monitoring and social distancing of visitors was completed as recommended by national guidance to maintain the safety of residents.

The provider and person in charge ensured that residents were supported and facilitated to maintain a social distance of two meters in the communal sitting and dining rooms. However the layout of some twin bedrooms did not ensure there was two meters between residents' beds.

Judgment: Not compliant

Regulation 28: Fire precautions

Staff were facilitated to attend fire safety training and participate in simulated evacuation procedures. Fire safety checks were completed including weekly testing of the fire alarm system since the last inspection in May 2019. Inspectors examined the records of simulated night and daytime emergency evacuations and spoke to the staff member who facilitated this training but, were not assured that residents' timely evacuation, especially from the largest compartment which could accommodate 13 residents would be achieved. There were seven single and three twin bedrooms in the largest compartment and inspectors were told that the compartment boundary was defined by a set of fire doors in the corridor. Inspectors were told that compartmentation of the centre premises was in place for the purposes of containment of fire and smoke in the centre. A floor plan detailing the fire compartment boundaries was not available.

A recent record of a fire drill simulated at night time when staffing levels were lowest was examined by inspectors. This record included the names of staff who participated. The record referenced that the fire drill took 35 minutes to complete. The drill record seen by inspectors detailed that the scenario practiced was the evacuation of one twin bedroom, completed in approximately five to six minutes. This information did not give sufficient assurances that simulated evacuation of a full compartment was carried out which would be required in an emergency. Consequently, inspectors were not assured that residents' timely evacuation needs would be safely met. These findings were discussed during the feedback meeting and the provider was required to provide assurances as a matter of urgency, that residents' safety and safe evacuation needs would be met in the event of a fire in the centre.

Storage of potentially combustible items were found by inspectors in a boiler room that was accessible from within the largest compartment in the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of residents' medicines met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and made themselves available to answer any queries individual residents had regarding their medicines. There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter including their additional needs and support during a recent COVID-19 in the centre. Residents' assessments included monitoring of their wellbeing, their infection prevention and control procedures and the arrangements in place so they could see their families. Each resident in the centre had a care plan in place to inform their individual care and support needs. The care plans of residents who tested positive during the centre's COVID-19 infection outbreak outlined their increased clinical monitoring and care needs. Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out for each resident in line with HPSC guidance and residents' vital signs and baseline measurements were recorded on a minimum of twice daily.

Staff used a variety of accredited assessment tools to assess each resident's needs and developed a person-centred care plan in consultation with them where possible or with their relatives, as appropriate. The information in the six care plans examined by inspectors clearly informed the care supports and assistance each resident needed. Records were maintained regarding residents' care plan reviews and included any review information made to their care plans following a change in their wellbeing or care preferences. Inspectors observed staff to be person-centred in their interactions with residents and they knew each resident's current health needs and preferences as described in their care plans.

Wounds and any irregularities on residents' skin were documented. There were no residents with pressure related skin damage. Some residents experienced weight loss secondary to COVID-19 infection. These residents were now progressively gaining weight further to close monitoring, review by a dietician and implementation

of their recommended interventions. Residents were encouraged and facilitated to eat their meals again in the dining rooms. Sufficient detail was described in each resident's care plan to inform the frequency of care procedures and the optimal clinical parameters that should be maintained to ensure each resident's ongoing health and wellbeing.

A twice daily record was entered by nursing staff regarding each resident's wellbeing, care provided and treatments implemented.

Judgment: Compliant

Regulation 6: Health care

During the COVID-19 outbreak in the centre, GP visits to the centre were reduced. GPs were contacted remotely by staff and they then made a decision whether instructions could be given remotely to staff or there was a need for them to attend the centre to review residents. This arrangement ensured there were no delays for residents with receiving appropriate interventions and having treatment plans to meet their needs. Residents' routine medical reviews were due at the time of this inspection and as the COVID-19 outbreak was over in the centre, the person in charge was arranging GP visits with residents to complete their medical reviews.

Residents had access to community psychiatry of older age, palliative care and tissue viability nursing services remotely during the COVID-19 outbreak and these services were now available to visit residents in the centre. The provider employed a physiotherapist three days each week. The centre's physiotherapist was working in the centre on the day of this inspection and was assisting residents with mobility and strengthening exercises, including rehabilitation of residents who had recovered from COVID-19 infection. Other health and social care professionals including, occupational therapy, speech and language therapy and a dietician supported residents' care remotely as needed. The person in charge was working with these services to resume on-site consultations. Recommendations and treatment plans developed by specialist health and social care professionals were documented in residents' care plans and implemented by staff. The provider ensured that residents could access a chiropody service during the COVID-19 outbreak in the centre.

Residents were supported to attend out-patient appointments as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents with dementia were periodically predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were systems in place to support to minimise incidents and to assist residents with managing any episodes of responsive behaviours that they may experience. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Inspectors saw that residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew each resident and their individual preferences well. Positive behavioural support care plans were developed for residents who experienced responsive behaviours. These plans of care and support for residents detailed the triggers to any responsive behaviours and the most effective person-centred de-escalation strategies to guide consistency in each resident's care procedures.

A restraint-free environment was promoted. Four residents had full-length bedrails in place. These residents' documentation confirmed that an assessment of their need for full-length bedrails was completed and included details of alternatives tried. Safety assessments were also completed to ensure bedrails were safe for residents to use prior to implementation. Although the person in charge had put arrangements in place since the last inspection to enable residents to access the centre's enclosed garden area as they wished, these arrangements required further review to ensure residents with dementia or other cognitive issues were not hindered from safely accessing an outdoor area as they wished. A key pad lock with the code provided was in place but this did not enable free access to all residents.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. All interactions observed by inspectors between staff and residents were respectful, courteous and kind. Residents confirmed to inspectors that they felt safe and secure in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and encouraged to participate in the organisation of the centre through regular residents meetings. Inspectors reviewed records of the last residents' meeting held on 28 May 2020 and contained details of meaningful

discussion between residents and staff. The minutes included specific information about COVID-19 and the measures in place to protect them from contracting an infection. Residents' experiences of the COVID-19 outbreak and their worries including the impact of restricted visiting during the outbreak was acknowledged at this meeting. Residents told inspectors that they were made aware of the COVID-19 outbreak in the centre and that staff gently prompt and help them with performing hand hygiene, respiratory etiquette and social distancing. Residents who tested positive for COVID-19 were reassured and the associated changes to their care and infection prevention and control procedures were explained to them. Actions from the recent residents' meeting were completed.

Meaningful activities were facilitated for residents in their bedrooms during the COVID-19 outbreak in the centre. Group activities had resumed in the sitting areas with social distancing in place and residents were observed enjoying being back together again. There was meaningful conversations among residents and positive interactions were observed by inspectors between staff and residents about local news and visits by families. A social assessment 'Key to Me' had been completed for each resident, which gave insight into each resident's history, hobbies and preferences. The activity coordinators maintained a daily record of the activities each resident participated in and if these activities met their interests. Residents had access to newspapers, radios, telephones and television. Internet access was available and the activity staff assisted residents with using portable technology to enable them to keep in touch with their families.

Resident privacy was respected by staff and staff were seen to knock on residents' bedroom doors before entering and to close bedroom and toilet doors during personal care activities. Two residents in one twin bedroom used commodes in their bedrooms. Screen curtains, in place to protect residents' privacy in this and two other twin bedrooms did not ensure resident's privacy as they did not extend the full distance around residents' beds.

Residents were supported to continue to practice their religious faith remotely during the COVID-19 outbreak in the centre. Routine visits and weekly Mass in the centre by religious clergy had not yet resumed. The provider and person in charge were working to provide the necessary assurances to progress resumption of visiting clergy for residents.

There was established links with families and friends of residents to keep them updated on residents' wellbeing. During the outbreak, communication with families of residents also comprised of emails from the centre regarding the outbreak and the visiting arrangements. The centre's telephone was manned by non-clinical centre staff throughout the COVID-19 outbreak, thereby ensuring that clinical staff could devote their time to clinical care and the phone was promptly answered.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0029828

Date of inspection: 22/07/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Updated Infection Control Training will be completed by all staff during the month of September facilitated by Joymac Training Limited.</p> <p>Household staff numbers have increased along with the introduction of a new cleaning schedule that includes deep cleaning of carpets in communal areas.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audits will be reviewed and have action plans. Details of completion of action plans will be documented.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All sluice rooms are closed when not in use and signage on sluice room doors reminds</p>	

staff of same.

The carpets have been steam cleaned and the carpets on the stairs and store room are being replaced in September next.

Wicker chairs are being replaced with wipe clean chairs.

Two new bedpan washers have been ordered to ensure all 3 areas have a bedpan washer.

The cleaning schedule has been replaced by a new schedule to include frequently touched areas are cleaned more than once daily.

Clinical waste bins will be secured.

Hoists are being fitted with disinfectant containers. Staff will carry potable disinfectant containers to ensure equipment is cleaned after each use.

The storeroom is being painted and fitted with new flooring.

A cohorting of staff is being introduced after the present rosters expire.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Most recent fire evacuation drill based on night shift staff numbers safely evacuated maximum dependency residents from one compartment to another in 3 minutes and thirty six seconds.

A floor plan detailing the fire compartment boundaries is displayed.

A trolley is being sourced for maintenance equipment stored in the boiler room.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All screen curtains extend the full distance around residents' beds.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	22/09/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Not Compliant	Orange	30/09/2020

	implemented by staff.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	20/08/2020
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	28/08/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	25/07/2020