

**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:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	7

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 June 2017 10:30	08 June 2017 16:00
09 June 2017 09:30	09 June 2017 15:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Substantially Compliant

Summary of findings from this inspection

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six outcomes and also followed up the actions from the last monitoring inspection which took place on 2 December 2015. Improvements had taken place since the last inspection and all non-compliances apart from one action, to re-locate the bed pan washer to a more suitable location, were now fully addressed.

A small number of residents in the centre had been assessed as having a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit. One resident was in hospital at the time of the inspection.

Prior to this inspection the provider had been requested to complete a self-assessment document and review relevant policies. The judgments in the self assessment stated all but one outcome were in compliance/substantial compliance. The provider had found that premises was a moderate non-compliance, and was implementing a plan to address improvements identified. The inspector found that four actions reviewed required review by the provider in terms of premises, infection prevention and control and records. Action plans can be found at the end of this report.

The inspector found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours were well managed by staff with good communication techniques, and meaningful activities available.

The staffing in place including numbers and skill mix were found to meet the needs of residents. Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Good communication was observed, and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives fully respected by staff.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome was judged to be compliant in the provider's self-assessment, the inspector also judged it as compliant.

The care and welfare of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments was being well met. There was a detailed admissions policy which was reflected in practice. The nursing, medical and social care needs of these residents were met to a good standard. Residents' confirmed their wellbeing to the inspector during the inspection. Residents were supported with dementia specific activities including a sensory programme of communication, and individualized activities were in place. A social program which included outdoor activities and outings was found to be enjoyed by residents. For example, a recent barbecue had taken place during the good weather in the garden of the centre. There was evidence that residents could access local community activities.

Since the last inspection the provider and person in charge had made improvements. Written policies had been reviewed, and staff were familiar with the revised key operational policies.

Residents had access to medical and allied health care professionals. General Practitioner's (GP's) visited regularly. Where required, residents had access to a consultant psychiatrist and other acute hospital consultant referrals. Referrals for residents for assessment to any of the allied health care team members was timely. A small number of residents living at the centre had an acquired brain injury, with complex health and social care needs. All their assessed needs were found to be well managed to achieve the best outcomes on a daily and long-term basis.

The inspector saw evidence of referrals made, assessments completed and recommendations made in residents' files. Recommendations were also found to be included in each resident's individualized care plans. The provider facilitated all residents to have routine assessments of eyesight and dental hygiene/needs, and audiology where indicated. There was clear evidence that all residents had their medical needs

including their medicines reviewed by the pharmacist, general practitioner and person in charge or his deputy. The pharmacist delivered medications when required and conducted training and audits of medication management practices.

Residents had comprehensive assessments completed pre-admission and on admission by the person in charge or his deputy. Future residents had the opportunity to visit the centre to evaluate the service available.

Risk assessments and care plans were reviewed on a four monthly basis and those reviewed reflected the residents' changing needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a four monthly basis. A sample of care plans reviews read by the inspector were up-to-date and evidence-based.

Staff provided end-of-life care for residents with the support of the resident's GP, and the palliative care team if required. Each resident had their preferences recorded and a detailed end-of-life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end-of-life. They were detailed and included input from the resident and their next of kin.

Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

The nutritional needs of residents were well met and they were supported to enjoy the social aspects of dining. The dining room had been recently decorated and was spacious, and two sittings took place. Some residents also ate their meals in their own rooms or in the two sitting rooms depending on individual preferences or assessed needs. The menu provided a varied choice of meals to residents, meals were cooked and presented to a satisfactory standard. Residents who required support at mealtimes were provided with timely and individual assistance from staff. The inspector saw this was provided in a quite, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had their meals with other residents. This was observed to work well for all the residents.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents' weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to a dietician. The inspector saw that residents' individual likes, dislikes and special diets were all recorded and were known to both care and catering staff.

Where appropriate wound assessments and care plans were in place and records were reflective of care provided. The records were reflective of care provided. Pressure ulcer prevention and management practice was found to be adequate and all staff were knowledgeable and well informed about skin care.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety**Theme:**

Safe care and support

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

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

Findings:

This outcome was judged to be in substantial compliance in the provider's self assessment, and the inspector also judged it as substantially compliance.

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. They also spoke highly of the care provided by the staff and their caring attitude, and gentle approach.

The approach used by all staff demonstrated a good standard of a consent-led service provision. Elements of good practice to safeguard residents' privacy and dignity and rights were observed during this inspection.

There was an up-to-date safeguarding policy in place. The inspector spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing. Staff mandatory training records that were reviewed confirmed that all staff had received training on recognising and responding to elder abuse. Since the last inspection there had been no notifications of alleged abuse received by the Chief Inspector.

At the time of the inspection, a small number of residents presented with some documented responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia). Residents who required support had an assessment completed and care plans were developed that set out how residents should be supported if they had responsive behaviours. The inspector saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. For example, using a low arousal or a sensory approach with music or other therapy. Staff spoken with were clear about how to manage and re-direct each resident. Staff also considered how residents were responding to their environment and were supporting people to feel calm.

Evidence-based policies in place about responsive behaviours and a policy on restraint was in place. The inspector was informed by the staff that they had training in how to

support and communicate with residents with dementia. Training records read confirmed that staff had attended training on responsive behaviours and dementia awareness since the time of the last inspection.

The findings of this inspection were that the person in charge had completed detailed work to address the action plan from the last inspection, relating to moving towards a restraint free environment in line with National policy (2011). There was a clear written policy on any restrictive practices considered for use in the centre. The policy, practice and assessment forms reviewed reflected practice that was in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). A small number of residents were found to be using bedrails at the time of the inspection and this was risk assessed. Alternatives to the use of bedrails were available, considered and documented. For example, increased staff supervision measures, low-low beds, sensor alarms and crash mats. The inspector judged that very good progress had been made in terms of training, documentation and promoting residents rights in this area since the last inspection. The number of bedrails used had decreased by 67% since the time of the last inspection. The records of residents receiving any prn (as required) psychotropic medicines for responsive behaviours were reviewed by the inspector. Overall, there was clear evidence of review and where required, and as outlined a detailed behavioural support plan was in place to inform staff interactions where this need was identified.

The inspector was informed that provider acted as a pension agent for nine residents, and appropriate safeguarding measures were found to be in place for the management of finances. The person in charge had a policy in place to support residents accounts and property, and pension management. A review of the day to day accounts records by the inspector found that some aspects of the policy (dated August 2016) were not always consistently implemented, including a requirement that all transactions to be signed for by residents or witnessed by two staff. The provider was also contacted following the inspection to follow-up on this matter as the responsible person, and ensure full implementation of the written policy in place.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was judged to be in full compliance in the provider's self assessment, and the inspector judged it as compliant.

The rights and dignity of residents including those with dementia were found to be respected in the centre. Residents within the centre were consulted with in the running of the centre, their independence was promoted and they were provided with opportunities to engage in meaningful daily activities .

Residents' religious and political rights were respected in the centre. Roman Catholic mass was held in the centre and prayers and rosary took place. The inspector was informed that if a resident wished to access the services of any other religion that it would be facilitated, and had been in the past. Residents could also attend external religious services if they wished. Residents within the centre were registered to vote for local and general elections, and for referendums. Voting could be carried out within the centre.

Residents had access to an independent advocacy service and contact information about this the service was displayed throughout the centre. Residents' meetings took place in the centre. The meetings covered various topics relating to the management of the centre. Topics discussed included areas such as staffing, food and laundry services and activities planning. Meetings were also used as a forum to provide residents with information in relation to upcoming occasions, changes to the staff and planned outings. Copies of the minutes were displayed around the centre for review by residents and visitors.

Independence was promoted in the centre. Throughout the day residents were observed to be moving throughout the centre as they wished. Residents were observed to be using the garden area and various communal rooms throughout the inspection. There were no restrictions in place for residents. There was good access to information. Copies of the most recent HIQA report, the residents' guide and the statement of purpose for the centre were all available. There was a residents' information board which contained information such as the weekly activities, recognising elder abuse and how to make complaints and give feedback. The daily menu for the centre was on display and the inspectors observed staff asking residents what they would like to have for their meals. The inspector was informed that the pictorial menu was under review as some pictures did not always correlate with the actual food served and were indicative only.

The activities available in the centre was found to be very person-centred and based around the interests of the residents. Inspectors spoke to the staff member responsible for activities. The activities were aimed to incorporate the external areas as much as possible. Residents would leave the centre a number of times per week to participate in a nature walk in neighbouring green space. Some residents were involved in painting or sanding furniture outside. Other interests such as music were promoted through provision of musical instruments. The activities plan also included dementia-friendly activities involving music and aimed at stimulating residents. The inspector was told that the scheduled activities plan was flexible and would change if the residents wished, or if the weather was particularly good and the residents' wished to go outside to the garden. This was observed to occur on inspection. Outings were held to nearby locations and local events. A record was kept of each resident that needed or wanted a one to one activity. This was scheduled weekly to ensure all residents had access to activities.

There was an open visiting policy in the centre. Residents could visit their relatives in

private if they wished. The residents had access to a various types of media. Local and national newspapers were provided for. Residents had access to television, radio and the internet. There was also access to a telephone, and a mobile if residents' wanted privacy while making a phone call.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A clear complaint's procedure and a complaint's policy was in place that guided practice. The person in charge was the person nominated to deal with all complaints and ensure that they are fully investigated. The complaint's procedure was displayed prominently and was in line with the information within the complaint's policy. The policy listed the various contacts relating to making a complaint, the process for appealing the outcome of a complaint and clearly differentiated between which contact was involved in the initial complaint and which contact should be contacted to appeal the outcome of a complaint.

The process confirmed by the inspector was that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy. An appeals process was in the policy and outlined also in the resident's guide. The right for a complainant to access the ombudsman was also clearly outlined.

There had been no written complaints recorded since the last inspection as confirmed by the person in charge.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspector found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed. Some staff members had completed training in dementia care. Provision of care was satisfactory and care was undertaken in a person-centred manner. Staff were observed to reassure and communicate clearly with residents, offering choice before continuing to assist them.

The inspector reviewed the planned and actual rota in the centre. The actual rota was found to be representative of the staff that were on duty during the inspection. The inspector found that supervision was appropriate for staff on duty.

Three staff files were reviewed and it was found that all contained the requirements listed in schedule 2. Inspectors were informed by management that Garda Vetting disclosures were in place for all staff, and it was confirmed that this was in place for the most recently recruited staff members. The person in charge confirmed that he had the full staffing complement in place. Staff training records were reviewed and all staff had received up-to-date mandatory training. Relevant training confirmed on inspection sensory training for activity staff. Staff had completed positive communication training, rights, privacy and dignity training and understanding dementia care.

No volunteers were working at the centre at the time of the inspection, however, the person in charge was aware of the requirements of regulations if there were future plans to do so. Staff turnover was found to be low and the management team were confirmed as supportive of the staff team working in their roles. Staff received appropriate supervision with staff appraisals due to commence according to the person in charge.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises**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:

This outcome was judged to be a moderate non-compliance in the provider's self assessment, and the inspector also judged it as a moderate non-compliance. Actions

from the previous inspection had been addressed, apart from the requirement to re-locate the bed pan washer to a more suitable space. The inspector saw that it was still located outside the dirty utility in an area where boilers were located, on route to a clean equipment storage area. The person in charge advised that plans were also in place to upgrade aspects of the current plumbing system and he would link in with the provider to have this completed as soon as possible. Works completed at the time of inspection included upgrading of toilets, showers and en-suites, and re-decoration and maintenance. The inspector noted that some external ground works were required to be completed near the entrance and the pathway beside the older part of the house used as a means of escape required repair. The inspector found that some resident and clinical records were stored in the secure outside buildings. However, this area was accessible to a range of staff and the actual storage area was not found to suitable to maintain confidentiality.

The build and the design and layout of the centre was in line with the Statement of Purpose and met residents individual and collective needs. Other than the observations made in Outcome 7 of this report, the centre was kept clean and maintained to a good standard of repair. Ventilation and lighting was found to be suitable and sufficient. The centre was purpose built and currently laid out over the ground floor with access to four bedrooms in the older part of the house on the first floor. The dining room had been re-decorated and was accessible by those who wished to use it for mealtimes. All private and communal rooms had an emergency call facility, and each resident was assessed for their use. There was adequate provision of assistive equipment such as hoists and lifts. Suitable storage was provided for all assistive equipment.

The residents bedrooms were located on the ground and first floor. Bedrooms were single or twin shared rooms. Each bedroom was provided with a wardrobe and a locker for personal items. There was also sufficient number of assisted communal bathrooms and showers to meet the needs of all residents. A number of rooms had been re-furnished and were vacant and awaiting new screening curtains between beds, the person in charge advised this was in the plan.

An accessible and secure large, landscaped courtyard back garden overlooking countryside was available to residents. The inspector found the premises was designed and laid out in the communal areas, to ensure discrete supervision could be maintained from a distance by staff, with due regard for the residents' right to privacy. Adequate private and communal accommodation was provided, a variety of sitting areas for residents to sit in during the day. There was a bright reception space, with comfortable seating. Rooms for staff use included a nurses' office, person in charges' office and secure clinical rooms. The centre has a room utilised as a visitor's room/ treatment area.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

The designated centre had all of the written operational policies which had been recently reviewed as required by schedule 5 of the regulations. Policies were evidence-based and guided practice. Improvements had taken place in the written policies on risk management. Policies guided staff on identifying hazards, and putting in appropriate measures and controls to mitigate risks. An up-to-date safety statement was in place.

The inspector noted that overall infection prevention and control measures were adequate. Communal day space and bedrooms were found to be clean, fresh and well maintained but general hygiene required improvement in some of the toilets and shower rooms. Suitable drying racks for urinals, bedpans and other equipment were not in place in the dirty utility or adjacent to the bed pan washer. The person in charge undertook to address this at the time of the inspection.

Judgment:

Substantially 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:

Leone Ewings
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:	8th and 9th June 2017.
Date of response:	12 th July 2017

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 02: Safeguarding and Safety

Theme:

Safe care and support

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

The records of residents' accounts and property, and pension management were not consistently maintained in line with the policy in place.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

The Provider Nominee acts as pension agent for 9 residents. Resident's financial transactions contain 2 signatures along with the issuing of receipts.

Proposed Timescale: Completed.

Proposed Timescale: 12/07/2017

Outcome 06: 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 requires re-location from its' current position.

External ground works were required to be completed near the entrance and the pathway beside the older part of the building identified as a means of escape.

2. 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:

The bed pan washer will be relocated to an area discussed with the inspector. The external groundwork will be addressed.

Proposed Timescale: Bed pan washer 08/08/2017. External ground work 11/08/2017.

Proposed Timescale: 11/08/2017

Theme:

Effective care and support

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

Resident and clinical records held in the outside buildings were accessible to a range of staff and the actual storage area was not suitable to maintain confidentiality.

3. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

A contractor has been sourced to make secure doors for the storage of the residents and clinical records.

Proposed Timescale: 08/09/2017

Outcome 07: 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:

General hygiene required improvement particularly in some of the toilets and shower rooms.

4. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Meetings have been held with the cleaning staff and with the cleaning products supplier to address this situation. The cleaning schedule has been reviewed to include " signing off " and monitoring.

Proposed Timescale: Completed and ongoing.

Proposed Timescale: 12/07/2017