



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	24 November 2022
Centre ID:	OSV-0007842
Fieldwork ID:	MON-0038246

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 en-suite 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:	57
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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
Thursday 24 November 2022	09:30hrs to 17:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection took place over one day, and was unannounced. Residents spoke positively about their experience of living in Willow Brooke Care Centre and praised the staff for their kindness and excellent care. The inspector spoke with eight residents in detail and three visitors, during the day, and also spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those residents living there. The inspector also observed interactions between the staff and residents throughout the day and found that they were respectful and dignified, at all times.

On arrival, the inspector was met by a member of the centres administration team who guided them through the centres infection control procedures, before entering the building. Following an introductory meeting with the person in charge, the inspector was accompanied on a tour of the premises. Willow Brooke Care Centre is a designated centre for older people registered to provide care for 73 residents. There were 57 residents living in the centre on the day of this inspection. The centre is purpose built and accommodation is provided over two floors. Bedroom accommodation consists of 55 single bedrooms and nine twin rooms, all with en suite facilities. The centre is divided into four wings: Elm, Ash, Chestnut and Sycamore. The inspector saw that bedrooms were decorated to a high standard with ample storage, en-suite facilities, wardrobes and televisions. Residents told the inspector that they liked their living environment and found their bedrooms comfortable.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person-centred interactions throughout the day. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents' said they felt safe and trusted staff and that staff were always available to assist with their care.

The inspector saw that there were residents relaxing in the communal areas of the centre and there were activities underway, throughout the day. The inspector observed and met with that a music therapist working in the centre. They were doing one-to-one activities with residents and had some group sing songs on the morning of the inspection. Residents were seen to really enjoy these sessions and were observed laughing and singing folk songs. On the ground floor there is a large open plan sitting room/dining room, which was the main focal point of the centre for activities and meals. The inspector observed that residents enjoyed their day in this space, which was a hive of activity. Activities such as bingo and an exercise class took place here and residents were seen to enjoy their dining experiences, which were social occasions. Menus were on display, tables were nicely set and the chefs interacted with residents.

Residents' who the inspector spoke with, were complimentary of the food and the

choice of meals offered in the centre. Food was attractively presented and residents requiring assistance were assisted appropriately. On the first floor communal space consisted of a day room and two sitting rooms. However, the main day space area on the first floor was also where residents dined, and some were observed sitting in the same chair throughout the day, therefore, were not afforded a dining experience. This room was also seen to be overcrowded at times during the day, while the two other sitting rooms were not in use or available for residents.

The inspector observed that visiting was facilitated in the centre throughout the day. The inspector spoke with three family members who were visiting and they told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complimentary of the staff and the care that their family members received.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection carried out to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, this inspection found that residents were in receipt of a good standard of care by staff that were responsive to their needs in Willow Brooke Care Centre. The inspector reviewed the actions taken by the provider following the previous inspection of the centre in March 2022, and found the majority of areas that required action had been addressed. Some improvements were required on this inspection in relation to training, monitoring of the service and complaints management.

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 internal management team. The provider employed a full time person in charge, with the required experience and qualifications, as required by the regulations.

Staffing numbers and skill mix on the day of inspection were appropriate, to meet the individual and collective need of the residents, and with due regard for the layout of the centre. Lines of authority and accountability, and roles and responsibilities were understood by all staff. Training was provided for staff and being monitored by management, however, some mandatory training was found to be out of date, which is further detailed under regulation 16. The management team

were monitoring key performance indicators such as wounds, infections, incidents and complaints and this information was being communicated to the provider on a weekly basis. However, while there was a programme of audits in place, these had not been carried out as planned in the past few months, which was required to be addressed, to ensure the service was appropriately monitored.

An accessible and effective complaints procedure was in place. Residents' complaints and concerns reviewed were listened to and acted upon in a timely, supportive and effective manner and the majority were recorded in line with the regulations. However, two complaints were recorded in residents notes and therefore, had not been investigated as per the centres policy, which is further detailed under regulation 34.

All requested documents were readily available throughout the inspection. Improvements were found in record keeping since the previous inspection and all staff records reviewed met the requirements of Schedule two of the regulations. Contracts of care had also been updated and outlined the terms on which the residents shall reside in the centre, including the cost for additional services.

Regulation 14: Persons in charge

The assistant director of nursing had recently been appointed as the person in charge. This person was an experienced nurse and manager and had the required experience in care of the older person and in management. They also had a management qualification, as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, indicated that current staffing levels and the skill-mix were adequate to meet the assessed needs of the residents, on the day of this inspection. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Judgment: Compliant

Regulation 16: Training and staff development

Training in safeguarding vulnerable adults was out-of -date for 13 staff in the

centre. Responsive behavior training was also due, however, this was scheduled in the coming weeks.

Judgment: Substantially compliant

Regulation 21: Records

Improvements were noted in records since the previous inspection. All records as set out in schedules 2, 3 & 4 were available to the inspector. Records were stored in a safe and accessible manner. The inspector reviewed a sample of four staff files and all were in line with Schedule 2 requirements.

Judgment: Compliant

Regulation 23: Governance and management

The monitoring of the service required improvement as it was found that audits were not carried out as scheduled. These was necessary to review and monitor practices within the centre and to implement improvements. The management team acknowledged this finding on the day of this inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care had been reviewed since the previous inspection. Each resident had a written contract of care that detailed the services to be provided, the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

Two complaints were recorded in a residents records, as family communication. However, it was clear that these had been submitted as complaints and should have been investigated under the complaints procedure. The management team acknowledged this finding on the day of this inspection.

Judgment: Substantially compliant

Quality and safety

Overall, findings of this inspection were residents in Willow Brooke Care Centre enjoyed a good quality of life and had good access to medical care and a social and recreational programme. Residents spoke positively about their life in the centre. However, some areas required to be addressed pertaining to residents pension arrangements, wound care monitoring and the dining experience for residents. These are further detailed under the relevant regulations.

Residents care documentation was maintained on an electronic system. Residents' care plans were developed following scientific assessment, using validated assessment tools. Care plans were seen to be person-centred and updated four monthly or as required, as per the requirements of the regulations. Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and tissue viability. The provider employed a physiotherapist who attended the centre weekly. Although there was a low incidence of pressure ulcer development in the centre, the documentation of wound care treatment provided, was found to require improvement. This is further detailed under regulation 6.

Generally staff demonstrated good practices in relation to infection prevention and control, such as in the use of face masks and in hand hygiene. Staff had access to appropriate infection prevention and control training, and all staff had completed this. Effective housekeeping procedures were in place to provide a safe environment for residents and staff.

There was a site-specific policy on the protection of the resident from abuse. Incidents and or allegations of abuse were investigated in line with the centre's policy, by the person in charge. The inspector reviewed residents finances and records of monies and valuables handed in for safe keeping and found that Improvements were noted in the management systems and practices, which were

now more robust. The provider was in the process of implementing new processes to manage residents pensions, which required further action. This is further detail under regulation 8.

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that residents had opportunities to participate in meaningful group and individual activities. These were facilitated by appropriately experienced staff. The inspector found that residents were free to exercise choice in how to spend their day. There was evidence that residents were consulted with in relation to the running of the centre and where they made suggestions these were actioned. Residents were provided with daily newspapers and could watch television in either the communal day rooms or in their bedrooms.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 20: Information for residents

A comprehensive residents guide was available for residents and it contained all information, as required by the regulations.

Judgment: Compliant

Regulation 27: Infection control

The centre was found to be very clean throughout. There were dedicated cleaning staff on each floor of the centre and a household supervisor to oversee cleaning practices within the centre. Hand sanitizers and personal protective equipment was readily available and used appropriately by staff. Deep cleaning schedules were available and there was evidence of effective oversight of cleaning procedures within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities to individual residents. From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plans were documented within 48 hours of admission, as per regulatory requirements. Care plans were reviewed as required and were supported by clinical risk assessments using validated tools. Care plans were found to contain the detail required to guide care, in a person-centred manner.

Judgment: Compliant

Regulation 6: Health care

Some improvements were required in wound care practices as it was found that some wound care documentation did not evidence effective wound care assessment and monitoring. For example, not all wounds were being measured or photographed weekly as per the centres policy, therefore, it was difficult to determine if wounds were improving or had deteriorated.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider was in the process of reviewing all processes with regards to acting as a pension agent for residents in the centre. On the day of this inspection the centre was pension agent for five residents. Records demonstrated adequate arrangements were in place for three residents' finances, and these were in line with the department of social protection guidelines. However, two residents monies were being paid into the centres account and not into a resident's client account. The inspector was informed that these client accounts were in the process of being established and the system would be altered in the coming weeks.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Although meals were found to be served at reasonable times and residents confirmed that they were given meal choices, this inspection found that some

residents on the first floor were not afforded an appropriate dining experience in the centre. Some residents were served meals on tray tables in the sitting room. Therefore, there was little opportunity for social interaction and an enjoyable dining experience.

Judgment: Substantially 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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Willow Brooke Care Centre OSV-0007842

Inspection ID: MON-0038246

Date of inspection: 24/11/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. Training matrix reviewed, and training schedule updated to include safeguarding vulnerable adults, responsive behavior, to be completed by the end of December 2022 to include all staff	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Scheduled audits are being completed. The outcomes will be reviewed at the monthly Quality and Safety meeting, where quality improvement plans will be developed. 2. The PIC will review the master audit plan monthly and ensure scheduled audits are completed in a timely manner	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

1. The two complaints identified on the day of inspection are being investigated and documented as per the Centre's Complaints policy
2. Management to complete an online module on complaints management to be completed by 31st December 2022

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

1. All current wound care documentation has been reviewed to ensure effective wound care assessment and monitoring
2. Wound care management training provided for all nursing staff, to be completed by 31st January 2023

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

1. Arrangements are ongoing to ensure the remaining 2 residents monies are lodged to the resident's client account, in line with the Department of Social Protection guidelines.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The dining room experience for the Residents on the first floor has been reviewed and improved, in consultation with the residents and staff, to ensure an enjoyable dining experience with opportunities for social interactions.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2022
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	31/12/2022
Regulation 6(1)	The registered	Substantially	Yellow	31/01/2023

	provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Compliant		
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/01/2023
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.	Substantially Compliant	Yellow	31/12/2022