



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Willow Brooke Care Centre
Name of provider:	Thistlemill Limited
Address of centre:	College Road, Castleisland, Kerry
Type of inspection:	Unannounced
Date of inspection:	14 March 2022
Centre ID:	OSV-0007842
Fieldwork ID:	MON-0035569

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Willow Brooke Care Centre is a purpose built facility located in the mart town of Castleisland. It is set on 3 acres of landscaped gardens with 2 enclosed courtyards. It is registered for 73 beds. The bedroom accommodation comprises of 55 single rooms and 9 double rooms, all are ensuite with a shower, toilet, wash hand basin and vanity unit. There are several communal areas within the care centre including 5 sittings rooms/ day rooms and an open plan reception area. Willow Brooke Care Centre provides 24 hour nursing care to both male and female residents aged 18 years or over requiring long-term or short-term care for post-operative, convalescent, acquired brain injury, rehabilitation, dementia/intellectual disability/psychiatry and respite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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
Monday 14 March 2022	15:15hrs to 20:30hrs	Ella Ferriter	Lead
Tuesday 15 March 2022	08:30hrs to 17:15hrs	Ella Ferriter	Lead
Monday 14 March 2022	15:15hrs to 20:30hrs	Caroline Connelly	Support
Tuesday 15 March 2022	08:30hrs to 17:15hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This inspection took place over one evening and one day. The inspectors met with all residents living in the centre throughout the inspection days, and spoke in more detail to 12 residents, to gain an insight into their daily life and experience of living in Willow Brooke Care Centre. The overall feedback from residents was that they were happy living in the centre, staff were exceptionally kind and caring and they felt they were committed to their care.

On arrival to the centre, on both days of inspection the inspectors were guided through the infection prevention and control measures necessary on entering the designated centre. The systems in place were comprehensive and included hand hygiene and temperature monitoring. Following an opening meeting with the person in charge, the inspectors were guided on a tour of the premises.

Willow Brooke Care Centre is a designated centre for older people, registered to accommodate 73 residents. There were 59 residents living in the centre on the day of this inspection. The centre is situated in Castleisland town, in County Kerry. The premises was purpose built and had been open for just over a year. Overall, the inspectors observed that the premises was bright, clean and well maintained. The centre comprises of two floors. Bedroom accommodation consists of 53 single bedrooms and ten twin bedrooms, all with en-suite facilities. The inspectors saw that some bedrooms were personalised, with items such as family pictures, and soft furnishings. Residents told the inspectors that they were happy with their rooms and they found they were comfortable. The corridors in the centre were long and wide and provided adequate space for walking, however, the inspectors saw that there was minimal decorations on some of the corridor walls, which made them clinical in nature.

The design and layout of the centre on the ground floor comprised of a large open plan sitting room/dining room, which was the main focal point of the centre, for activities and meals. There was an adequate amount of comfortable seating and two large flat screen televisions, as well as a fire place. Resident's were observed enjoying music videos here during the day. There was a second sitting room called the Kingdom Day room, which led out to a secure garden. There were also seating areas along the corridors overlooking the gardens for residents to sit and look out. The inspectors saw that there were three communal rooms on the first floor. However, two of these rooms were not in use during this inspection. The main sitting room upstairs was also being used as a dining room. Although it was homely and nicely decorated, the inspectors observed that it was overcrowded at times.

The inspectors observed residents' dining experience over the two days of this inspection. Residents were complimentary about the food served in the centre, and confirmed that they were always afforded choice. One resident told the inspector how they looked forward to the home baking daily and different meal choices.

Residents were seen to be assisted discreetly with their food and drinks where required. There was a choice of main course and dessert. The food served was of a high quality and was attractively presented. Residents in all areas had access to snacks and drinks, outside of regular mealtimes. There were adequate staff to support the residents during meal times, as the provider had employed the additional support of two dining room assistants to supervise and assist residents at meal times. The main ground floor dining area was bright and tables were laid out to facilitate social distancing. Menus were displayed clearly in this dining area and staff assisted residents to make an informed choice. The chef was visible to the residents and served food carvery style. Food was presented well and appeared wholesome. However, the inspectors observed that the tea time meal was served very early and the food was put into the heated serving cabinet from 15.45 and sat here for a number of hours. Serving of tea time meal commenced at 16.00 hrs for a number of residents, which was early. The inspectors observed that residents sat in rows, one per table and there was limited opportunity for social interaction. Meals were served to residents on trays, however, the trays were not removed while residents ate which did not lend itself to a social dining experience. In the upstairs day/dining room residents were observed sitting here during the day, watching television. Some residents had their meals on bed tables by their chairs, whilst others enjoyed their meals at tables, in the centre of the room. There was a requirement for an improved dining experience, which is outlined further in the report.

The inspectors observed lovely person centered interactions between residents and staff during the inspection, and it was obvious that staff knew residents well and residents knew staff. Residents reported that they felt safe in the centre and were well cared for by a team of staff who were respectful to their needs and wishes. Staff whom the inspectors spoke with were knowledgeable regarding their role and responsibility in protecting residents from the risk of abuse. Residents spoke of the friendliness and kindness of staff and said they were grateful to them for keeping them safe during the pandemic. One resident told the inspectors that they were there since the centre opened and they got strong and well since they came in and do not ever wish to leave. Another resident described how the night staff come in and sit and chat at night, and how much they enjoy this interaction.

Overall, the inspectors observed that the centre was very clean. There were adequate amounts of cleaning staff working during the inspection and staff spoken with were very knowledgeable and demonstrated an awareness of the cleaning protocols in the centre. They confirmed that cleaning and infection control training had been received. Staff were seen to wear personal protective equipment (PPE) such as surgical masks appropriately, throughout the two days. Some areas for improvement were identified in relation to infection control practices, which are discussed further under regulation 27.

The inspectors observed that there was a comprehensive activities programme in place and residents were aware of the days programme. There was a staff member allocated to the role of activity coordinator and it was evident they knew residents personal preferences very well. The inspectors saw a number of lively fun filled

activities taking place such as exercises and bingo.

Some residents were observed going for walks in the morning with staff, and the inspectors were informed that weather permitting a group of residents went out walking the grounds daily. The centre had access to a minibus and had previously had days out to the beach and Muckross House in Killarney. Inspectors were informed that further trips were being planned as the weather improves.

As the inspection was conducted close to St Patrick's day the inspectors saw that the centre was decorated with shamrocks and suitable bunting, in preparation for the big day. Residents told the inspector that one resident plays the guitar and sings and regularly entertains the residents, and a great sing song takes place which is enjoyed by all.

Visitors were seen coming and going throughout the days of the inspection and were welcomed by staff. The centre's receptionist, or in their absence, a staff member, ensured that visitors were signed in and completed safety checks, in line with national guidance. Visitors were generally complimentary of the care given to their relatives however there were some restrictions around visiting processes, which is discussed further under regulation 11.

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 on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that there had been improvements to some management systems in place within the the centre, and to the management structure since the previous inspection of this centre. Management and staff ensured that residents generally had a good quality of life in the centre. However, action was required by the registered provider to ensure further managements systems were implemented to ensure the rights and protection of residents were upheld, particularly in relation to residents finances, which is outlined under the quality and safety section of this report.

This inspection was carried out to monitor compliance with the regulations and to follow up on the findings from the previous inspection of July 2021. In addition, since the previous inspection, a number of pieces of unsolicited information had been received by the Chief Inspector raising concerns some aspects of visiting and increases in the cost of care, by way of an increased social care charge. The inspectors found evidence to support the concerns raised around the increased service charge, which is discussed throughout the report

The inspectors also followed up on the action taken by the provider to address the

non-compliance found during the last inspection of the centre. The areas of review included staffing, training and development, governance and management, residents' rights, care planning, fire precautions and notification of incidents. This inspection found that improvements had been made and that the majority of areas for improvement identified, and had been addressed by the provider.

Willow Brooke Care Centre was first registered in December 2020 by the Chief Inspector, to operate as a designated centre for older persons. The centre is owned and operated by Thistlemill Limited, who is the registered provider. The company comprises of two directors, who are both involved in the operation of other designated centres in the country. One of these directors is the named provider representative and there was evidence that they were actively engaged in the day to day operation of the centre. There was also additional support of an operations manager to support the management team. The management structure within the centre had been strengthened since the previous inspection. From a clinical perspective care is directed by a suitably qualified person in charge. They are supported in their role by an assistant director of nursing, a clinical nurse manager and a team of nurses, healthcare assistants, domestic, catering and activities staff. Although there was a strong management structure in place in the centre some of the findings of this inspection indicated that the governance of the service required review to ensure that the provider independently and proactively recognised and responded to issues that the inspectors identified on this inspection.

Improvements were seen in the staffing levels within the centre since the previous inspection and ongoing recruitment was taking place. Inspectors were informed that there was a high staff turnover and to address gaps in the staffing rota the provider had employed regular agency staff. Improvements were also noted in the induction and supervision of staff since the previous inspection and there was evidence that a comprehensive induction process was in place for all staff. Although training was being provided to staff and further training was scheduled, some gaps in mandatory training were seen. This is outlined under Regulation 16.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. This detailed the person responsible for overseeing the complaints process and contact details for independent advocacy services. A review of the centre's complaints log identified an open complaint which had not been fully addressed. This is discussed in more detail under Regulation 34. Incidents in the centre were being recorded and monitored, however, not all had been notified to the Chief Inspector, as per regulatory requirements.

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations in terms of qualifications and experience. Residents were familiar with the person in charge and it was evident that they were involved in the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The management team acknowledged that resourcing the centre with staff was challenging and recruitment was ongoing. In response to this the provider had booked regular agency staff to supplement the centres staff. On the days of this inspection there were adequate staff rostered when considering the size and layout of the centre and the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

On review of the training matrix it was found that there were gaps in training for some staff, in particular:

- Twelve staff were due refresher fire safety training.
- Fifteen staff did not have responsive behaviour training as per the centers policy.
- Seven staff required updated moving and handling training.

The person in charge showed the inspectors documentation confirming 13 staff were scheduled to attend safeguarding training and a further 15 staff were scheduled to attend dementia/responsive behaviour training in the next number of weeks.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The previous inspection of this centre had found that the provider had not established a directory of residence in the centre. This inspection found that there was an accurate and up to date directory of residence in place, which included all information as per Schedule three of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of six staff files were reviewed by inspectors. However, not all staff files were complaint with Schedule two of the regulations, as it was found:

- one staff member did not have any written references on file. This staff member had a confirmation of employment from previous employers only.
- one staff member did not have a reference from the persons most recent employer, which is a regulatory requirement.

This was a repeat finding and was also an area to be addressed following the inspection of July 2021.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was evidence of new management systems being implemented since the previous inspection, however, some systems were not sufficiently robust to ensure the service provided is safe appropriate consistent and effectively monitored.

The following required to be addressed:

- the system in place to monitor residents finances required action, which is further discussed under regulation 18.
- the involvement of residents and family in contract of care changes was not conducted in a timely manner.
- the system in place to monitor staff files and ensure safe recruitment procedures was not sufficiently robust.
- although the residents service fee included access to a full time physiotherapist, this resource was not available at the time of inspection, on a full time basis.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors were informed that new contracts of care were issued to all residents residing in the centre, the month previous to this inspection. This new contract reflected an increase in the weekly service charge. On review of contracts of care the inspectors noted that only three revised contracts had been signed and returned agreeing to this increase in weekly fee, and further noted that some residents who

had not signed the revised contract were charged the the increased fee.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications were generally submitted in a timely manner. However, one notification was not submitted to the Chief inspector as required by the regulations. This was pertaining to an allegation of neglect. There was evidence that this was investigated, as per the centres policy and the notification was submitted during the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure did not meet the requirements of the regulations in that:

- there was not always evidence that complaints were reviewed and closed off by the designated person responsible for complaints.
- one complaint had been open for two months and there had not been adequate communication with the complainant.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Willow Brooke Care Centre, which was generally respectful of their wishes. There was evidence of residents needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspectors found that significant improvements were required in the management of residents finances and ensuring residents rights were fully met.

The inspectors were assured that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy, occupational therapy, dental and

opticians. Significant improvements were noted pertaining to care planning. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. These assessments informed detailed care plans, which guided staff to deliver individualised care.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended. Some areas pertaining to the time of meals and location of where they were served required to be addressed, which is discussed further under regulation 18.

The centre had a risk management policy that set out the specific risks as required by the regulations and the controls in place to mitigate such risk. There were systems in place to manage risk and as part of the risk management strategy the person in charge maintained a risk register, which was monitored as per the centres policy.

Overall, the premises was clean and well maintained. The centre had experienced a COVID-19 outbreak which affected both residents and staff. Staff were observed to be following appropriate infection prevention and control guidelines in their work practices. Overall, the inspectors observed that there were good infection prevention and control practices and procedures in place, however, some further areas required attention which are detailed under regulation 27.

Residents were generally consulted about their care needs and about the overall service being delivered. Resident' meetings were held regularly and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed, which was a noted improvement from the previous inspection. However, further consultation was required in relation to changes to contracts of care, which is detailed under regulation 9 residents rights.

Regulation 11: Visits

The inspectors observed visitors arriving throughout the day. Screening measures were in place for residents visiting indoors. The management team were required to review the current practices in place to support visiting to ensure visits to a resident are not restricted. Inspectors found unnecessary restrictions in place including that visitors were still required to book a visit and could only attend four times per week. This was confirmed by visitors on the day of inspection.

Judgment: Substantially compliant

Regulation 13: End of life

A sample of care plans reviewed evidenced that staff had actively engaged with residents to elicit their end-of-life care wishes. There was support of community palliative care services available and utilised.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate considering the number and needs of the residents in the centre and conformed to the matters in Schedule six of the regulations. As discussed under regulation 9 some communal spaces upstairs were underutilized which limited residents choice.

Judgment: Compliant

Regulation 18: Food and nutrition

Food and nutrition did not meet the requirements of the regulations in that:

- evening meals were not served at reasonable times as they commenced at 15:45 hrs, which was very early. There was no evidence that residents had requested this time for meals.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had a system in place to identify environmental and clinical risk, and put controls in place as required. A review of the risk management policy found that it contained all the detail required under regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The following required to be addressed pertaining to infection control:

- cleaning trolleys were found to be inappropriately stored in the sluice room, which increases the risk of cross contamination.
- a post COVID review, as recommended by the HPSC was not available for review on the day of inspection.
- hand gel dispensers on corridors were observed not to be clean, which increased the risk of transmitting infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were noted in the oversight of fire safety within the centre. Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Training records evidenced that drills were completed, cognisant of night time staff levels.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Where residents were prescribed medications to be crushed, this was clearly documented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a completed comprehensive assessment and care plan documented within the electronic nursing documentation system. Care plans were found to contain the detail required to guide care, in a person-centred manner. Care

plans were reviewed every four months or more frequently, as required.

Judgment: Compliant

Regulation 6: Health care

A review of the residents medical notes found that recommendations from the residents doctors and allied health care professionals were integrated into the residents care plans. There was a low incidence of pressure ulcer development in the centre and wound care was seen to be carried out as per professional guidelines.

Judgment: Compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents as evidenced by the following findings:

- the inspectors saw that when services such as hairdressing and chiropody were provided to the resident in the centre, there was an additional cost added to these services by the provider. By way of example the chiropodist charged and invoiced the resident €25 per treatment, however, the provider charged and invoiced the resident €30 despite the treatment being provided in the residents own home, at no extra cost to the provider. This additional cost was not made clear to the resident or family, who paid the bill.
- individual receipts were also not maintained on residents files for hairdressing and chiropody services.
- the systems in place for the management of resident's finances was not sufficiently robust. The provider was acting as a pension agent for some residents living in the centre. However, the pension was paid into the centers account and not into the resident's client account. The charges for the service were deducted before the balance was paid into the residents client account. This is not in compliance with the requirements of the Department of Social Welfare, which requires that the pension agent must pay the full amount of the pension, without deduction of any kind to the resident.
- the system in place for the management of residents personal monies and items handed in for safekeeping was not sufficiently robust. Four accounts were checked by the inspectors and two of these accounts balances were incorrect.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors identified that residents rights were not being protected as follows:

- the service charge fee had been increased from €60 per week to €100 euro a week from 01 January 2022. Letters were being sent to families with a updated contract to sign and agreements were being made with a small number of residents/families, that had rejected the increase in costs. However, some residents could not exercise their rights in relation to finances and were unable to voice their concerns at this increase due to issues such as cognitive impairment. Inspectors saw that this increased fee was charged since January 2022, to the majority of the residents, despite only three new contracts signed agreeing to this fee increase.
- the dining experience required review to ensure that residents were afforded choice around their dining experience in the centre and had appropriate dining facilities. For example: some residents were observed eating their meals on bed tables in the upstairs sitting/dining room which was overcrowded whilst other day rooms were unused.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Willow Brooke Care Centre OSV-0007842

Inspection ID: MON-0035569

Date of inspection: 15/03/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. Current scheduled training completed, 2. Training matrix reviewed and training schedule updated to include fire safety, responsive behavior, and moving and handling refresher training, to be completed by the end of June 2022 to include all staff 3. New recruited staff are requested to have mandatory training complete before commencement of employment on letter of offer. 4. Training is booked in advance of expiry date by the administration staff. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> 1. Audit of all current staff files completed, and files to be updated by 31st May 2022. 2. Quarterly review of Staff files added to the Master Audit Schedule for 2022 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

1. Monthly reconciliation of Residents personal monies by Administration Staff member and Senior Nursing Management has been implemented
2. Information was sent to all resident's and/or families with regards to variation in contract of care in November 2021
3. Annual Quality & Safety Review for 2021 has been completed and submitted to Inspector as requested
4. Quarterly audit of Staff Files by HR Manager has been implemented and added to the Master Audit Schedule 2022. This is overseen by the PIC and the Director of Quality & Safety and formalized at the monthly Provider's meeting with the Registered Provider
5. Physiotherapy is available to residents on a sessional basis three days a week. 2 fulltime physiotherapists are available to the group if additional services are required

Regulation 24: Contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

A current contract of care is in place for all residents, including a variation clause.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

1. Current complaints reviewed and completed as per Willow Brooke Complaints Policy.
2. Monthly review of complaints by the Complaints Officer to ensure complaints procedure followed as per Willow Brooke Complaints Policy
3. Complaints will continue to be reviewed monthly by the Complaints Officer/PIC as part of the KPI's, overseen by the Director of Quality & Safety and formalized at the Providers meetings with the Registered Provider, with actions agreed and disseminated to all staff

Regulation 11: Visits

Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:

1. Visiting is compliant with HPSC guidance
2. Any update on Visiting guidance/policy will be communicated to residents' families via the monthly Newsletter.
3. Visiting policy discussed at residents' monthly meetings.
4. Booking system continued in addition to, unscheduled visiting, on the request of several residents/ and families

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Residents consulted, through the resident forum, to assess preferred time for their evening meal.

PIC met with catering staff and discussed the outcome from the resident's forum with regards appropriate times of mealtimes as requested by residents. This action has been implemented. A monthly audit of the dining room experience is added to the Master Audit Schedule 2022

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Storage area for cleaning trollies has been reviewed and an alternative area located to ensure IPC compliance.
2. Cleaning Schedules updated to include hand gel dispensers. Consultation with a cleaning product provider was held to source a product to clean the hand gel dispensers. Some replacements have been obtained. This appears on both daily cleaning and deep cleaning schedule.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

1. Billing System and costs for Hairdresser and Chiropodist currently, have been

reviewed. Consequently, the charges for chiropody and hairdresser are as per their billing.

2. A fiduciary account is in operation in Willow Brooke Care Centre similar to that operated in the other Windmill HealthCare Centres, which is audited monthly by the Group Financial Controller, the Registered Provider and in turn by external auditors

3. The two incorrect resident account balances were reviewed by the Director of Quality & Safety. One account had monies in two envelopes, not realized on day of inspection by member of staff, which on recount yielded the correct balance, and the second resident account was minus €20 which has since been confirmed as given to the resident for phone credit, but the member of staff did not document same at the time. However, on review, all previous phone credit monies were receipted.

System updated to ensure 2 signatures provided when monies added or removed from resident's account.

4. Monthly reconciliation of Residents personal monies by Administration Staff member and Senior Nursing Management is implemented.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. All Residents have been provided with information booklets and updated contracts of care.

2. An advocacy service is available for all residents. The independent Resident Advocate has been invited to attend a resident's meeting.

3. The dining experience reviewed and dining practices prior to covid 19 outbreak resumed to ensure that residents were afforded choice around their dining experience in the center and have appropriate dining facilities.

4. Additional dining areas made available for residents in first floor, dining area on ground floor has been reviewed. Residents have been included in this review

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	14/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2022
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	31/03/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and	Substantially Compliant	Yellow	31/05/2022

	4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2022
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	31/05/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of	Not Compliant	Orange	31/03/2022

	the Act.			
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	Orange	31/03/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	31/03/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	31/05/2022
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.	Substantially Compliant	Yellow	31/05/2022
Regulation 34(1)(d)	The registered provider shall	Substantially Compliant	Yellow	31/05/2022

	provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Substantially Compliant	Yellow	31/05/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/05/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/05/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	30/04/2022

	practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	31/03/2022