



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Willowbrook Nursing Home
Name of provider:	Willowbrook Nursing Home
Address of centre:	Borohard, Newbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	14 January 2019
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0025278

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 in Borohard near Newbridge town. The centre is in a rural setting and is accessed from 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 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:	49
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How we inspect

To prepare for this inspection the inspector or 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
14 January 2019	10:00hrs to 16:30hrs	Sheila Doyle	Lead

Views of people who use the service

Residents knew how to make a complaint if needed although most residents said they have never had to complain.

Some residents described how their room had recently been renovated and how much they liked the room. They said they had been asked if there was anything else they would like.

Residents stated they had choice over how they spent their day. Regular residents' meetings were facilitated. Throughout the inspection, residents were seen to be treated with dignity and respect and their wishes were respected.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. Residents said they were given a choice as to where to have their meal with one resident telling the inspector that she likes to stay in the day room but was always given a choice.

Capacity and capability

The inspector found that a more robust governance structure was now in place. The centre had developed a plan to drive improvements and address the non-compliances, many of which had been identified repeatedly at previous inspections. The inspector found that many of the actions from the previous inspections had been addressed. However, some non-compliances remained and will need to be addressed.

There was a clearly defined management structure. Auditing and quality improvement initiatives meant that the provider had a more effective system in place to provide a greater oversight of the service provided.

While there was evidence of safe recruitment practices, some gaps still remained in the staff files. Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff and volunteers.

Since the previous inspection, there had been an increased emphasis on staff training and the majority of staff had received mandatory training. However, on reviewing the training records, the inspector noted that not all staff had received training on safeguarding vulnerable adults. This non-compliance is included under the section on quality and safety. Also included under that section are ongoing non-

compliances regarding some aspects of the premises.

The inspector found that the quality of care, and experience of residents was monitored, and reviewed on an ongoing basis. The inspector saw that the annual review of the quality and safety of care was completed.

Registration Regulation 4: Application for registration or renewal of registration

It was noted at the previous inspection that a completed application had not been made to the Office of the Chief Inspector within the timescale. This action had now been completed.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was in place. Some improvement was required as some minor gaps were noted in the information required by the regulations.

Judgment: Substantially compliant

Regulation 21: Records

Staff records were viewed by the inspector. While overall improvement was noted, one of the four files reviewed did not have a reference for the most recent employer.

It was also noted at previous inspections that there was unsecured storage of files. This had now been addressed.

Judgment: Substantially compliant

Regulation 23: Governance and management

The quality and safety of care delivered to residents was monitored and developed on an ongoing basis.

Improvements had taken place to ensure that the governance arrangements

provided sufficient oversight to ensure non-compliances were completed within the timescales agreed. However, while the majority of actions had been completed, some still remained. In particular, these included the improvements required to the premises.

The inspector noted that the annual review was completed and included additional information and benchmarking against the standards. Plans were in place to complete the 2018 review using the same format.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated and submitted to the office of the Chief Inspector and met the requirements set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers worked in the centre and added to the residents' quality of life. They provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. Evidence was now available that all volunteers had been vetted to their role and their roles, and responsibilities were set out in a written agreement as required by the regulations, an action required from the previous inspection.

Judgment: Compliant

Regulation 32: Notification of absence

There had been no period when the person in charge was absent from the designated centre in excess of 28 days. The person in charge was aware of the requirements to notify HIQA should this be necessary.

Judgment: Compliant

Regulation 34: Complaints procedure

It was noted at the previous inspection that, while at the residents' meetings, some residents had made complaints regarding services. However, these were not logged in the complaints log or managed in line with the policy in place. In addition, inspectors noted that the outcome of the complaint or whether the complainant was satisfied, was not consistently recorded.

Both of these non-compliances had been addressed.

Judgment: Compliant

Quality and safety

The inspector found that many of the non-compliances identified at previous inspections had now been addressed. Some non-compliances remained and while acknowledging progress, the Office of the Chief Inspector will continue to monitor the centre to ensure that the provider maintains the focus on improvements to ensure compliance with the regulations and the standards.

Residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Significant improvements in relation to the design and layout of some parts of the 'old house' remained outstanding. This was a condition of registration and was due to be completed in November 2018. While improvements had occurred, some bedrooms and some floor covering still required attention. Because this had not been addressed, the Office of the Chief inspector has put a three month timescale for completion.

Improvements were noted to ensure that the health and safety of residents, visitors and staff was sufficiently promoted and protected. This included the carrying out of fire evacuation drills simulating night duty staffing levels.

Regulation 11: Visits

Visitors were made welcome in the centre except at meal times. The inspector saw visitors attending the centre at various times throughout the inspection. The inspector noted that the spacious front reception area was a very popular meeting place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could have their laundry attended to within the centre. The inspector visited the laundry which is in a separate building to the rear of the premises. The laundry was organised and well-equipped. Appropriate procedures were in place for the safe return of clothes.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' possessions.

Judgment: Compliant

Regulation 17: Premises

There was adequate communal space for residents to mobilise and carry out activities. Resident's bedrooms were personalised and there was access to a secure garden. A smoking room was available which was located close to the day room.

At the previous inspection, it was noted that some residents did not have direct access to a shower; these residents had to access the shower through reception and the day room. This action had been completed. A new shower had been installed and additional equipment such as a suitable shower chair had been provided.

At the previous inspection it was noted that one of the sluice rooms was excessively hot and humid with inadequate ventilation. This had been addressed.

One of the twin rooms in the 'old house' had been renovated to a high standard. Residents told the inspector that they loved their new room. However, some areas of the centre, particularly some of the ground floor rooms in the "old house" were still in need of refurbishment. Some floor covering was also in need of repair. These were discussed with the provider representative and a three-month timescale for completion was agreed.

Judgment: Not compliant

Regulation 18: Food and nutrition

It was noted at the previous inspection that some residents stayed in the day room for meals. It was unclear if this was through residents' choice or just habit. These residents did not enjoy the same social aspect of dining as those who went to the dining room, nor were any place settings, trays or condiments in use. The inspector saw that this was addressed. A second smaller room was now set aside for residents who did not like to go into the main dining room. A small number of residents chose to stay in the day room but set trays were now in use.

Residents had access to a varied, nutritious diet and a choice of menu was offered at mealtimes. The inspector was satisfied that residents with special dietary requirements were provided with the appropriate diet.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place and contained the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management

Improvements were noted to ensure that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

At the previous inspection, inspectors saw that a fire escape roof top route did not have any safety rail which posed a potential risk to residents. This had not been identified as a risk in the risk register. The inspector saw that this had been partially addressed. A secure rail had been fitted to the most exposed area. This could be made safer by putting another rail in front of a low roof annex as discussed with the person in charge.

Judgment: Substantially compliant

Regulation 28: Fire precautions

It was noted at the previous inspection that fire drills did not include any night-time scenarios when the number of staff available was greatly reduced. The inspector

saw that this had been addressed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

It was noted at the previous inspection that there were good supports and positive outcomes for residents with responsive behaviour. Staff had received training and they described some effective strategies that they use in practice to support residents with anxiety and responsive behaviours. While care plans were in place, it was noted, at that time, that specific assessments were not completed following episodes of responsive behaviour to identify any possible trends or triggers. This had been addressed. Specific assessments had been completed and detailed care plans were in place.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place. At the previous inspection, it was noted that a minority of staff had not attended training. On review, the inspector noted that this was still the case. Three staff had not attend training although training had been provided in the centre. The person in charge undertook to address this immediately.

As described at previous inspections, the provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff and volunteers.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0025278

Date of inspection: 14/01/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: All transfers to and from the nursing home will be recorded in the Directory of Residents.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The reference from the new employee's most recent employer has now been received	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Meetings have taken place regarding plans to make the premises compliant. The Annual Review for 2018 will be completed before the end of this month.	

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Bedrooms 23 , 25 , and 27 will be renovated. Floor coverings will be repaired or replaced.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Another rail in front of the low roof annex will be fitted. This has been identified in the Risk Register.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Three members of staff had not attended training in Safeguarding Vulnerable Persons. Those staff have now received training in same.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	17/04/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	17/04/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of	Substantially Compliant	Yellow	16/01/2019

	Schedule 3.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	16/01/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2019
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 identified.	Substantially Compliant	Yellow	16/02/2019
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	18/01/2019