

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:	16 July 2026
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0046291

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 47 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
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 July 2026	09:00hrs to 16:10hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with many residents and spoke with visitors in more detail to gain insight into their experience of living in the centre. Residents reported that the service they received was very good and that they were very happy living in the centre. One resident informed the inspector that they had stayed in many centres in the past but this was by far 'the best' place, that staff were 'so kind' and 'caring'. Residents reported that the food was 'excellent' and 'great portions'.

Notwithstanding the positive feedback from residents and relatives, there were some concerns identified on this inspection in respect of care planning arrangements and staff training, as further detailed in the report.

Willowbrook Nursing Home consists of an old house which has been modernized and extended over time to accommodate 47 beds. Bedrooms and communal spaces are mainly located on the ground floor with one en-suite bedroom on the first floor. There was a sitting room that was being renovated at the time of inspection. A new fire place was being installed and the room had been freshly painted.

Residents had unrestricted access to a well-maintained garden, with safe seating, where residents were observed enjoying the good weather. There was a selection of coloured flowers and well-maintained lawns that were safe and accessible for residents. Residents who wished to smoke were supported to smoke in a designated area in the garden. The main front door of the centre was controlled by a fob locking system, to protect the residents. Staff only had access to these fobs, so at all times assistance was required to exit the building via the front door. The inspector observed that this protecting measure did not pose challenges to anyone looking to access or exit the centre, as there appeared to be staff readily available to offer the necessary assistance.

On the morning of the inspection there was a relaxed atmosphere throughout the centre and residents were observed eating their breakfast, walking around the centre and being assisted by staff in their bedrooms. The communal areas of the centre were seen to be well-used and some residents were observed watching TV.

The inspector observed that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed.

There were regular residents' meetings and the minutes of these meetings were provided to the inspector. Following these meetings the management team set

about making an action plan and implementing improvements as requested by the residents.

Residents who spoke with the inspector were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings.

Call-bells were responded to promptly and staff were observed being kind and courteous to residents. Staff knocked the bedroom doors before entering and then called out to the residents to inform them of who they were.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents in the centre benefited from a well-managed and resourced service that was responsive to their wishes and suggestions for improvement. There were robust governance and management arrangements in place, which ensured a high level of regulatory compliance across many regulations inspected against. However, notwithstanding the high level of compliance, further strengthening of residents' care planning and assessment arrangements and some improvements in respect of staff training and staff development were required.

While the majority of staff had completed mandatory and relevant training to support them in fulfilling their roles effectively, a review of records showed a number of gaps in respect of fire precautions, manual handling and managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) as further detailed under Regulation 16: Training and staff development.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The inspector followed up on the compliance plan responses the provider had submitted to the Chief Inspector of Social Services following an inspection in August 2025.

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 two Clinical nurse managers (CNMs), a team of nurses and healthcare support staff. The person in charge provided minutes of meetings that

took place weekly with the provider. These meetings were to discuss the residents in the centre, their care needs, recruitment and vacancies, and any purchases that were required to meet the needs of the residents residing in the centre.

Records of received complaints were available for review. Complaints were listened to and investigated. However, the complainants were not informed of the review officer or the appeals process. This is not in line with the local complaints procedure or the regulatory requirements.

Regulation 15: Staffing

A sample of staff duty rotas were reviewed, and in conjunction with communication with staff, residents and visitors, the inspector found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff had not completed mandatory training in all areas that may affect care delivery. For example:

- Two staff members had not completed their fire training.
- Two staff had not completed manual handling training.
- Four staff had not completed responsive behaviour training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements and was made available when requested.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider's oversight of the management systems in place needed strengthening to ensure the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The management systems for ensuring all staff had completed the mandatory training was not in place. This is further detailed under Regulation 16: Training and staff development.
- Although a variety of monitoring systems were in place, quality improvement plans were not consistently developed to address deficits in care planning arrangements. This is further detailed under Regulation 5: Individual assessment and care plan.
- The registered provider had not identified that the local complaints policy was not always implemented in practice, as further detailed under Regulation 34: Complaints procedure.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract for the provision of service. These contracts included the type of bedroom they would be accommodated in, the fees to be charged and information pertaining to services available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Notwithstanding the in-depth investigation completed in relation to one complaint received, the provider had not informed the complainant about the review officer in the outcome letter.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

The compliance plan from the previous inspection regarding communication difficulties was reviewed and found to be sufficient to meet the needs of the residents. However, while care planning documentation was available for each resident in the centre, there were significant gaps in the care planning and assessments records, which meant that key information was not available to support a comprehensive review of residents' care. This will be discussed further under Regulation 5: Individual assessment and care planning.

Where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), there were care plans in place. There were good records of ABC(Antecedent Behaviour Consequence) behaviour tracker charts which were well-maintained for each incident. Restrictive practices were implemented in line with the centre's local policy and guided by the national guidance. Where alternative less restrictive practices were trialled this was detailed in the resident's restrictive practice risk assessment.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote residents' safety and respond to incidents reported. There were posters displayed around the centre defining abuse, how to recognise it and who to report it to. The inspector saw evidence that all staff had completed safeguarding training and had garda vetting in place prior to commencing employment in the centre.

The registered provider had ensured that procedures, consistent with the *National Standards for Infection prevention and control in community services* (2018) were implemented by staff. The centre was found to be clean and well-organised with clear roles and responsibilities in relation to infection prevention and control.

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the *National Standards for Infection prevention and control in community services* (2018) were implemented by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' assessments and care plans found that they were not always in line with the requirements of the regulations and did not consistently guide care delivery. For example;

- There were multiple old entries in residents' care plans that were no longer relevant to the residents' daily care needs. For example, one care plan stated that a resident was to have a normal diet but further down in the care plan it was identified that the resident had been reviewed by dietitian and required a high protein diet.
- The information contained in some care plans was difficult to follow and buried within wordy and obsolete details. For example, for one resident who had a safeguarding care plan in place, the care plan did not indicate the safeguarding risk until paragraph 19.
- Other care plans were not updated based on most recent recommendations or assessments, to reflect the current needs of the resident. For example, one resident who had their capacity assessment completed in June 2026 had a score of 17. However, the care plan was not updated to reflect this assessment and outlined the assessment scores from June 2025 which were different.
- There were some inconsistencies in assessments which made it difficult to ascertain the status of a residents. For example, one resident had a falls risk assessment which indicated a low risk of falls, however, their bedrail restraint assessment stated they were a high risk of falls.
- A review of a sample of documentation including behavioural charts, found that de-escalation techniques and ways to effectively respond to behaviours were not fully outlined in the resident's care plan. This would not give staff a clear understanding of how to manage each residents responsive behavior.
- Behavioral care plans had out-of-date information. One resident who required medication for the management of responsive behaviours did not have an updated care plan to reflect their care needs. For example, the residents prescribed dose of psychotropic medication documented in the care plan was no longer prescribed and the dose had since increased. This may lead to confusion in the administration of medication.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices were implemented in line with the centre's local policy and guided by the national guidance. Where alternative less restrictive practices were trialled this was detailed in the resident's restrictive practice risk assessment. There was a multi-disciplinary team approach to the use of restrictive practice. The resident and with their consent, their next-of-kin were communicated with prior to any form of restrictive practice was implemented.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0046291

Date of inspection: 16/07/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In relation to Regulation 16: Staff identified as requiring training in Fire Safety, People Moving and Handling, and Responsive Behaviours have now completed the required training. Training records have been updated accordingly, and staff are now appropriately trained in these areas.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In relation to Governance and Management, we identified a number of areas where improvements were required to strengthen compliance with regulatory requirements. Corrective actions have been implemented to address the issues identified and to ensure that appropriate systems and processes are in place to support ongoing compliance. We recognise that improvements were required in the areas of staff training, complaints management, individual assessments and care planning. The following actions have been implemented: 1. Staff Training A review of staff training requirements was undertaken, and all staff identified as requiring outstanding mandatory training have now completed the necessary training. Going forward, all mandatory training requirements will be incorporated into the staff induction programme. This will ensure that new staff receive the required training in a timely manner and are appropriately informed, supported and competent to undertake	

their roles and responsibilities.

Training compliance will continue to be monitored through the home's established training oversight and review processes.

2. Complaints Management

A review of the complaints management process was undertaken to ensure that complainants are provided with clear and comprehensive information regarding the progression and escalation of complaints.

Going forward, all correspondence issued to complainants will clearly outline the appeal process, including the relevant contact details for the designated Appeals Officer and the Office of the Ombudsman, where applicable. This will ensure that complainants are fully informed of their rights and the avenues available to them should they wish to pursue their complaint further.

3. Individual Assessments and Care Planning

A comprehensive review was undertaken of the processes used to complete, review and document individual assessments and care plans. The review identified areas where greater consistency and clarity were required to ensure that documentation accurately reflects each resident's individual needs, preferences, risks and required interventions. Following the review, targeted training and guidance were provided to nursing staff to strengthen their knowledge and understanding of the required standards for assessment and care planning.

Going forward, individual assessments and care plans will be subject to ongoing review and oversight to ensure they remain person-centred, accurate, current, reflective of the resident's changing needs and compliant with regulatory requirements.

Overall, the corrective actions implemented are intended to strengthen governance, improve consistency in practice and provide greater assurance that the systems in place support the delivery of safe, effective and person-centred care.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

In relation to compliance with the Complaints Regulation, going forward, all complainants will be provided with clear information regarding the appeals process, including the relevant contact details and how to initiate an appeal.

Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: In relation to Regulation 5: Individual Assessment, inconsistencies were identified in the assessment tools being utilised on the Epic platform, specifically in relation to falls risk and restrictive practices. A revised assessment tool has now been implemented to provide a more accurate and consistent reflection of each resident's individual falls risk and to ensure greater alignment between falls risk assessments and restrictive practice outcomes. In relation to Regulation 5: Individual Care Plans, a comprehensive review of care plans has commenced to ensure that documentation is person-centred, relevant, accurate and concise, clearly reflecting each resident's individual needs, preferences, choices and care requirements. To support consistent practice, all nursing staff will undertake care planning training, scheduled for 19 August 2026 and 25 August 2026. This training will reinforce the requirements for comprehensive, person-centred assessment and care planning and promote consistency across the service.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	06/08/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	06/08/2026
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	17/07/2026

Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	01/09/2026
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.	Not Compliant	Orange	18/11/2026