



# 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:	25 September 2024
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0044199

## 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:	44
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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
Wednesday 25 September 2024	08:20hrs to 16:30hrs	Sinead Lynch	Lead
Wednesday 25 September 2024	08:20hrs to 16:30hrs	Yvonne O'Loughlin	Support

## What residents told us and what inspectors observed

The inspectors met with many visitors and residents during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of inspection and visitors were seen coming and going throughout the day.

The dining room was bright, spacious, clean and very nicely decorated. Residents enjoyed meal times as many were seen laughing and talking with staff. Many residents told the inspectors that the food was 'good quality' and that they had access to choices at mealtimes, this was evidenced by the menus with clear pictures of what food choices were available. The inspectors observed that mealtime was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The inspectors observed staff offering encouragement and assistance to residents. Residents' independence was promoted with easy access to condiments on each dining room table. A variety of drinks were being offered to residents with their lunch. Residents said that they got plenty to eat, lots of choices of food available and had access to food at all times. The kitchen was clean with a separate area for storing cleaning equipment.

The centre had one treatment room for the storage and preparation of medications, and the storage of the drug trolleys were in another room opposite, which was used for the storage of clean and sterile supplies. Three sluice rooms were available for the reprocessing of bed pans and urinals. All of these rooms were organised, clean and tidy. However, there were improvements required in relation to infection prevention and control such as insufficient number of hand sanitisers and no dedicated house keeping room within the centre.

Residents were supported to enjoy a good quality of life in the centre. An activities schedule was on display and in the afternoon residents were observed to enjoy bingo. Residents who spoke with the inspectors said they 'enjoyed the activities' available to them.

Inspectors observed that residents' needs were being met in the centre, however improvements were required in respect of staffing resources available, specifically staff nurses and household staff. Inspectors were informed that the provider was actively recruiting for those posts and observed that in the interim contingency arrangements had been put in place.

There was an enclosed garden and courtyard which was safe for the residents. Residents had easy access to this secure area which had seating areas for residents

and their visitors to use and enjoy. This area was well maintained and provided ample space for residents.

Staff were observed to be very interactive with the residents and there appeared to be a mutual respect between the residents and the staff.

Residents were actively involved in the organization of the centre. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the service. Minutes of these meetings and the action plans developed were made available to the inspectors.

There was an information notice board for residents and visitors on display. This was to inform residents of the services available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details were displayed.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

## Capacity and capability

Overall, this was a centre with some good governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. However, there were gaps identified in relation to staffing levels, as inspectors found that no second nurse had been available over the previous month on night duty for eight nights. Improvements are required in respect of staffing resources and governance and management and these are discussed under their respective regulations.

This was an unannounced inspection which took place over one day, to monitor ongoing compliance with the regulations and to inform the renewal of the registration of the designated centre. The registered provider had made an application to renew the registration for 47 beds. The statement of purpose and floor plans had been submitted prior to the inspection for review.

The registered provider is Galteemore Developments Limited, a company comprising of two directors. There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of the inspection the person in charge was supported by a team of nurses and healthcare support staff. The registered provider was not on site on the day of the inspection but inspectors were informed that they visited the centre weekly to discuss with the person in charge any operational issues as they arose. Minutes from these meetings were provided to the inspectors.

All accidents and incidents were notified to the Chief Inspector of Social Services as required. The person in charge had a process in place to learn from any incidents with a timely action plan in place.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

Inspectors found that there were insufficient resources in housekeeping services to meet the needs of the centre. For example, on some weekend shifts viewed on the staff roster the numbers of housekeeping staff were reduced to one member of staff whereas during the week there were two or three members of staff. However, the provider gave assurances that there was a new housekeeper employed that would be starting employment when the employment records were complete. On the day of the inspection the centre was clean and organised.

The centre had a schedule for conducting infection prevention and control (IPC) audits, carried out by the senior staff. The audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. However, the IPC audit schedule had not identified the IPC risks of cross-contamination associated with the lack of a dedicated housekeeping room. An audit had also identified insufficient hand sanitisers in the centre and the findings were not addressed in a timely manner this is discussed under Regulation 23: Governance and management.

IPC policies and posters at the nurses station were available to guide staff, the guidance had been be up-dated to reflect the new national policy *National Clinical Guideline No.30-(IPC) 2023* and the *HSE Antimicrobial Stewardship guidance for Healthcare settings (2022)*.

Efforts to integrate IPC guidelines into practice were supported by IPC education and training. Staff had received training in IPC practices that was appropriate to their roles and responsibilities. For example, hand hygiene, donning and doffing PPE and the basics of infection control. The training received in IPC was on-line, the person in charge confirmed that informal face- to-face training in IPC was given during the recent outbreak.

The director of nursing had overall responsibility for infection prevention and control and antimicrobial stewardship. The provider had nominated a senior staff nurse to the role of IPC link practitioner, who had planned to start the national IPC link course at the end of the year.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre had been received and reviewed by the inspectors prior to this inspection. The application was for the renewal of the registration of 47 beds and all the required documents were submitted.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a person in charge who worked full-time in the centre. The person in charge is a registered nurse and they met the requirements of the regulations. The person in charge was well known to residents and staff and it was clear that they had responsibility for the day-to-day running of the service.

Judgment: Compliant

### Regulation 15: Staffing

The inspectors were not assured that the provider had the required numbers and appropriate skill-mix of staff available having regard to the size and layout of the centre and the assessed needs of the residents. This was evidenced by:

- There was not a second registered nurse in place on eight nights over the previous month due to unplanned absences. As a contingency, the provider had placed an extra two healthcare staff to substitute the short fall.

Judgment: Substantially compliant

### Regulation 21: Records

The registered provider had ensured that the records set out in Schedules 2, 3 and 4 were kept in the designated centre in a safe and accessible format. Records were stored securely in the centre and made available to the inspectors throughout the day.

Judgment: Compliant

### Regulation 23: Governance and management



The designated centre did not have sufficient resources to ensure the effective delivery of care in accordance with statement of purpose in relation to nursing and household staff as detailed under Regulation 15: Staffing. In addition, the allocation of household staff required review by the registered provider to ensure appropriate resources were available at weekends, taking into account the size and layout of the designated centre.

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust.

There were insufficient assurance mechanisms in place to ensure compliance with the *National Standards for infection prevention and control in community services* (2018). Disparities between the finding of local audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to monitor quality and safety of the service. For example;

- The inspectors were not fully assured that the management of water safety was managed appropriately in the centre. For example, there were flushing records of all water outlets but the water had not been tested to ensure *Legionella* bacteria was not present in the water samples.
- An IPC audit undertaken in August of this year highlighted the lack of hand sanitisers in the centre. The inspectors acknowledged that the person in charge had ordered more dispensers but they were not in place on the day of inspection.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre which contained all the information as required in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

Residents were receiving a high standard of care in an environment which supported and encouraged them to actively enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. There were good arrangements in place to safeguard residents from abuse.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

The premises were of suitable size to support the numbers and needs of residents. Progress in relation to actions from the previous inspection was evident.

Hand wash sinks were available in the sluice rooms, treatment room and the nurses station. These sinks did not meet the recommended specifications for clinical hand wash basins but they were clean and in good repair. Some barriers to good hand hygiene practices were observed during the course of this inspection. For example, alcohol hand gel was not easily accessible to all residents' rooms. In one area of the centre there was one alcohol gel dispenser between four double bedrooms. This is discussed under Regulation 27: Infection control.

Vaccination records for residents were kept up-to-date and there was a high vaccine uptake for COVID-19 and influenza.

The inspectors observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

Some good examples of antimicrobial stewardship (AMS) practice was identified. There was a low level of prophylactic antibiotic use within the centre, which is good practice. On the day of the inspection staff had knowledge of "Skip the Dip", the national programme to stop the routine use of urine dipsticks to test for urine infections and posters and up to-date guidance was visible to guide staff.

The inspectors observed some good practices in relation to standard precautions to reduce the spread of infection. For example, waste, laundry linen and sharps were managed in a way to prevent the spread of infection. For example, the needles used for injections and drawing up medication had safety devices. Linen was appropriately segregated at point of care.

### Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspectors were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

### Regulation 17: Premises

The provider had made significant improvements in the centre. For example, the bathrooms had been upgraded and some of the bedroom flooring had been replaced. Some of the doors and flooring in the hallways showed wear and tear, however, the inspectors were assured of the ongoing maintenance programme in the centre to address these findings.

Judgment: Compliant

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

The centre was using its own paper-based transfer and pre-assessment forms. These forms had a section to document a resident's infection status. A selection of transfer forms where residents were transferred to the acute care were viewed by the inspectors, these forms were fully completed to support the sharing of information within and between services.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- There was no dedicated housekeeping room for the storage and preparation of cleaning products and housekeeping trolleys, this increased the risk of infection transmission. For example, during the recent outbreak in the centre housekeeping staff prepared the chlorine cleaning products in the dirty utility. The housekeepers stored the housekeeping trolleys in a large store room outside alongside other equipment at the end of their shift. The housekeepers accessed the clean cloths for cleaning from the dirty section in the laundry room.
- Alcohol gel dispensers were not sufficiently available at the point of care for staff to decontaminate their hands between the care of each resident.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident care plans and nursing documentation, and found that documentation clearly guided staff with providing person-centred care in line with residents' individual preferences and wishes. There was sufficient oversight to ensure that residents' care needs were appropriately assessed and that the prescribed care interventions to meet those needs were clearly set out for staff to follow. Residents' care plans were available on an electronic system. There was a small number of residents with a urinary catheter and these residents had a care plan in place that guided the care in line with best practice.

Judgment: Compliant

### Regulation 6: Health care

Residents received medical care tailored to their needs, including access to specialists such as wound care experts, and dietitians as necessary. Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. Prophylactic antibiotic usage

in the facility was kept at a minimal level, aligning with best practices. There was an on-site physiotherapist that worked in the centre three days a week.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspectors reviewed a sample of staff files, and all files reviewed had obtained Garda vetting prior to commencing employment.

The provider was a pension agent for seven residents. Clear and transparent arrangements and a separate client account were in place to safeguard residents' finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection. Residents' rights, including their right to choice as well as privacy and dignity were upheld.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0044199

Date of inspection: 25/09/2024

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>In order to comply with Regulation 15 two staff nurses are rostered on night duty each night . In order to ensure continuity of roster according to regulation 15, a new nurse has been interviewed and she is due to commence employment on November 26th. Also to ensure adequate house keeping staff are on duty each day including weekends , a minimum of two house keeping staff are rostered each day of the week.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to comply with regulation 23 we now contracted a water management testing company.</p> <p>On the 24.10.2024 water samples were taken from different areas of the nursing home for testing for legionella and we are now waiting on the results. Going forward this will be carried out every six months.</p> <p>In relation to insufficient hand sanitizers in the center we have installed new 16 hand sanitizers units in all twin rooms .</p>	



Regulation 27: Infection control	Substantially Compliant
<p data-bbox="172 208 1329 275">Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p data-bbox="172 322 735 356">In order to comply with Regulation 27 :</p> <p data-bbox="172 360 1437 548">We are now in the process of organizing a designated area for house keeping staff to ensure adequate storage and preparation of cleaning products. The expected completion date is 4.11.24. The house keeping designated area is set up in the outside store room No 1. A sink and shelving were installed for the use of the house keeping staff only. Chemicals supply and cleaning trolleys to be kept in the same area.</p> <p data-bbox="172 553 1422 620">Also in the laundry a unit was provided for the house hold cloths and mop heads to be stored in the clean zone . This was completed on the 8.10.24.</p> <p data-bbox="172 624 1422 698">In relation to insufficient hand sanitizers in the center we have installed new 16 hand sanitizers units in all twin rooms .</p>	

**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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	05/10/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	24/10/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	11/10/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	05/11/2024