

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Willowbrook Nursing Home
Centre ID:	OSV-0000112
Centre address:	Borohard, Newbridge, Kildare.
Telephone number:	045 431 436
Email address:	willowbrookdon@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Galteemore Developments Limited
Provider Nominee:	Liam Tedford
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	9

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 December 2015 13:00 To: 02 December 2015 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

A registration inspection was carried out on 19 and 20 October 2015. Several issues were identified and this inspection was carried out to follow up on the agreed actions prior to registering the centre.

At this inspection, the inspector found that some improvements had occurred. Previous immediate action in relation to fire training was completed as agreed. The complaints policy had been updated to meet the requirements of the Regulations.

Plans were underway to address the actions required to the premises.

However medication practices still required improvement and risk management was not in line with the Regulations. Some improvement was noted around the use of restraint although additional action was required. Some development work had

occurred on the Schedule 5 policies but further review was needed. These are discussed further in the report and included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

This action had been completed.

The size of some of the rooms and the information set out in the Certificate of Registration had been added. The statement of purpose now met the requirements of the Regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied effective management systems were in place to support and promote the delivery of safe, quality care services. The improvement required to ensure that the quality and safety of care delivered to residents was monitored and developed

on an ongoing basis had been addressed.

The inspector saw that plans were in place to ensure that the annual review of the quality and safety of care delivered to the residents was carried out as required by the Regulations. The person in charge discussed plans to carry out a residents and relative satisfaction survey and to use the results as part of the annual review. The inspector saw that letters had been sent to relatives informing them that the annual review would be available in January 2016. Notices were also on display in the centre.

Improvements were also noted on the range of audits being completed. A working group had been set up and audits had already been completed on areas such as documentation, infection control and moving and handling requirements for residents. The inspector saw where a staff meeting was due to take place the following week to discuss the results of the audits and action the improvements required.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Although not completed within the agreed timescale, work was underway to develop and review the schedule 5 policies.

The inspector saw that some work had been undertaken. The outstanding policies including the provision of information to residents and the creation of, access to, retention of and destruction of records had been developed.

However some of the policies still required review in order to ensure they provided sufficient guidance to staff. Minor amendments had been made to some of the policies but the person in charge acknowledged that additional improvements were required to ensure that policies were in line with national guidelines. This included the policy on the

use of restraint.

Action required relating to some aspects of medication management discussed under Outcome 9 is included under this Outcome.

Incomplete staff files were included under this Outcome and the inspector was satisfied that this had been addressed.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

At the previous inspection, the inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse place and that residents were provided with support that promotes a positive approach to behaviour that challenges. However some improvements were required around the use of restraint and the policies to guide practice.

The inspector noted that some action had been taken as regards the use of restraint but additional improvements were required to ensure that practice was in line with national guidelines.

The inspector reviewed the assessment which was carried out prior to usage and found that new documentation had been introduced and was in place for some of the residents who used bedrails. However it was not in use for all residents and it still did not explore the use of possible alternatives nor include assessment regarding the risk of entrapment.

Other improvements were also noted including the trialling of additional equipment which had resulted in a significant reduction in the use of bedrails. The person in charge also told the inspector that a bed replacement plan was being implemented where over time all beds will be replaced with low low beds.

The inspector read where the policy on the prevention, detection and response to abuse had been updated. The person in charge discussed plans to develop this further to ensure it was in line with national guidelines.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that the safety of residents, visitors and staff was sufficiently promoted in relation to fire safety but additional improvement was required to the risk management policy and procedures.

The risk management policy had been updated. However additional information was still required in order to meet the requirements of the Regulations. For example it did not outline the measures and actions in place to control the specified risks such as the unexplained absence of a resident.

The inspector also noted that there was no documented hazard identification and assessment of risks throughout the centre. Since the hazards were not identified, there were no documented measures and actions in place to control the risks as required by the Regulations. This was discussed in detail with the person in charge.

Action previously required in relation to fire training and fire drills had been addressed.

The inspector saw that all staff had attended fire training. In addition the inspector noted that two new staff were due to receive the training as part of their induction. The person in charge discussed plans for him to become an onsite fire safety trainer to ensure that staff has ongoing access to training as required.

The inspector noted that fire drills were now completed on a monthly basis and adequate records were maintained.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures

for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Although there was evidence of good medication management practices, as at the previous inspection, improvement was required regarding the prescribing of medication to be administered as and when required (PRN) and the transcribing of medications by nursing staff.

Some residents required medication on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was still not consistently recorded. Action required relating to this outcome will be included under Outcome 5.

Action previously agreed regarding the transcribing of medications by nursing staff had not been completed within the agreed timescale. At the previous inspection it was noted that the practice in place was that a nurse transcribed the resident's prescription on a three monthly basis or as required. This was subsequently signed by the general practitioner (GP). However initials rather than signatures were used by the transcribing nurse which was not in line with professional guidelines. In addition there was no evidence that a second nurse checked the transcribed document.

The inspector noted that some kardex had been transcribed by two nurses but they were not yet in use. Others had not yet been transcribed. In addition the inspector saw that in some cases initials rather than signatures were in place.

The inspector did not read the medication policy as it was currently being updated away from the centre so was unable to make a judgement as to whether that action was completed as required. At the previous inspection the inspector read the policy and noted that it did not provide sufficient guidance around either the transcribing or the prescribing of medication to be administered as and when required (PRN).

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Some work was required to the premises in order to ensure that it met residents' individual and collective needs in a comfortable and homely way.

The inspector noted that some of the actions required from the previous inspection had been addressed.

Some of the toilets and showers were now in working order. One resident told the inspector how much she appreciated having the en suite shower and toilet available. She said she had christened the shower the previous day.

The broken furniture had been replaced with new furniture which residents told the inspector they liked. Some areas had been painted since the previous inspection.

The agreed timescale for completion of some of the other works was no longer feasible as engineering work was required to complete some of the water and drainage systems for the new showers and bathrooms. The provider told the inspector that he had already been seeking tenders for the work and was hopeful that it would be finished by February, weather permitting as it involved outside work.

The bed pan washer was still located outside of the sluice room, in an area where the boilers were located and this was on route to a clean storage area. The inspector remained concerned that this posed a risk of infection. The provider and person in charge confirmed that a more suitable location was being sought.

Previous plans were still in place to renovate areas of the older part of the centre.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that the actions required from the previous inspection had been completed.

The complaint's policy was in place and the inspector noted that it had been updated to include the nominated person who holds a monitoring role to ensure that complaints are responded to.

The inspector noted that all complaints both verbal and written were now logged. The person in charge discussed how these are now used as opportunities for learning and improving the service provided.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that residents were consulted about how the centre was run and that each resident's privacy and dignity was respected.

At the previous inspection the inspector was concerned that residents' right to privacy was compromised by inadequate screening in some of the shared rooms. The inspector saw that the new screens had been purchased and the person in charge discussed how they were just waiting on the delivery of the hooks to put them up. Confirmation will be sent to the Authority once this is completed.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of

clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

There was adequate space for residents' possessions. The actions required from the previous inspection had been addressed. Lockable space was now available and additional units were on order. Some residents told the inspector how much they appreciated this. One resident said she liked to be able to put her money away safely.

The previous action relating to the condition of some of the furniture for residents' possessions had been addressed. New furniture had been purchased and one resident told the inspector how much easier it was to open and close the drawers.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Actions required from the previous inspection were completed and the regulatory requirements regarding volunteers were met.

The person in charge discussed how all staff files were checked for completeness and any additional information was obtained. This included a satisfactory history of any gaps in employment as required by the Regulations. In addition, the recruitment policy had

been updated.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector noted that these had now been vetted appropriate to their role and their roles and responsibilities set out in a written agreement as required by the Regulations.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Willowbrook Nursing Home
Centre ID:	OSV-0000112
Date of inspection:	02/12/2015
Date of response:	18/12/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The medication policy did not provide sufficient guidance to staff.

The maximum dose of medications to be administered on a PRN basis was not consistently recorded.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

All Schedule 5 Policies have been updated including the Policy of the Use of Restraint and are now in place. Implementation of the policies has commenced and it is hoped all procedures will be in operational by mid March 2016.

The maximum dose of PRN medication that can administered over a 24 hour period is now documented on the resident's drug prescription chart along with the reason for the use of the medication.

Proposed Timescale: Policies completed, all procedures to be in place by mid January 2016.

Proposed Timescale:

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some of the policies still required review in order to ensure they provided sufficient guidance to staff.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

Policies reviewed and updated to provide proper guidance. The policies will be distributed to all staff in disk form within the next 7 days.

Proposed Timescale: 23/12/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The use of restraint was not in line with national policy.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

The Use of Restraint Policy has been reviewed and updated in line with National Policy. As a result of this a new use of restraint assessment has been introduced. Alternatives to cotsides have resulted in a 40% reduction in the use of restraint. Further trials of alternatives are ongoing. A daily cotside checklist and monthly checklist has been introduced. There are also plans for the introduction of low low beds.

Proposed Timescale: Completed and ongoing.

Proposed Timescale: 18/12/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no documented hazard identification and assessment of risks.

4. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

A Risk Register is in place identifying hazards. Work is ongoing in documenting the measures and actions in place to control the environmental risks. Measures and controls regarding clinical and occupational risks are now in place.

Proposed Timescale: 08/01/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy did not meet the requirements of the Regulations.

5. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:

The Risk Management Policy has been reviewed and updated to include all requirements of Regulation 26 (1).

Proposed Timescale: 18/12/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no documented measures and actions in place to control the risk as required by the Regulations

6. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

The Risk Management Policy has been reviewed and updated. The policy now contains the measures and actions in place to control the risks identified such as the unexplained absence of a resident.

Proposed Timescale: 18/12/2015

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Transcribing of prescriptions by nurses was not in line with professional guidelines.

7. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

The maximum PRN dose of a medication is now documented on the resident's drug prescription chart along with the reason for its' use. Transcribing of medications onto the residents' drug prescription chart is carried out and recorded by two nurses. The Medication Management Policy has been reviewed and updated.

Proposed Timescale: 18/12/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The bed pan washer was in an inappropriate place.

Areas of the centre were in need of repair and renovation.

Some toilets and showers were not working.

8. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

An alternative location for the bedpan washer has been identified and it is hoped to have the bedpan washer installed there before the end of January 2016.

Furniture such as lockers, wardrobes and chests of drawers has been purchased. Further repairs and renovations are taking place and are ongoing. The hooks for the cubicle curtains were delivered and fitted accordingly.

As discussed on the day of the inspection the engineering works for the water and drainage systems for the upstairs toilets and showers should be completed by February 2016.

Proposed Timescale: Completed and February 2016.

Proposed Timescale: 29/02/2016