

**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:	ORG-0000112
Centre address:	Borohard, Newbridge, Co. Kildare, 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
Person in charge:	Michael Crossan
Lead inspector:	John Farrelly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	4

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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 October 2013 08:00 To: 15 October 2013 13:30

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

Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidenc-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The person in charge who completed the provider self-assessment tool had judged the centre moderately non-compliant in relation to end-of-life care and minor non-compliance in the area of food and nutrition. The provider had identified actions in their self assessment to ensure compliance.

On the day of inspection the inspector found minor non-compliances in the area of end-of-life care and compliance in the area of Food and Nutrition with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in the positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

The inspector found that residents' end-of-life needs were well managed with good access to medical and specialist palliative care. Care planning was in place as required and relatives were facilitated to be with their loved one. Some improvement

was required to ensure the policy on end-of-life care was comprehensive, staff were trained in same and that practical information was provided to relatives of deceased residents on services available to them.

The nutritional needs of residents were met to a high standard. There was good access to medical, dietician, dental, speech and language therapist and physiotherapy for residents. The food provided to residents was appetising and nourishing. Residents were facilitated to maintain their independence. Nursing and clinical documentation was of a high standard. Residents and relatives were very satisfied with the service provided. The dining experience was good. However, the dining room was not large enough to cater for all residents in one sitting.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

As stated under Outcome 15, the dining experience for residents was good. However, the dining room was not large enough to accommodate all residents at one sitting.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

End-of-life care was person centred and respected the values and preferences of each individual resident. There was a policy on palliative care in place. The person in charge had identified via self-assessment that some further improvements were required to reflect practice which they proposed to document to ensure a more detailed integrated end-of-life policy was in place and understood by staff.

There was no resident in the centre currently receiving palliative care. In 2013 all deceased residents received end-of-life care within the centre without the need for transfer to an acute hospital.

Within three weeks of admission all residents had a discussion with medical and nursing staff outlining their preferences as regards resuscitation in the event of cardiac arrest. Their wishes on same were documented accordingly. Documentation evidenced that when a resident's condition deteriorated an end-of-life care plan was put in place following a meeting between the resident, relatives, GP and nursing staff. The care plans recorded the expressed preferences of the resident and were drawn up in consultation with the resident and/or their family members. Residents had good access to the local palliative care team as and when required and recommendations from the palliative team had been recorded in detail in residents' care plans and had been implemented by the staff.

The majority of residents resided in double rooms and the person in charge stated that, whenever possible, a single room was facilitated to residents for end-of-life care. However, the configuration and lay out of the bedrooms meant that this could not always be possible.

Relatives were facilitated to stay overnight and be with the resident when they were dying. One relative indicated that they were very satisfied with the care which had been provided at the time of death. They were made to feel welcome and were facilitated to be with the resident when they were dying.

Training records and the provider self assessment indicated that staff had not received specific training in end-of-life care. Staff spoken with had a good understanding of the policy on end-of-life care and related practices. However, the inspector found further education in relation to discussing death and dying with the resident was required.

Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported. Mass took place on a weekly basis. If a resident had recently died, mass became a remembrance event. A minister of the Eucharist visited the centre on Tuesday and Sundays.

There was a protocol for the return of personal possessions. The inspector saw that following the death of a resident staff used a well crafted canvas bag to return personal possessions.

There was a lack of written information on services available to support, relatives, residents and staff following the death of a resident.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy.

There was prompt access to medical and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. A physiotherapist was available on site to residents.

Clinical care assessment, planning, implementation and evaluation was of a high standard. Residents were assessed on admission and reviewed on a three-monthly basis with numerous validated assessment tools including one specific to food and nutrition. A baseline weight was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk.

Assessments were detailed and reflected the residents' individual needs. Each need had a corresponding care plan, which detailed the nursing care, medications/food supplements prescribed, specific care recommendations from visiting inter disciplinary team members and the general practitioners (GP) instructions. Assessments and care plans were reviewed by staff nurses every three months and amendments made intermittently as the residents needs changed.

Food and fluid record charts were maintained with exact food and fluid intakes documented in a timely manner. A number of residents required Percutaneous Endoscopic Gastrostomy (PEG) feed and/or subcutaneous fluid. Care for these residents was of a high standard and practice was aligned to the centres policies and procedures.

A quality monitoring system was in place where clinical information was gathered and examined on a regular basis by senior management

The inspector observed breakfast and lunch. The food provided was varied and was fortified where appropriate to meet particular nutritional needs. Meals served were hot and attractively presented. A menu was displayed in the main lobby showing the choices available and individual preferences were readily accommodated.

Nursing and care staff monitored the meal times closely. Second helpings were offered. Residents who required assistance received this in a sensitive and appropriate manner. There was an emphasis on residents' maintaining their own independence. Equipment

such as non-slip plate mats and multi-handled cups were available and used by residents.

Breakfast was a relaxed affair with most residents receiving breakfast in bed or sitting out in a chair in their room from 8am to 9.30am. Residents were offered choices of tea, coffee, juices, toast, cereals and porridge.

Lunchtime was social and unhurried. The dining room tables were set in an attractive fashion with all required condiments, cutlery and crockery to meet the residents' individual needs. Residents requiring modified consistency meals, such as pureed, had the same choice as other residents. All meals were attractively presented in individual portions. Residents requiring pureed food could clearly identify what they were eating as each food group was presented separately on their plate. The quality of the food was good and the quantities reflected the residents' individual dietary requirements, which were also reflected in their care plan. All residents spoken to were complimentary of the food provided. They particularly praised the "Irish Breakfast" which was cooked for residents on Saturday and Sunday mornings.

Evening meals were served at 4.45pm with a further supper at 7.30pm. Drinks and snacks were readily available throughout the day.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs. The inspector spoke to the chef who was very knowledgeable about special diets and food fortification options for individual residents. The head chef met with the person in charge and dietician to ensure the overall menu was healthy and met residents' needs.

Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents. The kitchen was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

Staff had received training in relation to food and nutrition and demonstrated and articulated good knowledge of how to provide optimal care for residents.

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.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

As identified under Outcome 14, training records and the provider self assessment indicated that staff had not received specific training in end-of-life care. Staff spoken with had a good understanding of the policy on end-of-life care and related practices. However, further education was required.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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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:	ORG-0000112
Date of inspection:	15/10/2013
Date of response:	04/11/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 dining room as currently configured was not large enough to accommodate all residents at one sitting.

Action Required:

Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

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

From next month we would like to introduce 2 sittings for main meals in order to offer all residents the opportunity to use the main dining room.

Proposed Timescale: 31/12/2013

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

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

Put in place a detailed integrated end-of-life care policy.

Ensure relatives are provided with written information on support services available to them.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

We are reviewing our practices at present and exploring other practices that could be introduced. For example leaflets on Bereavement Counselling for relatives and staff are now displayed. It is hoped that further information will be available by mid-January. The integrated End of Life Care policy should be in place by mid-January. This should include all areas of care, not just those associated with terminal care. In addition new care plans will be introduced to reflect new and updated practices.

Proposed Timescale: 31/01/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Education in relation to end of life care including discussing death and dying with the resident was required.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

An outside training company provided End of Life Care training for 2 groups of staff on October 25th and 26th last. Another group will receive training on November 15th next. All staff will receive a copy of the new End of Life policy in January 2014.

Proposed Timescale: 31/01/2014