



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:	Short Notice Announced
Date of inspection:	27 January 2021
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0031590

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:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 January 2021	12:00hrs to 17:30hrs	Niall Whelton	Lead

Capacity and capability

This was a short notice announced risk inspection of the centre by an inspector of social services, who is a specialist estates and fire safety inspector.

The previous inspection on 22 July 2020 raised concerns about fire precautions in Willowbrook Nursing Home. In particular, the arrangements in place for the evacuation of a large compartment providing accommodation for up to thirteen residents, with the staffing levels in place.

On foot of the findings of the previous inspection, the Chief inspector requested the registered provider to arrange for a fire safety risk assessment of the centre to be completed by a competent fire safety professional. At the time of this inspection, this had not been arranged, nor was there a date by when this would be available to submit to the Chief Inspector.

During this inspection, the designated centre was reviewed in the presence of the person in charge. Fire precautions was assessed with a particular focus on the fire safety management practices in place and the physical fire safety features in the building.

Inspectors noted many good practices in relation to fire precautions; escape routes were clear and bedroom doors were fitted with devices which provided residents with a choice to safely keep their door open or closed. Staff spoken with and the person in charge were knowledgeable on the procedures to follow in the event of a fire.

Improvements were required in relation to fire safety management in the centre. The findings of this inspection were that the previously requested fire safety risk assessment is required to provide the necessary assurances to the Chief Inspector. Details of the findings of this inspection are in the Quality and Safety Section of this report.

Regulation 23: Governance and management

Not all aspects of this regulation were assessed.

In consideration of the fire safety matters identified during inspection, the inspector was not assured that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example;

- The registered provider had failed to furnish the Chief Inspector with the

requested fire safety risk assessment of the designated centre.

- The process for identification and management of fire safety risk was not adequate.
- The storage of oxygen cylinders was not in line with the centre's own oxygen use policy.
- Deficiencies noted in the maintenance and fire performance of fire doors in the centre.
- Deficiencies in measures for containment of fire were noted.
- The in-house fire safety checks were not adequate. An exit was found to be sealed shut after being painted a number of weeks previously.

Judgment: Not compliant

Quality and safety

In view of the fire safety concerns identified during this inspection, the inspector was not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre and ensured their safe and effective evacuation in the event of a fire.

While staff spoken with had a good knowledge of the fire evacuation procedures and had participated in fire drills, there were a number of concerns.

The identification and management of fire safety risks was not adequate.

The inspector noted oxygen cylinders stored inappropriately. Some were observed within a store room with a significant amount of combustible items, and three of four were not secured on appropriate stands. This was not in line the centre's own use of oxygen policy. Furthermore, the enclosure of the room they were stored in, did not provide adequate containment to fire. The inspector also noted signage displayed stating oxygen in use, in a number of bedrooms where oxygen was not in use.

At the previous inspection, the boiler room was found to be used for the storage of combustible items. The storage had been reduced, however, the inspector noted a small amount of cleaning supplies in this room. Furthermore, there was an adjacent hoist store open to the boiler room. There were hoist batteries on charge in this space and had not been risk assessed.

Improvements were required in the centre to ensure adequate containment of fire. Deficiencies noted to fire doors, penetrations through ceilings and unprotected glazed areas meant that the inspector was not assured that the fire safety arrangements in place adequately protected the residents from the risk of fire in the centre.

The front exit in the older part of the building was not readily openable due to being

painted some weeks previously and it was evident that this door had not been opened or checked for a number of weeks. Assistance was required from maintenance personnel to open this exit. The inspector immediately requested that the exit was attended to, to ensure it was available for escape. Records available to the inspector showed that daily checks of the means of escape were taking place. The inspector was told that the checks are to ensure that escape routes are not blocked, but don't extend to check that the exit and its locking mechanisms are functional. The detail of the in-house fire checks require review to ensure they are effective.

The front exit in the older part of the building was also locked with a key, with a key in a break glass unit fixed to the door. The configuration of the layout meant that if a fire started in the dayroom, staff may be required to access this section of the building from the outside to assist residents. There was not sufficient measures in place to ensure staff could gain access to this exit from the outside. The person in charge assured the inspector that a readily identifiable key would be held by the nurse in charge and all relevant staff would be made aware of the rationale for this.

Another exit from a bedroom area was noted to be narrow, contained a lip on the door threshold and a step outside. Wheelchair evacuation was identified for residents in this area. The evacuation procedures for this area was immediately reviewed.

Inspectors noted that the enclosure to the stairs serving the first floor residential area was not complete and was open to the first floor corridor; there was an opening for a door in the fire rated glazed screen, with no door provided. There was alternative escape from two rooms with exits from each room leading to a flat roof and subsequently to external stairs. The escape from the other two bedrooms at this floor was into the stairs/corridor enclosure. This arrangement requires review by a competent fire safety professional to ensure adequate means of escape is provided.

There were concerns about the safe evacuation of residents from a large compartment providing sleeping accommodation for 13 residents, when staffing levels are lowest. The inspector reviewed drill records for this area. Drill records reflecting six staff at night time, demonstrated they could evacuate residents from the compartment in a reasonable time. However, with four staff the simulated evacuation time was excessive. Staff rosters available to the inspector, for the two weeks previous to the inspection showed that four staff were on duty during the night.

A fire evacuation plan for both night time and daytime was prominently displayed and staff spoken with were knowledgeable on the procedure to follow. Pertinent information such as the full address and eircode was clearly displayed to assist staff when calling the fire brigade. The floor plans on display in reception did not make sense, as the rooms listed appeared to include bedrooms from different compartments.

The inspector found escape routes to be clear and unobstructed.

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. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider was not taking adequate precautions against the risk of fire:

- The utility shut off points in the kitchen were not easily accessible or readily apparent. The gas shut off was located at low level behind a kitchen unit, and the electricity shut off point was behind a fridge.
- There was inappropriate storage of oxygen cylinders.
- An exit to the front of the building was sealed shut by paint
- There was still small amounts of storage in the boiler room. There was also 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.
- The first floor office area was found to have doors inappropriately held open and storage within the corridor and stairway.

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

- The stairs to the original part of the building was not adequately fire separated from the first floor bedroom corridor.
- An exit from a bedroom area was narrow, contained a lip on the door threshold and a step outside. Wheelchair evacuation had been identified for some residents in this part of the centre.
- The exits from the kitchen were noted to require a key to open.
- Suitability of the escape across roof and external stairs requires review by a competent fire safety professional for the intended users of this escape route.

From a review of the fire drill reports, 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:

- While regular evacuation drills were being carried out, the inspector was not assured that a large compartment providing sleeping accommodation for 13 residents, could be evacuated in a timely manner when staffing levels are lowest.

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

- While weekly checks of fire doors were taking place, due to the observed deficiencies to fire doors in the centre, improvements were required to ensure the checks of the fire doors were of adequate extent, frequency and detail.

- The extent of daily check of escape routes requires review.

Inspectors were not assured that adequate arrangements were in place for containing fires:

- Assurance is required in terms of the strategy for containment of fire and the protection of escape routes. Breaches were noted to the fire rated ceiling.
- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery) and noted that a fire door assessment was required in this regard. Gaps were noted where fire compartment doors met, some doors were missing either portions or all of the required heat and smoke seals around the head and sides of the fire door.
- The door to a sluice room was not a fire door as required.
- Assurance was required regarding the protection of the stairway enclosure serving the first floor residential area.
- The inspector noted a small number of gaps or holes within fire barriers which require sealing.
- Assurance was required that the glazing located within enclosures to some fire risk rooms provided sufficient fire resistance.

Adequate arrangements had not been made for detecting fires:

- Inspectors noted a sluice room which was not provided with smoke detection

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

- Inspectors noted additional exit signage was required from some areas of the centre to ensure escape routes are readily apparent.
- The floor plans on display in reception noted the bedrooms within each fire compartment. However, they did not make sense as the rooms listed appeared to include bedrooms from different compartments.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0031590

Date of inspection: 27/01/2021

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
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management systems have / are being reviewed to ensure that our service is safe , appropriate , consistent and effectively monitored. A fire engineering consultant will carry out a full Fire Risk Assessment of the nursing home on Wednesday May 5th 2021. Following this assessment all recommendations will be fully implemented in a timely fashion. The oxygen cylinders are now stored in line with our policy. In-House safety checks now ensure mechanisms are in working order as well as being unhindered.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>As stated above a full Fire Risk Assessment will take place on Wednesday May 5th next. The oxygen cylinders have been oved to a safe storage area. Signage has been removed from areas where oxygen is not in place. The boiler room has been cleared of cleaning products. The gaps in the ceiling for gas flues have been filled. The issue of the old front door has been rectified and there are keys for access to the door from different points of the building. The exit which was considered narrow serves 4 residents only and they can be safely evacuated without the use of wheelchairs. The upstairs area will be risk assessed and acted upon. Evacuation drills , fire safety training and risk assessments will be completed to ensure all areas can be safely evacuated. The utility shut-off area has been prepared and will be completed shortly. Daily and weekly fire door checks continue and check the mechanism as well as ensuring that they are kept clear. The keys to the external kitchen doors have been replaced with thumb turns. Extra fire signs have been</p>	

installed in the St. Ann's corridor. The door stops to the upstairs offices are no longer used. The floor drawings including will be updated following the risk assessment.

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.	Not Compliant	Orange	05/05/2021
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	Orange	31/05/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/05/2021

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/05/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	05/05/2021
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	14/04/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	14/04/2021
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	Not Compliant	Orange	31/05/2021

	and safe 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	31/05/2021