Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	12 October 2021
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0032811

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

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
Tuesday 12 October 2021	10:20hrs to 20:30hrs	Nuala Rafferty	Lead
Tuesday 12 October 2021	10:20hrs to 20:30hrs	Mary McCann	Support
Tuesday 12 October 2021	10:20hrs to 20:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall inspectors observed a relaxed and happy environment. Residents told inspectors they were happy with the care they received within the centre and were observed to be content in the company of staff. Notwithstanding this, inspectors observed that there were significant fire safety issues and aspects of the design, layout and maintenance of the premises that posed risks to residents' safety and had a negative impact on residents' lives.

On entry inspectors followed the centres COVID-19 infection prevention and control protocols which included hand sanitising, mask wearing, recording temperatures and completion of a COVID-19 risk based questionnaire. All residents had received their COVID-19 vaccinations and approximately 85% had received their additional booster.

There were visible efforts to create a homely environment, and communal spaces such as the lobby, the living and dining areas were observed to be comfortable and pleasantly decorated and residents were seen relaxing and socialising in these areas. Resident's bedrooms were personalised to individual preference and inspectors saw family photos, memorabilia and other personal possessions in many rooms. However, numerous bedrooms in the centre required renovation. Although one bedroom was being repainted at the time of inspection and flooring had been replaced in some areas following the previous inspection, overall aspects of the premises and equipment were not maintained in a state of good repair and several areas were observed to be in significant need of refurbishment, redecoration and maintenance.

There had been a number of water leaks in the centre over the previous few months and the damage had not been fully addressed. In addition, some of the toilets and showers in the centre had been out of order for a considerable period of time limiting the number of facilities available to the residents. The inspectors also observed that some radiators and wash hand basins were corroded with rust. Some aspects of the bedroom furniture for use by the residents was damaged and some bedroom walls needed painting.

On the day of inspection residents were observed to be appropriately dressed and groomed and seemed to be content and relaxed. Residents who spoke with inspectors said that they were happy in the centre. They reported that they enjoyed the food, going into the garden and were complimentary about the care and attention from staff telling inspectors that staff were obliging, responded quickly and were kind and helpful. Some comments included; 'Yes, staff have time to chat with me', 'They come when you need them, you don't have to wait', 'the food is very good all of the time'.

Residents said that they felt safe and could talk to staff when ever they wished. Staff who spoke with inspectors were knowledgeable about residents and their

specific needs. Other residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

Inspectors spent time in communal areas observing interactions and found that staff were respectful and had a good knowledge of residents' likes, dislikes and their background. Staff were observed to chat pleasantly with residents about their lives.

The centre had a number of communal sitting rooms and areas where residents could sit alone or spend time with family and friends. Inspectors saw that there were activities taking place throughout the day of inspection. These included, reading the newspaper, bingo, art, and puzzles. Inspectors heard that these were regular activities carried out in the centre. Later in the evening, some local musicians came in to sing and play music. The inspectors saw that the residents thoroughly enjoyed the live session and many were seen to join in heartily in the songs they knew. Several staff also joined in and the atmosphere was one of enjoyment and fun. A local priest attended the centre weekly and celebrated mass in the centre.

Although the majority of residents spent most of their time in the communal areas, others preferred to spend time in their bedroom. Residents told the inspectors that they could choose to spend time where they wished.

There were a number of young residents living in the centre. Some had communication difficulties as a result of their disabilities and as English was not their first language. However they were able to inform the inspectors that their needs were met and their culture and food preferences were respected. Some also used a phone application to convert English into their native language in order to converse with staff and to maintain contact with family and friends through social media.

Residents were offered a choice regarding the food they ate and where they wished to eat their meals. For example residents could chose to eat in their bedrooms or in the dining or sitting areas. The dining tables were set with crockery and cutlery and residents confirmed that they enjoyed the meals provided.

Residents meetings were well attended with an average of approximately 11- 14 residents attending, although it was not clear how issues, raised by residents were addressed. For example, some activities that were cancelled as a result of COVID-19 had not re-commenced and plans to address this were not available, despite this being requested by residents at these meetings.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection were that the registered provider had not sufficiently ensured that an effective and safe service was continuously provided for residents living in Willowbrook Nursing home. Galteemore Developments Limited is the provider entity for Willowbrook Nursing Home. The company consists of two directors and a company secretary. The daily operation of the centre is managed by the person in charge, who reports to the provider and is supported by a clinical nurse manager.

The inspectors found that the centre was not appropriately resourced and while the person in charge worked hard to meet the needs of the residents, enhanced oversight and a proactive approach to risk management was required to ensure the service was safe. The provider needed to further improve the overall governance and management structure of the centre in order to ensure effective oversight and sustainable and safe delivery of care.

Evidence that the systems in place to deliver a safe high quality service to residents with effective oversight and monitoring was not found on this inspection. The response from the registered provider, since the previous focused fire safety inspection in January 2021, failed to assure the Chief Inspector that residents and staff were adequately protected from the risk of fire. A fire safety risk assessment in May 2021 and subsequent passive fire safety assessment from August 2021 identified fire safety risks and deficiencies in the fire containment measures in the building.

The finding at this inspection was that, while the provider had taken steps to identify remedial action required to address the fire safety deficits, there was no meaningful progress in the implementation of the requisite fire safety works. There were recurrent non-compliances in relation to fire safety, risk management, premises and infection prevention and control and as a result an urgent compliance plan was issued to the provider immediate after the inspection to address some of the risks identified, specifically relating to premises and fire safety.

Although there were sufficient numbers of direct care staff on duty on the day of inspection it was noted that there were gaps on the roster where some evening shift hours had not been filled. A recruitment plan was in place to address the small number of staff vacancies including a care staff relief panel.

Staff had access to mandatory training in safeguarding, moving and handling, infection prevention and control and fire safety. Training records showed good levels of staff compliance with mandatory training requirements and also showed where nursing staff were proactive in updating their clinical knowledge within their scope of practice. However, improvements in clinical supervision and oversight of staff practices was required to ensure the provision of a high standard of nursing care.

Although there were systems in place to record the delivery of care inspectors found that the documentation was not fully completed and communication between care, nursing and allied health professional staff was poor.

A review of a sample staff records showed that in general, recruitment procedures in line with employment and equality legislation were followed, including appropriate

An Garda Siochana (police) vetting disclosures prior to commencing employment. However, there were some documents as required in Schedule 2 of Regulation 21 that were not available, or where gaps were noted, in respect of some staff.

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available. Relevant policies had been reviewed to reflect the most recent national guidance contained in 'Interim Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Centres' however, inspectors were not assured that all policies were being fully implemented in a consistent manner.

A policy for the management of complaints was available in the centre. This detailed the person in charge as the complaints officer. However, the complaints procedure and the management of the complaints required review as further detailed under regulation 34.

An annual review had been completed in respect of the manner and standard of services delivered to residents throughout 2020. However, although inspectors were told that residents and relatives feedback was sought,the report did not provide evidence of this consultation with residents and their families, for ongoing improvement of services in the centre.

Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration of the centre did not contain full and satisfactory information required under Parts A and B in Schedule 2 of registration regulation 4(2).

Specifically the information did not contain;

- other information that the Chief Inspector reasonably requires for the purposes of Section 50 of the Health Act 2007 (the Act) in respect of requests made for assurances relating to fire precautions in the centre further to inspections conducted on 22 July 2020 and 27 January 2021 where concerns for the adequacy of fire precautions were raised.
- a statutory declaration to the effect that there has been no change in the particulars supplied for the previous application for registration was not received.
- an accurately completed statement of purpose, a signed declaration and corresponding floor plans were not submitted in a timely manner to allow for an informed assessment of the application to renew the registration. Due to the discrepancies between the floor plans, the description of premises and the observations on inspection, the inspectors recommended a full review of premises by a qualified architect.

Judgment: Not compliant

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge the centre on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

From the rosters available and the findings on inspection, inspectors were not assured that there were sufficient staff available in the areas of administration and maintenance.

- A designated staff person to monitor and direct visitors to the centre, respond to phone calls or provide administration support was not available.
- Structured weekly maintenance hours were not rostered.

The staffing roster did not include the part-time staff, and the number of hours worked by some part-time staff on a weekly basis was unclear. The roster did not reflect the numbers of whole time equivalent staff for all grades set out in the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were not being appropriately supervised in their day to day practice in key areas such as; personal care delivery, cleaning of equipment and infection prevention and control procedures.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents' contained all information required by schedule 3 of the

regulations and was maintained up to date.

Judgment: Compliant

Regulation 21: Records

Records as required by the regulations were being maintained and were available for inspection however, on review of personnel records it was found that evidence of qualifications and a full employment history, together with satisfactory history of gaps in employment were not available on a sample of records reviewed.

Inspectors also looked at other records maintained in the centre and found that they were not maintained in a manner to ensure relevant up to date information was readily accessible. For example, service records and staff training records dating back over several years remained on the current files and required to be archived to ensure ease of retrieval for the most recent service and training dates.

Judgment: Substantially compliant

Regulation 22: Insurance

Contracts of insurance against risks of injury to residents and loss or damage to their property was in place by the provider.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found recurrent non-compliances in relation to the governance and management of the service. Evidence that the operation of the service was adequately directed, monitored, or resourced was limited.

Identified failures in governance and management systems included;

- insufficient clinical oversight to ensure residents consistently received care in line with their assessed needs
- a failure to adhere to centres' own statement of purpose; for example one resident was living in a room which was identified in the Statement of Purpose as being unsuitable for their specific needs
- poor identification and management of risks including unacceptable delays in addressing identified fire safety issues

- insufficient resources to ensure that the physical environment and the facilities were fully suitable for the needs of the residents living in the centre
- inadequate system of maintenance of the premises
- a failure to fully address issues identified on previous inspections and internal audits
- a failure to provide all necessary information to the Chief Inspector to meet the requirements for the renewal of registration
- the annual review did not include a consultation process with residents or relatives.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was provided to the Chief Inspector as required by the regulations. This document required changes to ensure it;

- included an accurate description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.
- reflected changes in the organisation structure and personnel in the management team
- provided the total staffing complement

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Although a copy was available in a folder in the entrance lobby the complaints procedure was not displayed in a prominent position in the centre as required by the regulations. In addition, the complaints procedure did not identify an additional person to oversee the complaints process and ensure that all complaints were appropriately responded to.

A review of the complaints log found that;

- Complaints were very briefly recorded, with a limited description of the complaint; for example where clothes were missing, a narrative to explain what if any investigation took place was not provided and a tick box yes or no was used for the outcome.
- Evidence of whether the complainant was satisfied with the outcome of the complaint was not recorded.
- No audits of complaints were made available to inspectors and it was very difficult to see how a meaningful audit with a view to ensuring quality

improvement could be completed from the records available.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Inspectors were not assured, given the overall findings of the inspection, that all policies were being fully implemented in a consistent manner and particularly with regard to the following policies:

- risk management
- fire safety management.
- handling and investigation of complaints
- monitoring and recording of nutritional intake
- recruitment selection and garda vetting of staff
- staff training and development

Judgment: Not compliant

Quality and safety

Residents were provided with a good standard of care and support that met their basic needs, but significant improvements were needed to ensure that residents were adequately protected from environmental hazards and risks, such as fire and infection prevention and control.

Improvements were also required to move to a person-centred model of care. The inspectors observed that care was task-orientated and did not take account of residents' holistic care needs on an individual basis, particularly in relation to personal care needs. Although care plans were initiated on admission and reviewed at regular intervals, inspectors found that there was scope to ensure they were more person-centred and provide a higher level of individualised detail to support staff who were unfamiliar with the residents to meet their needs.

Inspectors found that residents were provided with timely access to a general practitioner (GP). Evidence was available that referrals were made to allied health professionals with timely access for residents to these services, which included dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life to name a few. A physiotherapist employed by the provider and visited the centre three days per week. Residents were very complimentary of this service.

A risk management policy, risk register and a risk management committee were in

place which included control measures for identified risks. However, the inspectors found a number of risks on the day that had not been identified, assessed or mitigated by the provider.

Staff had received up-to-date training in COVID-19 precautions, prevention of the transmission of the COVID-19 virus and use of personal protective equipment (PPE) and demonstrated knowledge of the principles of training.

Inspectors also found that some, though not all, practices and procedures reflective of the current national guidance on infection prevention and control practices for managing an outbreak of infection were in place. This included monitoring all visitors and staff for signs and symptoms of COVID-19 on entry to the centre, compliance with guidance on visiting and provision of sufficient hand sanitisers and gels. However, considerable improvements in this area were required as detailed under regulation 27 and some of the findings are recurrent from the previous inspection.

Improvements in fire safety noted since the previous inspection included:

- the arrangement of a fire safety risk assessment and subsequent passive fire safety assessment
- the implementation of a new fire safety register
- automatic shut off of the gas supply had been fitted
- some remedial work had been completed to the fire doors
- additional escape signage had been provided
- storage had been removed from the stairway enclosure serving the staff area.
- Fuseboards had been upgraded
- All doors have an ID tag to assist the ongoing review and assessment of fire doors.

Notwithstanding the above there remained significant concerns regarding the systems in place to protect residents from the risk of fire. These are set out in greater detail under regulation 28.

Regulation 11: Visits

The centre was COVID-19 free at the time of this inspection and arrangements were in place for residents to receive their visitors in private.

Visits were pre-booked to manage footfall and social distancing. Staff informed the inspectors that relatives/friends could attend three times per week for hourly intervals. Residents could leave the centre with relatives/friend's and to ensure this is safe an assessment is completed on exit and entry. 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

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises were appropriately maintained to meet the needs of the residents in that:

- premises were not of sound construction and kept in a good state of repair internally and externally; the electronic lock to the boiler room was not operating and required repair
- equipment for use by residents was not observed to be in good working order; for example some lockers and wardrobes were in a state of disrepair; some toilets in the en-suite bedrooms did not have a toilet seat, or where one was present it was not fit for purpose
- safe floor covering was not evident throughout the centre; for example flooring had not been replaced outside one bedroom where a water leak had been repaired and some ramped floor areas were not highlighted as a safety measure to ensure care on approach
- suitable storage facilities were not available
- a sufficient number of working toilets and showers were not available on the day of inspection
- dedicated safe storage areas for cleaning chemicals and equipment was not available for either catering or non-catering staff. Inspectors observed cleaning chemicals inappropriately stored in the main kitchen and in an unlocked dirty utility room.

Judgment: Not compliant

Regulation 18: Food and nutrition

The nutritional status of residents was assessed regularly using a validated nutritional screening tool. However individual nutritional care plans were not person-centred, for example where an oral nutritional supplement (ONS) was referenced it did not detail what type of supplement. Daily food and fluid records in place for some residents were not specific enough to provide a reliable record as to the intake of the residents.

Where a dietitian had reviewed a resident who was loosing weight the care plan had not been reviewed in response to the changing needs of the resident and the advice of the dietitian was not detailed in the care plan.

Judgment: Substantially compliant

Regulation 26: Risk management

While systems were in place such as environmental audits to support identification of risks, the identification, assessment and management of hazards and risks in the centre required improvement. The risk register did not include a number of risks identified on inspection. Examples include:

- risks associated with the placement of bottles of cleaning chemicals on rails in bathrooms, en-suites and in toilets throughout the centre had not been identified and managed. This presented risks to residents from accidental ingestion or irritation to eyes or mucus membranes.
- risks associated with items of equipment that were not serviced or not regularly serviced, such as beds, wheelchairs, chair lifts and laundry equipment
- risks associated with trailing electrical wires from televisions and light fittings
- risks associated with call bells not available or not in reach of residents in bedrooms and sitting rooms inspectors heard some residents, who did not have call bells within reach, calling for staff
- risks associated with deteriorating furniture and fittings

Judgment: Not compliant

Regulation 27: Infection control

Infection prevention and control practices were not consistent with the The National Standards for Infection prevention and control in community services.

In particular the registered provider did not ensure that care was provided in a clean and safe environment as evidenced by the absence of;

- Clear specifications on the method, techniques and chemicals used to clean the premises and equipment.
- Cleaning schedules to ensure all areas of the centre were cleaned thoroughly and regularly. For example inspectors observed unclean floor areas, sinks, dirty utility rooms and the staff room.
- Cleaning schedules to ensure all communal equipment was cleaned in between each use
- A monitoring system to ensure the implementation of every cleaning schedule in particular to ensure the cleaning of communal equipment after each use.
- A system to clean frequently touched areas twice daily
- Cleaning equipment that was not hygienic; for example the cleaning trolleys' flat head mops and cloths were worn, badly stained and scratched.
- Appropriate sluicing facilities were not available. There were three designated dirty utility rooms in the centre, but they were not equipped in line with 'The

National standards for infection prevention and control in community services'; for example they did not contain appropriate stainless steel sinks and drainers, racking or lockable storage for chemicals.

In addition all wash hands basins, designated as 'clinical' wash hand basins, required review to ensure they conform to infection prevention and control current standards in that they are operable in hands free mode, do not contain a stopper and are of suitable depth to prevent splash back.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire and improvements were required in the following areas:

- Live wires were observed taped up and exposed in the hoist store. There were also taped wires observed to wires for lights at first floor. An urgent compliance plan was issued to the registered provider the day after the inspection.
- The electricity shut off point in the kitchen was behind a fridge and was not easily accessible or readily apparent. This was a repeat finding.
- There was inappropriate storage of oxygen cylinders. This was a repeat finding and was also identified in the fire safety risk assessment.
- The exit to the front in the older part of the building was difficult to open and required excess force to open it.
- There were small amounts of storage in the boiler room and an equipment store open directly to the boiler room. Hoists were noted to be left on charge in this area and had not been risk assessed. This was a repeat finding.
- The extract equipment above the cooking equipment was observed with grease and inspectors were told this was not cleaned by a contract cleaner.
- The compartment boundaries used for phased evacuation were not clearly defined and as a result the extent of their size was not fully known.

The inspector was not assured that adequate means of escape was provided throughout the centre:

- The external stairs providing escape from areas of the first floor, required painting as areas of rust were visible.
- The fire safety assessment included recommendations regarding exits locked with a key, these had not been implemented.
- Inspectors were not assured that the exits from some day spaces were of sufficient width to facilitate the evacuation of certain chairs used by residents.
- The emergency escape lighting, provided throughout the centre was not

adequate.

The inspector was not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available.

Adequate arrangements were not in place for maintaining all fire equipment and means of escape:

- The extent of daily check of escape routes requires review. The front door was not freely openable and this was not documented in the in-house checks of the escape routes.

Adequate arrangements for fire containment were not in place;

- The inspector noted a number of gaps or holes within fire barriers and a passive fire safety assessment of the building identified a number of deficiencies with the fabric of the building, including fire compartment boundaries, to adequately contain fire.
- The fire door within a compartment wall between the kitchen and cold store was not fitted with a self-closing device and was found open.
- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). While some improvements were noted, a survey by a specialist contractor had not taken place, as recommended in the fire safety risk assessment.
- The door to a sluice room was not a fire door as required and the lock had been removed.
- Assurance was required that the glazing located within enclosures to some fire risk rooms provided sufficient fire resistance.
- There was no documentary evidence of a review of the ventilation ducts, as recommended in the fire safety risk assessment.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed:

- The floor plans on display in reception did not make sense as the rooms listed appeared to include bedrooms from different compartments. This was a repeated finding.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of the clinical care records including assessments and care plans in place to manage residents care needs and found that comprehensive assessments were completed on admission and care plans were prepared within 48

hours of admission.

A comprehensive assessment was completed on admission which included assessments such as; nutrition, falls, moving and handling and skin integrity. The nursing record of a person's health, condition and treatment given was completed on a twice daily basis, by the nurse on duty, in accordance with professional guidelines. Arrangements were in place to evaluate care plans at four monthly intervals.

A long term pressure sore was being appropriately managed in conjunction with advice from vascular services at an acute general hospital. Accident and incident records were recorded and were found to be well completed. Neurological observations were recorded post all falls. However, some improvements were required in respect of care planning arrangements for food and nutrition as described under Regulation 18.

Judgment: Compliant

Regulation 6: Health care

Improvements were required to ensure that a high standard of evidence based nursing care was delivered to all residents, for example:

- Residents' care plans were not always updated to reflect the latest recommendations made by allied health professionals such as the physiotherapists' input in the falls prevention plan.
- Residents identified as at risk of nutritional deficiencies or dehydration, did not have detailed records of intake recorded, so that an accurate determination of daily intake could be made. Additionally the 24 hour total of fluid intake was not recorded, which meant these records were of poor therapeutic or monitoring value
- Documentation that recorded the frequency of showers planned for, and provided to residents over the course of the two weeks preceding the inspection was viewed. From the evidence available, approximately only one third of all residents received a shower each week. It was not clear from the records whether all residents were offered a shower.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Although a positive behaviour support plan was in place for any resident who displayed responsive behaviours (how people with dementia or other conditions may

communicate or express their physical discomfort, or discomfort with their social or physical environment), each incident of responsive behaviour was not recorded separately or included what had caused the behaviour or how the behaviour was managed to ensure a consistent approach was taken to prevent recurrence.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had received training in the protection of residents and knew how to support residents and respond to abuse appropriately. Residents told inspectors they felt safe in the centre and if they had any concerns they would report them to any of the staff.

Judgment: Compliant

Regulation 9: Residents' rights

The design and layout of the centre did not fully support residents independence or promote their rights to privacy and dignity as toilets and showers were not located in close proximity to all residents bedrooms and privacy locks were not in place on all bedroom doors.

While all bedrooms contained furniture to store residents belongings and all residents had access to a television or radio in their room, in one of the twin rooms the positioning of the television was such that both residents could not see it at all times, for example when the curtain screens were drawn.

Although a daily activity schedule was in place, inspectors observed that some residents spent much of their time in their bedrooms and did not participate in the activities. It was also found that the activity schedule did not include meaningful occupation for a number of residents who, due to their complex needs could not participate in group activities.

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	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0032811

Date of inspection: 12/10/2021

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**
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The Statement of Purpose has been updated. The Statement along with revised Floor Plan drawings and the signed declaration have been forwarded to HIQA. Information relating to Fire Precautions has been forwarded and will continue to be forwarded to HIQA.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All staff , full-time and part-time including administration and maintenance are now included on the roster. It has been very difficult to recruit care-assistants in the present market. To offset this Agency staff have been used and a number of work permits have been applied for. ***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.***	

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A new Activities of Daily Living checklist along with associated tasks has been introduced and is completed by nursing staff each day. All staff briefed on it's introduction and reason for same. One named nurse is allocated to each side to ensure adequate supervision in each area.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
An audit of staff files will be completed and staff will be requested to complete their employment records forms to ensure there are no gaps unexplained.

Service and Training records back beyond 2018 have been archived.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Named nurses are allocated to certain areas to ensure proper supervision. Dietary forms now include more detailed information. Care plans are more person centred. Practices have been reviewed and updated to ensure that they are consistent with the policies.

All residents are living in rooms suitable to their needs in accordance with the Statement of Purpose.
An inventory of the premises is being reviewed to devise a plan of works.
Issues previously identified have been or are now being addressed.
All necessary information required for renewal of registration has been forwarded.
The annual review did include a consultation process with relatives. Relatives and residents have been informed of the consultation process for the annual review for 2021.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The updated Statement of Purpose includes an accurate description of the rooms in the building including their size and primary function. The Statement also includes the organizational structure and the total staffing compliment.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Complaints file has been updated to ensure that it is consistent with the Complaints Policy. A summary of the procedure is displayed prominently at the front door and on the notice board.
An audit of complaints was carried out on December 8th 2021.
The Clinical Nurse Manager has been identified as an additional person to oversee the complaints process.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Practices have been reviewed and updated as required in order that they are consistent with the policies.
As part of risk management a new environmental risk file has been introduced.

Repairs and practices have been reviewed and updated to bring them into line with the fire safety management policy.

The complaints procedures have been updated. Nutritional intake is more detailed and person centred. Staff files have been audited. More supervision is in place and training will continue on an ongoing basis.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The following actions have been completed;
Electronic lock to boiler room repaired , All toilets and showers repaired , Ramped flooring has been highlighted , Flooring has been replaced outside a bedroom , Extra hand sanitisers have been installed ,
A full inventory of the premises has been completed to list works / repairs /refurbishment / redecoration required and has been discussed with the Provider Representative to establish a time frame for same.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
All nutritional supplements are named. Daily fluid and food records are now more detailed , eg full dinner taken replaced with type of foods meat , vegetables etc.. .

Care plans are now updated immediately regarding the changing needs of the resident and the dietician's advice.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Bottles of cleaning chemicals removed from bathrooms , toilets following risk assessment

of same.
All equipment has been serviced. Trailing wires have been addressed with the installation of new powerpoints.
All residents have call bells and these are checked to ensure that they are in place.

Furniture and fittings that require replacing / renovation have been documented and will feature in a series of works.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Household staff received training in mixing chemicals on November 9th 2021. In addition clear simple instructions are displayed.
Cleaning schedules are in place. A tag system has been ordered and is due for delivery in mid December to ensure equipment is cleaned between each use.
The cleaning schedule includes twice daily cleaning of frequently touched items.
New cleaning trollies , mops etc.. have been delivered.
The installation of stainless steel shelving and sinks to be included in the series of works along with separate facilities for household and kitchen staff.
We are actively trying to recruit more household staff but this is difficult in the present market.
An Infection Prevention and Control audit was carried out on October 28th last.
The stairs in the old building has been measured to fit flooring more suitable than carpet. We are awaiting confirmation of a date for fitting which will probably be in January 2022.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The following actions have already been completed;
Live wires made safe and concealed , Electricity shut off point moved to a more accessable place , Oxygen cylinders moved to a storage cage , Old front door exit rectified , No storage in boiler room , External fire escape stairs treated and painted , Emergency escape lighting upgraded , Large chairs not used in quiet room , daily / weekly check of escape routes includes the old front door , Fire door in kitchen fitted with a self-closing device , Fire rated glass installed , Locks removed from external fire doors and replaced with thumb-turns , New double fire door fitted in St. Mary's along with overhead firestop to ensure safe and timely evacuation can take place from that area , Extract duct above cooking equipment has been cleaned .

The Fire Consultant Mr. Doran will issue his report in the next few days.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Physiotherapist falls and mobility assessments completed by physiotherapist , relayed to nursing staff and recorded on Epic.
The dietary charts amended to include all intake accurately and fluid intake totalled each night.
Some residents do not wish to have showers regularly and same documented in care plans.

A more person centred approach has been addressed in care plans including residents religious preferences , general hygiene practices and social activities.

All allied healthcare referrals will be added to careplan immediately.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Nursing staff will be more precise on recording any incidents which occurs including behaviour before , during and after event and how exactly they managed the incident at the time.

The incident will be recorded after the care plan entry on Epic.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All toilets and showers are now in working order.
Asocial and recreational care plan is developed within 48 hours of admission with the input of the activities co-ordinator and according to the resident’s preference and choice.

Residents with complex needs who are unable to participate in communal activities will be offered one-to-one activities.

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
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Not Compliant	Orange	09/12/2021

	provider.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	28/02/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	14/10/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	01/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Not Compliant	Red	20/10/2021

	which conform to the matters set out in Schedule 6.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	13/10/2021
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less then 7 years after the staff member has ceased to be employed in the designated centre concerned.	Substantially Compliant	Yellow	10/12/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	10/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	10/12/2021

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/07/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Yellow	06/12/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	10/12/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks	Not Compliant	Orange	10/12/2021

	identified.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Orange	10/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	01/04/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	15/10/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	27/11/2021
Regulation	The registered	Substantially	Yellow	17/12/2021

28(1)(c)(i)	provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Compliant		
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	10/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	09/12/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	17/12/2021
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	Not Compliant	Orange	10/12/2021

	placement of residents.			
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	13/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/12/2021
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.	Not Compliant	Orange	09/12/2021
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person	Not Compliant	Orange	06/12/2021

	nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Not Compliant	Orange	09/12/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	09/12/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord	Substantially Compliant	Yellow	14/10/2021

	Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	20/10/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	10/12/2021
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	10/12/2021