



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

## Issued by the Chief Inspector

Name of designated centre:	Willowbrook Nursing Home
Name of provider:	Galteemore Developments Limited
Address of centre:	Borohard, Newbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	14 June 2023
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0039082

## About the designated centre

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

Willowbrook Nursing Home is situated on the main Newbridge to Naas road. There is access to a bus stop directly outside the centre. The centre consists of an old house which has been modernized and extended over time to accommodate 50 beds which cater for male and female residents over the age of 18. The centre provides long-term care, short-term care, brain injury care, convalescence care, respite and also care for people with dementia. Access to the first floor of the old building is via stairs. There is a dining room, sitting room, two-day rooms, smoking room and spacious reception area. In addition to this, there is a hairdressing room, shared toilet/bathroom/shower rooms, therapy room, nurses' office, administrative offices and training room. There is access to a secure garden for residents and ample parking at the front and rear of the building. There are facilities for staff, including a staff room, shower room and bathrooms. The kitchen is in the main building. Separate and adjacent to the main centre are the laundry/store room and the maintenance room.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	45
--	----

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
Wednesday 14 June 2023	08:45hrs to 14:00hrs	Helena Budzicz	Lead
Wednesday 14 June 2023	08:45hrs to 14:00hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

Overall, feedback from the residents was very positive regarding their lived experiences in the centre. Inspectors spoke with all residents throughout the day and with nine residents in more detail. All residents and visitors were very complimentary of the standard of care provided. Residents and relatives expressed their satisfaction with the staff and their kind approach to residents.

The living and accommodation areas were spread over the ground floor. There were a variety of bright communal areas available to residents, including a day room, dining room, conservatory and lobby. Many residents had decorated their rooms with photos and other items of significance. There was a sufficient number of toilets and bathroom facilities available to residents. There was safe, unrestricted access to outdoor areas for residents to use. These areas contained suitable garden furniture and seating.

Throughout the day of the inspection, residents were observed moving freely around the centre, interacting with each other and staff. Call-bells were available throughout the centre, and inspectors observed that these were responded to in a timely manner. The inspectors found that residents received care and services from a well-established staff team who knew them well.

Inspectors observed that there was evidence of ongoing improvements to the physical premises of the building. There had been a programme of works carried out in the centre since the previous inspection. Communal areas had been freshly painted, and many communal bathrooms had been upgraded. The designated centre was in a good state of repair and found to be clean and suitably decorated.

Residents spoken with were very complimentary about the laundry service provided, 'clothes are all returned like new' and 'they do a great job with my clothes'. The laundry system was well organised, and staff had a labelling system in place to ensure clothes were returned to their owner.

A resident told the inspectors that they were facilitated to attend a variety of activities throughout the day. They were happy with the activities and particularly enjoyed walking and live music sessions. The activity schedule for the day was displayed in the communal area. The activity coordinator planned outings with the residents and made sure that all residents with different types of needs were involved in the outings.

Residents were observed to be offered hot and cold drinks throughout the day. Each communal area had a trolley with refreshments available throughout the day. Mealtimes were observed to take place over two sittings, dining room and in the garden area, with assistance being provided when required by allocated staff. The residents were seen to be offered ample choices for meal times with nutritious and

nically presented food being served.

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, effective governance and management systems were evident in the centre, ensuring good quality person-centred care was delivered to residents. This was an unannounced risk inspection carried out over one day by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions taken by the provider to address the findings of the last inspection of the centre in May 2022.

The registered provider is Galteemore Developments Limited, a company comprising of three directors. The person in charge reports to the board through regular governance meetings. The person in charge was responsible for the daily operations in the centre, and they were supported by a clinical nurse manager, nursing staff, carers, activity staff, maintenance and catering teams. Management meetings and staff meetings were held regularly in the centre, and the inspectors reviewed these meeting minutes.

The provider completed a suite of audits to monitor the care and service delivered. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example, health and safety, pressure ulcers, dementia care, care planning, falls, safeguarding, infection prevention and control, medication management, call-bells and complaints. The information collected from audits was analysed and used to implement quality improvements within the centre.

The inspectors reviewed the worked and planned roster and were assured that there was sufficient staff to meet the assessed needs of residents. Staff were facilitated to attend training commensurate with their role, and there was an ongoing training schedule in place. Staff were knowledgeable and demonstrated competence in their work.

There was a directory of residents made available to the inspectors. This included the necessary information required, such as their next of kin details or any person authorised to act on the resident's behalf.

## Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of the staff in the centre was appropriate with regard to the assessed needs of the residents and the size and layout of the building.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a training programme in place, and training records showed that staff were up-to-date with their training in moving and handling practices, fire safety, infection control and the prevention, detection and response to abuse.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents. The directory included the information specified in paragraph 3 of Schedule 3.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was an established management structure in place with clear lines of authority, and the management team were well-known to the residents.

The quality and safety of care were being monitored through a programme of audits with associated action plans to address any deficits identified through the audit process.

The person in charge had prepared a comprehensive annual review of the quality

and safety of care delivered to residents in 2022 with a quality improvement plan. This review was available to residents.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers attending the centre on a voluntary basis at the time of the inspection.

Judgment: Compliant

### Quality and safety

Overall, this was a good service that delivered high-quality care to the residents. The inspectors found that the premises provided a safe and comfortable environment for residents. The centre has a Condition 4 on its registration certificate, which is due to be completed by 31 July 2023. This condition is in respect of the proposed refurbishment of the premises on the ground floor in relation to the completion of an accessible shower and toilet facility.

Measures were in place to safeguard residents against most forms of abuse, and the safeguarding policy was reflected in practice. However, the registered provider was managing four residents' pensions. Two of these residents' pensions were being lodged into the residents' pension account, but two others were into the business account. Assurances were received following the inspection that the provider has since amended this practice, and all residents' pensions have been going into a specific resident's account since the inspection.

Residents that had communication difficulties were supported to communicate freely. Their care plans were specific to their needs and guided staff in the delivery of care.

Each bedroom had adequate storage space for residents' personal belongings. There was a lockable space available on request. Residents' clothes were laundered in the centre and returned promptly.

Residents had end-of-life care plans in place. These were resident-specific, with each detail discussed with the resident and their relatives or friends where possible. These care plans detailed the residents' wishes in relation to religious services and practices they wanted in place.

Meal times were observed to be pleasant and calm. Each resident had a choice from the menu for each meal. One resident was observed to be served food that was not



on the menu, and staff informed the inspectors that 'they wanted chips today'. Trays prepared for meal times were brought for residents in their preferred places, such as their bedrooms. Trays were well presented, with two drinks and three courses. There were adequate supplies of drinks and fresh cold water around the centre at all times.

There was a comprehensive transfer letter in place which was used when residents were temporarily transferred to another facility, such as the hospital. This was completed in full and gave the receiving facility all the required information that ensured a safe transfer.

The centres' risk policy included the risks specified in the regulation and referenced supplementary policies, which provided guidance on the management of these risks.

### Regulation 10: Communication difficulties

Residents with communication difficulties had an individual care plan to guide staff. This included any specialist needs the resident required.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances. Each resident had access to a lockable space.

Judgment: Compliant

### Regulation 13: End of life

Residents approaching end-of-life care had the appropriate care plans in place detailing their preferences in relation to religious and cultural wishes.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were offered a choice in relation to

meals and meal times. Residents were provided with wholesome and nutritious meals which met the dietary needs of each resident.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

When a resident was temporarily absent from the centre, all relevant information about that resident was provided to the receiving hospital. Discharges were discussed, planned and agreed upon with a resident in a safe manner.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was in place and described the specific risks and mitigation measures as requested in the regulations. New risks had been added as required, which indicated a proactive approach to risks, which were assessed and managed appropriately.

Judgment: Compliant

### Regulation 27: Infection control

The inspectors found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Inspectors saw that the provider had arranged for a deep clean of the centre to be carried out on a regular basis, and good quality of environmental hygiene had been sustained.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken some measures to protect residents from all forms of abuse. However, improvements were required in relation to two residents' pensions which were held within the business account and not a specific account for residents. While no misuse of funds was identified, this practice did not ensure that these residents' finances were appropriately safeguarded.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents' meetings were held regularly, and the meeting records indicated that they were consulted about the organisation of the centre.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0039082

Date of inspection: 14/06/2023

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: As per e-mail sent to HIQA on June 22nd 2023 , I can confirm that DEASP were written to directing them to pay the 2 residents pensions into the resident’s comforts account.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	21/06/2023