



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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:	02 May 2019
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0026917

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.

Current registration end date:	27/01/2022
Number of residents on the date of inspection:	48

How we inspect

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
02 May 2019	16:30hrs to 19:00hrs	Mary O'Donnell	Lead

Views of people who use the service

The inspector spoke with residents and family members during the inspection.

Residents felt safe and respected in the centre. Staff were kind and residents told the inspector that there was enough staff on duty during the day and at night time to provide them with timely assistance.

Residents liked the homely feel in the centre. Residents whose rooms were renovated were pleased with the personal space available to them and the additional storage space for their personal possessions. The food was good and there was a choice offered for all meals. Residents were pleased with the activities on offer, over seven days. They especially enjoyed the weekly live music session in the lounge. Residents also appreciated that they were supported to engage in activities in the community. One resident attended a community service on a weekly basis and staff provided transport for another resident to go to the local pub, as he did prior to admission. Families told the inspector that they were made to feel welcome when they called. They were supported to take family members out for trips. One man said he researched nursing homes in the area to find a suitable home for his father and this one came up the best. He said that four months later his opinion had not changed. He was very satisfied with the service and care his parent received.

Capacity and capability

This was an unannounced inspection following an application to remove a condition of registration. The condition referenced refurbishment works to three bedrooms which was due for completion by 30 April 2019. The inspector found the three rooms were refurbished to a high standard and new flooring had been laid on an adjacent corridor. The inspector also found the six compliance plans following the previous inspection on 14 January 2019 had been completed.

There were good governance structures in place. The provider has adequately resourced the service and the provider representative is on site weekly, and has good oversight of the service. The person in charge and the senior nurse, who participates in the management of the centre both work full time in the centre. Management meetings are held two weekly where relevant aspects of the service are discussed including audit reports and complaints.

A sample of audit reports showed positive results. Formal action plans were not

completed to address the areas that required improvements.

There are systems in place to monitor the safety and quality of the service. An annual schedule of 17 audits was in progress and the audits completed to date showed positive findings. These included pressure care, falls, food, moving and handling, nutrition and activities. Although improvements were brought about following audits, the action plans were not completed to ensure that areas for improvement were addressed fully and informed an on-going quality improvement programme.

Residents were involved in the organisation of the service and regularly consulted with. Residents and staff feedback informed on-going quality improvements in the centre and were included in the Annual Review for 2018.

The inspector found there was sufficient staff on duty having regard to the assessed needs of the residents and the design and layout of the centre. A system was in place to ensure that all staff were appropriately vetted and had received mandatory training, including training in fire safety, behaviours that challenge, safeguarding and manual handling.

Fire safety issues found on previous inspections had been addressed but further improvements were required in relation to records of fire drills and testing of the fire alarm. The inspector noted that a second railing was installed on the flat roof of the annex and the key to the locked gate was in a break glass unit adjacent to the gate on the external escape route. These actions were taken to ensure the safety of residents on the first floor and that egress would not be delayed while staff located the keys. Further improvements were required to ensure the safe evacuation of residents, when staffing levels were lowest. Fire drills took place three monthly and the most recent fire drill on 27 March 2019 simulated night time staffing levels. Residents from two rooms were evacuated and the drill took 20 minutes. The fire drill records did not state the time it took to evacuate the rooms and any learning which took place during the drill. It did not provide assurances that a compartment could be evacuated within a safe timeframe when staffing levels were lowest.

Action was taken to ensure that all documents in relation to staff were available and maintained in accordance with schedule 2 of the regulations. All staff had Garda vetting disclosures in place. The person in charge confirmed that there were not volunteers in the centre.

There was comprehensive documentation to support safety and risk management and complaints in the centre. Incidents and complaints viewed by the inspector were comprehensively investigated.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider completed refurbishment works to three bedrooms within the agreed time frame 30 April 2019 as stated in Condition 8 of the centres registration. The provider submitted an application to remove Condition 8 within a week of the works being completed.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents in the centre contained all the prescribed information. The inspector noted that the directory was updated when a resident was discharged. It was also amended when a resident was admitted or discharged from hospital.

Judgment: Compliant

Regulation 21: Records

The sample of staff files reviewed contained the information required by the regulations. Action required from the previous inspections relating incomplete staff files has been addressed satisfactorily.

Judgment: Compliant

Regulation 23: Governance and management

Resources were available to ensure care was delivered in accordance with the centre's statement of purpose. There was a clearly defined management structure and both the person in charge and the senior nurse worked full time. The annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and available to them. The provider representative was on site weekly and regular management meetings were held. There were systems in place to monitor the quality and safety of the service. While comprehensive audits were carried out action plans were not consistently developed to inform a process of continuous quality improvement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider recently revised the centre's statement of purpose. The information as required by Schedule 1 of the Regulations was detailed including a statement that only residents who are assessed as competent to use the stairs or the chair lift can be accommodated on the first floor.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge confirmed that no volunteers worked in the centre. The provider was aware of the requirements of the Regulations regarding any volunteers in the centre including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was posted in the reception area and also in the Residents' Information Guide. The person in charge is the designated complaints officer for the centre and the provider representative was nominated to ensure that all complaints were appropriately responded to. All verbal and written complaints were logged and records maintained of investigations and the outcome of each complaint. While all complaints on record were resolved, the record did not state whether or not the complainant was satisfied. Residents and relatives who spoke with inspectors expressed their satisfaction with the service and said the person in charge was available to them if they wished to raise any issue. Residents were aware that they could make a complaint if they were dissatisfied regarding any area of the service they received.

Independent advocacy services were available to assist residents with making a complaint if they wished.

Judgment: Substantially compliant

Quality and safety

The centre was not a purpose built and the provider had modernised and upgraded the facility to meet the needs of the residents. There were now adequate bathroom, shower and toilet facilities for residents. Additional communal rooms had been created and bedrooms were reconfigured and upgraded. The recent reconfiguration of rooms 23, 25 and 27 was a condition of registration which the provider had applied to remove. The inspector saw that these three twin rooms were reconfigured to maximise space for residents. The ceiling was lowered, and suitable screening installed. Each room had electric profiling beds, two free standing wardrobes and drawer units and sinks with fitted vanity units. The panel above the beds was fitted with electric sockets, a bedside light and a functioning call bell. The rooms were pleasantly decorated with fresh paintwork, window blinds and new flooring. The inspector recommended that a second chair be made available in each room. The inspector noted that the space was limited in rooms 23(15.2sq m) and 27(14.8sq m) and these rooms were suitable only for residents who did not require assistive equipment or hoists. The statement of purpose will be revised to reflect this.

The statement of purpose states that only residents who are assessed as competent to use the stairs or the chair lift can be accommodated on the first floor. The rooms on the first floor were decorated to high standard but only two residents reside there. The inspector found that these residents were assessed on an on-going basis by the physiotherapist to ensure that they could safely use stairs or the chair lift independently.

The centre was warm, clean and suitably furnished; residents and families told the inspector they enjoyed the homely atmosphere.

Residents were offered a choice of GP's who visited the centre and allied health services were available in the centre on a referral basis. The provider employed a physiotherapist three days a week and residents with medical cards were supported to access free services they are entitled to. Residents were referred to national screening programmes as appropriate and in accordance with their preference. Procedures were in place to support residents to make informed choices about their future care needs and their wishes for end of life care. Care provided was informed by the wishes of the resident and their families. Residents were provided with food and drink to meet their assessed needs and they were complimentary about the meals provided.

Residents were safeguarded by effective procedures in the centre, and their rights were respected. Staff were knowledgeable of the signs of abuse and the reporting procedures in place.

Appropriate assessment and management of residents with responsive behaviours resulted in improved outcomes for residents. Behavioural support care plans guided staff to effectively care for these residents in a person centered way. Residents also

had access to mental health services. Use of restraint was low but there was scope for further improvement.

There were facilities and opportunities for residents to engage in recreational and occupational activities in the centre. The activity coordinators worked seven days a week and offered a range of activities informed by the interests and capabilities of residents. Residents religious and civil rights were upheld but improvements were required to ensure that all residents had free access to the secure garden.

Regulation 12: Personal possessions

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was spacious, organised and well-equipped. Appropriate procedures were in place for the safe return of clothes.

Wardrobes and drawer units were adequate to meet residents needs and all bedside lockers had a lockable compartment for valuables.

Judgment: Compliant

Regulation 13: End of life

The centre had arrangements in place to afford residents the opportunity to outline their wishes regarding end of life care. There was evidence of GPs and nurses having discussions with family members and residents to help them to make informed choices about arrangements for their future care, including, their preferred location for their end of life care. Each resident's resuscitation status was documented and a defibrillator was available and staff were trained in cardio-pulmonary resuscitation. In the sample of care plans reviewed, the inspectors noted that residents had been given this opportunity and their preferred priorities of care could then direct the care being provided. Residents who wished to be cared for in the centre were supported by treatments such subcutaneous fluids to treat dehydration. Nurses were also supported by the local palliative care team if required. A single room was made available for end of life care and a room was available to accommodate families when a resident was ill.

Residents who wished to return to their home were supported to do so. Arrangements were being made to support two residents to live in the community in line with their expressed wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had modernised and upgraded the facility to a high standard to meet the needs of the residents. The sanitary facilities and communal space met required standards. Bedrooms in the centre had been reconfigured and upgraded. The recent reconfiguration of rooms 23, 25 and 27 was a condition of registration, which the provider had applied to remove. Each twin room had electric profiling beds, two free standing wardrobes, drawer units and sinks with fitted vanity units. The panel above the beds was fitted with electric sockets, a bedside light and a call bell. The inspector noted that the space was limited in rooms 23(15.2sq m) and 27(14.8sq m) and these rooms were suitable only for residents who did not require assistive equipment or hoists. The statement of purpose will be revised to reflect this. The inspector recommended that a second chair be made available in each room.

Judgment: Compliant

Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were provided with a varied, wholesome and nutritious diet. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times. Residents received suitable assistance and support from staff, when it was required.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dietitians and speech and language therapists where appropriate. The inspector also noted that individual food preferences and habits around mealtimes were recorded.

Residents were very complimentary about the food and the choices available to them.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide contained the information required by the Regulations. It was made available to residents,

Judgment: Compliant

Regulation 26: Risk management

The risk management policy included the assessment of risks, hazard identification and measures in place to control the identified risks. The safety committee met every five or six weeks and worked to ensure all active risks were identified and controls put in place to ensure safe services for residents, staff and visitors. The centre employed a full time maintenance person and records showed that maintenance issues were reported and addressed in a timely manner.

Incidents and accidents were found to be comprehensively investigated to improve safety. For example, falls were recorded and analysed. Residents were reviewed by the physiotherapist and interventions put in place which led to better outcomes for residents.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety issues identified on previous inspections were addressed. New staff were briefed on fire safety at induction and received instruction on fire procedures, exits and location of safety equipment. Fire safety training was held regularly to ensure that all staff members completed fire safety training annually. Two fire training events were held in April and others scheduled for May and June 2019. Staff who spoke with the inspector confirmed that they had up to date training and were knowledgeable about evacuation procedures and the use of fire safety equipment.

The inspector examined records of daily fire safety checks and noted that emergency exits in the centre were not obstructed and emergency lighting was working. There were records of weekly checks of fire doors. Fire equipment was serviced annually and emergency lighting, the fire panel and the fire alarm was serviced every three months. The person in charge confirmed that the fire alarm was not tested regularly in line with best practice.

Fire drills were held three monthly. Records showed that night staff had up to date fire training. The most recent fire drill held in March 2019 simulated night time staffing levels, when staffing levels are lowest. The documentation of the fire drill showed the names of staff who participated, the fire drill took 20 minutes to

complete and the scenario practiced was the evacuation to two bedrooms. The fire drill did not simulate the evacuation of a compartment which would be required in an emergency. Records required improvement to include the time taken to evacuate a specific rooms or compartment and learning/ problems encountered. This information was required to ensure that in the event of a fire, all persons in the designated centre can be safely evacuated.

Judgment: Not compliant

Regulation 6: Health care

Residents were offered a choice of GP's who visited the centre and allied health services were available in the centre on a referral basis. The provider employed a physiotherapist three days a week and residents with medical cards were supported to access free services they are entitled to. Residents were referred to national screening programmes as appropriate and in accordance with their preference.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who exhibited responsive behaviours were appropriately assessed and well managed. Behavioural support care plans were effective to guide staff in providing care that prevented escalated behaviours and resulted in better outcomes for residents. Staff who spoke with the inspector were aware of each residents needs and were aware of any triggers and various interventions to prevent or manage responsive behaviours.

Restraint use was low in the centre. The restraint register showed that five residents used bed rails and two residents used lap belts. These residents were risk assessed with controls and checks in place to maintain safety in line with the national policy. The increased use of low beds had contributed to the reduction in the use of restraint. Other less restrictive equipment was also trialled before employing full length bed rails. Review was also required to ensure the preferences of family members was not impacting on the residents care and rights.

Judgment: Compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. All staff had appropriate training and the person in charge and staff were familiar with the safeguarding policy and procedures.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities and opportunities for recreation for all residents. Activity coordinators worked seven days a week in the centre. Nurses and care staff were observed engaging socially with residents at tea time. There was a range of games, arts and crafts and music as well as exercise activities on offer. One to one activities were provided in accordance with their abilities during the day. Residents were also supported to attend events in the community.

Residents were satisfied that they could practice their religion and arrangements were in place to support residents to vote in the local and European elections.

There was a secure safe outdoor garden with a bird feeding station. This garden was not freely accessible to some residents as it was protected by a key code lock. Residents had a variety of communal rooms to choose from. The inspector observed that residents with an interest in horse racing watched the races at Punchestown in the sitting room off the main foyer. Residents who wanted to chat or preferred a quieter environment sat in the parlour or the quiet room. Residents who preferred not to take their meals in the dining room were offered alternative dining areas.

Advocacy services were available and the national advocacy services were working with three residents at the time of inspection. Residents were consulted about the organisation of the service. Residents' meetings were held regularly and feedback from the recent satisfaction survey was positive.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not 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-0026917

Date of inspection: 02/05/2019

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All audits will be reviewed in the coming weeks and action plans will be developed to address improvements required.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All complaints documented will now state whether or not the complainant is satisfied with the outcome.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire alarm will be activated / tested weekly. Fire drills will now involve evacuation of a number of rooms to ensure an entire compartment is evacuated.	

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Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Signage detailing the access code to open doors will be displayed at each door. Residents will be informed of same.

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 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	30/05/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	10/05/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	10/05/2019

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	08/05/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	09/05/2019