



**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

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|----------------------------|--------------------------------------|
| 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: | 17 January 2024 |
| Centre ID: | OSV-0007842 |
| Fieldwork ID: | MON-0042522 |

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 market 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.

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| Number of residents on the date of inspection: | 70 |
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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 17 January 2024 | 10:00hrs to 17:30hrs | Ella Ferriter | Lead |
| Thursday 18 January 2024 | 09:30hrs to 16:30hrs | Ella Ferriter | Lead |
| Wednesday 17 January 2024 | 10:00hrs to 17:30hrs | Siobhan Bourke | Support |
| Thursday 18 January 2024 | 09:30hrs to 16:30hrs | Siobhan Bourke | Support |

What residents told us and what inspectors observed

This was a two day unannounced inspection carried out by two inspectors. Overall, findings of this inspection were that residents were happy living in Willow Brooke Care Centre and told the inspectors that they received good care and their rights were always respected. The inspectors met with all residents living in the centre and spoke in detail with 18 residents. Residents particularly spoke positively about the staff working in the centre and their kind approach towards them. One resident told the inspectors that they had recently moved to the centre and they were delighted that staff took time to talk to them and always asked how they were. Another resident described how staff chatted about the local news and commented that they always had a smile on their face, no matter how busy they were. The inspectors had the opportunity to meet with three visitors over the two days and they expressed satisfaction with regards to the care and kindness of staff working in the centre.

On arrival to the centre, on both days of this inspection the inspectors were guided through the infection prevention and control measures necessary on entering the designated centre. The systems in place were comprehensive and included hand hygiene and temperature monitoring. Visitors and staff were also requested to wear face masks, due to the high volume of respiratory illness present in the community, at the time of this inspection. The inspectors complied with this request. Following an opening meeting with the person in charge, the inspectors were guided 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 70 residents living in the centre at the time of this inspection. The centre is two storey purpose built nursing home and that has been open and operating for just over three years. The inspectors observed that the premises was bright, clean and very well maintained. The corridors were long and wide, which provided adequate space for residents to mobilise freely.

The inspectors noted that the many areas of the centre had been redecorated since the previous inspection. For example, the walls of some corridors were painted in different colours, some had been wallpapered and there were new pictures hung. The two sitting rooms on the second floor had also been decorated with a feature fire place, tables and chairs and soft furnishings. All of these additions to the premises made the centre more homely and welcoming and residents spoke positively about these changes and told the inspectors that they loved the new decor.

Bedroom accommodation in the centre is provided within five wings; Elm, Ash, Chestnut and Sycamore and Oak, all named after types of trees. Specifically there are 55 single bedrooms and nine twin rooms, each with en suite facilities. The inspectors saw that bedrooms were nicely decorated and residents had ample storage for their personal belonging. Residents told the inspectors that they liked

their bedrooms and found them comfortable and peaceful. Some bedrooms to the front of the building had balconies, which overlooked green fields and the Castleisland countryside. The inspectors noted that furniture on one of these balconies was not appropriate as it was not secure to the ground, which posed a potential risk to residents. This is actioned under regulation 23.

The inspectors spent time over the two days observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. The inspector saw respectful interactions between staff and residents. Staff always asked residents' permission before entering their rooms and knocked on their doors. Residents told the inspectors that they could choose what time to get up from bed and that although staff were sometimes run off their feet, they were well cared for and that they had a choice about how they spend their day. Inspectors observed on day one of the inspection, some residents were delayed in assistance with their personal care in the morning, due to unplanned absences of care staff. A visitor also told an inspector how there had been staffing shortages over the previous weeks and staff were very busy during this time. This is actioned under regulation 15, Staffing.

There was ample communal space for residents over the two floors and the inspectors observed residents relaxing in these areas over the two days. On the first floor there was a large open plan sitting/dining area which was bright and homely. Inspectors saw that this area was busy and many residents living in the centre spent their day here. Activities were scheduled to take place in this area daily. However, the inspectors noted on day one of this inspection there were minimal activities and social stimulation for residents on the ground floor, and residents were observed to have little to occupy them with the exception of the television. After lunch the local priest came to the centre and said mass, where over 30 residents attended. One resident was allocated the role of ringing the bell for the mass and residents told inspectors they loved having mass in the centre. Inspectors were informed that due to unplanned sick leave of care staff, the activities staff member had been redeployed to other duties. A small amount of activities were seen to take place on the second floor in the day room such as ball games and art for a few residents on day one. Inspectors saw in this room there was inappropriate storage of equipment, which is actioned under regulation 17.

On day two of this inspection the provider had arranged that additional staff resources be available and residents were observed to be enjoying more social stimulation and activity. A local musician attended the centre and did group activities with residents and one to one music sessions. The inspectors also saw that a person was scheduled to attend the centre to do exercises with residents, with the aim of keeping them active. These people were employed weekly by the provider to attend the centre and the inspector saw nice interactions between them and residents, where residents chatted about their week and how they were feeling. Two additional staff member were allocated to the provision of activities for residents and were seen to engage in arts & crafts and crosswords with residents.

The inspectors met with a member of staff with general responsibilities for supervising facilities, on day two. They discussed their role with the inspectors and it

was evident that they played an integral part in overseeing areas such as the premises, the kitchen and activities. This person knew each resident very personally and their individual preferences for care and support. They were observed chatting with residents and checking on them over the two days and meeting with their families.

It was evident that the centre had close links with the community. For example, the local schools had visited the centre over the Christmas period and residents were invited to the local schools to attend their Christmas play. Residents were facilitated to go out as the centre had access to a bus. Ten residents had enjoyed a trip to Listowel races in September where they had access to a VIP area in the racecourse. There had also been a shopping trip to Tralee prior to Christmas. On Sundays, local musicians played in the centre, as residents had requested more live music. Residents were provided with access to religious services in the centre as mass was said by the local priest weekly. From speaking to staff it was evident that they strived to ensure that residents enjoyed every day.

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

This was an unannounced inspection to monitor the centre's compliance with the care and welfare regulations and to follow up on the previous inspection of the centre of July 2023, which found a lack of comprehensive management systems and poor regulatory compliance in a number of regulations. Findings of this inspection were that the provider had implemented and enhanced their monitoring systems to ensure residents received a safe and quality service in Willow Brooke Care Centre. Although significant improvements in compliance were found on this inspection, some further action was required with regards to notification of incidents, staffing, infection control and monitoring risk. These findings will be detailed under the relevant regulations.

Willow Brooke Care Centre is a designated centre for older persons 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 five other designated centres in the country. One of the directors is the named provider representative and there was evidence that they were actively engaged in the day to day operational management of the service.

The management structure within the centre had been recently strengthened with the appointment of a quality and safety manager, three months prior to this inspection. The provider also employed an operations manager. Both of these managers were named persons participating in management on the centre's

registration and were actively involved in the governance and management of the centre.

From a clinical perspective within the centre, care is directed by a suitably qualified person in charge. They had been appointed to the post in July 2023. They are supported in their role by two assistant directors of nursing, two clinical nurse managers and a team of nurses, healthcare assistants, domestic, catering, activities staff, administrative and maintenance staff. The centre also has support from human resource personnel, based in the centre, three days a week.

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff on day one of the inspection were insufficient to meet the needs of residents. This resulted in some delays in care delivery and a lack of social stimulation and meaningful activities for residents. The provider ensured there were adequate resources available on day two of this inspection, however, further monitoring and oversight of resources was required. This is further detailed under regulation 15.

The centre had established and strengthened their management systems to monitor the quality and safety of the service provided to residents in response to the July 2023 inspection. This was through ongoing audit and collection of data, increased presence of the management team at daily reports and increased staff supervision on the ground. Key performance indicators and monthly audits in areas such as falls, wound care, infection control, incidents and complaints were being collected and returned on a weekly basis to the senior management team for analysis. The inspectors found that new systems had been sustained, over this six month period, however, they would require ongoing development and review, to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Inspectors found that the risk management systems within the centre were not sufficiently robust, with regards to the investigation and learning from serious incidents. This is actioned under regulation 23.

Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place and this had been updated to reflect the changes to the regulations in March 2023. However, information in one complaint reviewed did not accurately follow the process required, as per regulatory requirements. A record of incidents occurring in the centre was maintained electronically. However, not all incidents had been reported in writing to the Chief Inspector as required under the regulations, within the required time period. This is actioned under regulation 31.

Residents' records were reviewed by the inspectors who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspectors. A review of staff training records evidenced that all staff had up-to date mandatory training, pertinent to providing residents with safe quality care and there was good oversight of training in the centre. The provision of

training, particularly manual handling training had improved since the previous inspection.

Regulation 15: Staffing

There was insufficient staffing levels to meet the needs of residents on the first day of the inspection. These findings were supported by observations on this inspection of some residents waiting on care delivery in the morning and inadequate social stimulation for residents on the ground floor on day one. A review of rosters evidenced that there had been a deficit in care staff over the past three weeks. Although the inspectors acknowledge that the provider had rostered an appropriate amount of staff daily and absences were due to unforeseen circumstances, further contingency planning was required to ensure that these absences could be covered. The provider put arrangements in place on day two of this inspection to cover unplanned absences and the inspectors found that this had a positive impact on residents living in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and mandatory training in areas such as safeguarding, manual handling and fire safety training was up to date for all staff. Staff were appropriately supervised in their roles, which had been enhanced since the previous inspection.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed by the inspectors. All staff files were compliant with Schedule two of the regulations. For example, garda vetting was in place for all staff before commencement of employment and the provider ensured that references were obtained as per regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property, as per regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored, in particular;

- the arrangements in place for the recording, investigation and learning from serious incidents involving residents in the centre were not robust to ensure that learning could be identified and systems enhanced if required.
- there was a lack of oversight of incidents that required notification to the Chief inspector resulting in non notification of a number of issues, as required by regulation and actioned under regulation 31.
- the implementation of the policy in relation to the use of balconies, particularly ensuring that there was appropriate furniture in use, had not been followed in practice. This posed a risk to residents.
- infection prevention and control audits reviewed did not identify that results were scored and tracked to allow for progress or deterioration to be monitored.
- staffing levels, in particular health care attendants were not adequate on day one of this inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Although each resident had a contract of care, on review of a sample of four contracts the inspectors noted that the fees to be charged to residents were not clearly outlined. Contracts had details pertaining to the the weekly cost per bed when residents were availing of the Nursing Home Support Scheme, however, it was not clearly identify the cost of care or contribution the resident was required to pay per week.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

While a record of incidents occurring in the designated centre was maintained, a number of incidents that required three day notification had not been reported to the Chief inspector as set out in the regulations, in particular:

- two incidents relating to residents obtaining an injury in the centre
- an allegation in relation to safeguarding
- a unexpected death had not been submitted until three months after the incident.

Judgment: Not compliant

Regulation 34: Complaints procedure

The following required action in relation to management of complaints in the centre;

- on the first day of inspection, the complaints procedure displayed was not updated to reflect the current complaints officer for the centre, this was addressed by the second day of inspection,
- from review of a sample of complaints recorded, information was inaccurately recorded in one complaint and information provided to complainants did not always include details of the review process, as required by the regulations.

Judgment: Substantially compliant

Quality and safety

The inspectors found that residents living in Willowbrooke Care Centre received care and support that was of a good standard. The provider had strengthened the management systems and enhanced oversight of residents' healthcare since the

previous inspection. This had resulted in improvements in the quality and safety of care delivery for residents. Some action was required pertaining to infection control, care planning and the premises. These will be detailed under the relevant regulations.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. A sample of residents' assessments and care plan records were reviewed. Residents physical, psychological and social care needs were comprehensively assessed on admission to the centre, using validated assessment tools. The outcome of the assessments informed the development of care plans which provided guidance to staff on delivery of care to residents. However, on review of residents care plans, inspectors found that they were not always updated when the conditions of residents changed. This and other findings are actioned under regulation 5

Residents had good access to medical services from local general practitioner services and one of these GPs was in the centre reviewing residents on the second day of the inspection. From a review of residents' records, it was evident that residents had good access to a dietitian, speech and language therapist and physiotherapy. Where medical or allied healthcare professional recommended specific interventions, nursing and care staff implemented these, as evidenced from residents' records. Residents' end of life care plans contained sufficient detail to ensure appropriate care and comfort was provided in line with their preferences. Local community palliative care services attended the centre if required.

The centre was actively promoting a restraint-free environment and the use of bed rails in the centre had reduced since the previous inspection. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the resident concerned, where possible. The inspectors saw that where residents experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), person centred care plans were in place to direct staff.

The inspectors saw that the premises was warm and well decorated throughout. As mentioned in the first section of this report, a number of renovations had been undertaken since the last inspection to make the centre more homely. Furniture and residents bedrooms were well maintained. Directional signage and storage in the centre required action as outlined under Regulation 17 premises.

There were good systems in place to ensure that infection prevention and control standards were met in the centre. The inspectors saw that there were sufficient resources in place to ensure daily and deep cleaning of residents' rooms and premises could occur. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning checklists, flat mops and colour coded cloths to reduce the chance of cross infection. Some further action was required to ensure compliance with the regulation as outlined under Regulation 27; Infection control.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents told the inspectors that they felt safe living in the centre. The centre had a risk register that detailed centre specific risks, risk ratings, the controls implemented and an owner of each risk. Residents had clinical risk assessments completed and control measures were in place.

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities. Resident meetings were held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

Regulation 10: Communication difficulties

From a review of residents records, it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

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 13: End of life

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Residents had been

afforded the opportunity to outline their wishes in relation to their care at the end of their lives.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example:

- the storage facilities in the centre were inadequate. The inspectors saw that wheelchairs were stored in one of the day rooms on the first floor and hoists were observed to be stored along the corridors. This impacted the available space for residents.
- residents in twin rooms were separated by disposable curtains, which made the bedrooms appear clinical in nature and was not in keeping with a homely environment.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of two residents records who had been transferred to hospital did not evidence that all relevant information about the resident had been provided to the receiving hospital. Although a review of nursing notes indicated that documentation had accompanied the resident, the centre did not have a system to keep a record of this document. This is a requirement of the regulation.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre. The centre's risk register was maintained and reviewed regularly by the management team.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the registered provider had not ensured that some procedures were consistent with the National Standards for infection prevention and control in community services (2018). The following findings required action;

- cleaning trollies were inappropriately stored in the centre's sluice rooms, which increased the risk of cross contamination throughout the centre.
- there was some ambiguity among staff and management regarding which residents were colonised with multidrug resistant organisms (MDROs) or at risk of recurrent infection. Care plans were not consistently available where required, for these residents. This meant that appropriate precautions may not have been in place to prevent ongoing spread and potential infection when caring for residents.
- access to a clinical hand hygiene sink was obstructed by stocks and supplies on the first day of inspection, this was actioned on the day of inspection.
- hand hygiene signage over clinical hand wash sinks was not in place, to prompt staff to practice hand hygiene effectively.
- there was a limited number of hand wash sinks in the centre and the clinical hand wash sinks in the centre did not comply with current recommended specifications.
- sharps containers were observed to be open and did not have the temporary shutting mechanism in use, this may result in a risk of needle stick injury.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was good oversight of fire precautions within the centre, which was the responsibility of a named supervisor. Fire evacuation drills of compartments were taking place, specifically with minimum staffing levels. Emergency exits were free of obstruction and clear and directional signage was available at various locations throughout the building. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Although some improvements were noted in care planning since the previous inspection some further actions were required. For example:

- care plans were not consistently updated following a change in a residents condition.
- a bed rail assessment recorded did not reflect that the resident no longer required bed rails.
- a resident with a known MDRO did not have this recorded in their care plan, which may result in errors in care.
- some information in the care plans was generic and did not relate to the specific residents care requirements.

Judgment: Substantially compliant

Regulation 6: Health care

Significant improvements were noted with regards to the oversight of residents healthcare since the previous inspection of July 2023. The inspectors found that residents' overall healthcare needs were met and that they had access to appropriate medical, nursing and allied healthcare services. There was evidence of regular medical reviews in residents' files. There was a very low incidence of pressure ulcer development in the centre and good wound care monitoring and practices. A physiotherapy service was available to residents 12 hrs per week.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up to date knowledge and training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). It was evident to the inspectors that the provider was aiming to promote a restraint free environment with reductions seen in the use of restrictive practices since the previous inspection. Residents had risk assessments completed by nursing staff prior to any use of restrictive practices and alternatives to these were in use. Residents were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Judgment: Compliant

Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The provider acted as a pension agent for four residents living in the centre and the systems in place were seen to be robust and managed via a residents account, as per best practice to safeguard residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents rights were supported and promoted by management and staff working in the centre. The inspectors saw that residents' privacy and dignity was respected. Residents had access to independent advocacy. A varied programme of activities was led by two activity co-ordinators and was scheduled over seven days of the week. Residents had access to media and newspapers, radio, televisions, telephone and wireless Internet access were also readily available. Residents meetings were held each month in the centre and from a review of these minutes, it was evident that feedback from residents was addressed by the management team.

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 |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 25: Temporary absence or discharge of residents | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Willow Brooke Care Centre OSV-0007842

Inspection ID: MON-0042522

Date of inspection: 18/01/2024

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: Contingency plan updated to ensure sufficient staff available to provide care in the event of unplanned absences:</p> <ol style="list-style-type: none"> 1. Further recruitment locally and internationally for HCA’s 2. Review of Current Staff with flexible contracts to identify those available at short notice. | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The arrangements in place for the recording, investigation and learning from serious incidents has been reviewed and an enhanced monitoring system is in place with oversight by the Quality & Safety (Q&S) Manager 2. Managers received updated training on the identification and notification of incidences from the Q&S Manager, supported by the HIQA “Notification Booklet 2023”. 3. PIC to discuss serious incidents with PPIM within 24hours of occurrence. 4. The policy in relation to the use of balconies was updated and implemented in practice. 5. Q&S Manager to review the IPC audit tools to ensure that results are scored, and tracked, to ensure progress/ deterioration is monitored. | |

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| Regulation 24: Contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ol style="list-style-type: none"> 1. Updated Contracts of Care which comply with Regulation 24, for new residents will be in place from 1st March 2024. | |
| Regulation 31: Notification of incidents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. A review of all incidents since last inspection was completed. 2. Notifications have been submitted for the incidents that require 3-day notification to the Chief Inspector. 3. A weekly review of all serious incidents by the PIC and Q&S Manager will be completed to ensure there is no further omissions. | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. Complaints procedure has been reviewed; further training has been provided for the PIC/ADON/CNM to ensure correct process is followed. 2. Weekly oversight of complaints by Q&S Manager. 3. Implementation of the online complaints management process to ensure all complaints are managed as per regulation 34. | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> | |

A review of the storage facilities to be completed by the Senior Management team and a plan agreed with the Registered Provider to ensure compliance with regulation 6.
 2. Divider disposable curtains in twin rooms to be replaced to provide a more homely environment.

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| Regulation 25: Temporary absence or discharge of residents | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
 A hard copy of all documentation that accompanies a resident when transferred to hospital will be kept in the resident's records.

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| Regulation 27: Infection control | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. IPC lead identified in Centre to implement IPC policies to ensure compliance with Regulation 27 going forward.
2. Cleaning trollies removed from Sluice room.
3. Staff training and education on Resident's with MDRO's completed and care plans, and practices updated to ensure appropriate precautions in place to prevent the ongoing spread and potential infection when caring for residents.
4. Antimicrobial Register updated and discussed with staff.
5. Hand hygiene signage over clinical hand hygiene sinks in place.
6. A review of the current hand hygiene sinks in place to be completed by the company Engineer.
7. All staff re-educated on the procedure for the management of sharps containers.

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. The Q&S Manager met with the Clinical management team and Nursing staff to discuss the findings on the individual assessments and care plans on the day of inspection.
2. Further online training was sourced and RGNs to complete same. We have revised our care planning process to ensure that care plans are consistently updated following any change in a resident's condition.
3. A comprehensive review has been conducted of all residents' care plans to ensure that specific assessments, such as bed rail needs, accurately reflect the current requirements of each resident. Removed or adjusted any outdated assessments immediately.
4. By 28th February 2024, conversion of generic information in care plans to detailed, resident-specific information. This includes ensuring all aspects of care are tailored to individual needs.

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 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 | 31/01/2024 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 01/04/2024 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service | Substantially Compliant | Yellow | 01/04/2024 |

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| | provided is safe, appropriate, consistent and effectively monitored. | | | |
| Regulation 24(2)(b) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services. | Substantially Compliant | Yellow | 01/04/2024 |
| Regulation 25(1) | When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place. | Substantially Compliant | Yellow | 31/01/2024 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections | Substantially Compliant | Yellow | 01/05/2024 |

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| | published by the Authority are implemented by staff. | | | |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence. | Not Compliant | Orange | 31/01/2024 |
| Regulation 34(1)(b) | The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website. | Substantially Compliant | Yellow | 31/03/2024 |
| Regulation 34(2)(c) | The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements | Substantially Compliant | Yellow | 31/01/2024 |

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| | recommended and details of the review process. | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 28/02/2024 |