Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven Nursing Home
Name of provider:	Brookhaven Nursing Home Limited
Address of centre:	Donoughmore, Ballyraggett, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 April 2026
Centre ID:	OSV-0000207
Fieldwork ID:	MON-0049822

About the designated centre

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

Brookhaven Nursing Home is situated in the village of Ballyragget, seven kilometres from the town of Durrow, Co. Kilkenny. The centre is registered to accommodate 71 residents, both male and female. It is a two-storey building but resident's accommodation and facilities are located on the ground floor; the staff changing facilities and offices are located upstairs. Residents' accommodation comprises single and twin bedrooms with en-suite shower and toilet facilities, two dining rooms, an activities room, sitting rooms and a sun room. There are comfortable seating alcoves throughout the centre and toilet facilities are strategically located for residents' convenience. Residents have access to five enclosed garden areas with seating and walkways. Other facilities include the main kitchen and a laundry. Brookhaven provides full-time nursing care for people with low to maximum dependency assessed needs requiring long-term residential, palliative, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

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
Wednesday 8 April 2026	09:00hrs to 17:30hrs	Mary Veale	Lead
Wednesday 8 April 2026	09:00hrs to 17:30hrs	Sinead Corbett	Support

What residents told us and what inspectors observed

This was an unannounced one day risk inspection conducted by two inspectors four months after a previous inspection in December 2025. This inspection was carried out to ensure that the provider was taking actions to address the significant concerns relating to the care of residents and findings of non-compliance identified during previous inspections in September, October and December 2025. The inspectors also followed up statutory notifications and one piece of unsolicited information submitted to the Chief Inspector of Social Services. This information was used to support the development of lines of enquiry for this inspection.

On arrival to the centre, the inspectors observed some residents were sitting in the reception area, other were using a number of communal areas, and some residents were walking the corridors. The centre was clean and tidy, and the atmosphere was calm and relaxed. The building was well lit, warm and adequately ventilated throughout. Residents had access to all communal spaces such as day rooms, an oratory, a conservatory, a visitors room and a relaxation room. Communal spaces contained furniture, were decorated appropriately and were comfortable. There were no inappropriate items observed stored in communal areas.

Over the course of the inspection the inspectors spoke with 13 residents, four visitors and members of staff to gain insight into what it was like to live in Brookhaven Nursing Home. The inspectors spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared to be relaxed and comfortable. A group of residents were observed sitting together in the day room of the Attannagh wing, participating in arranged activities. Smaller groups of between four and five residents were observed sitting in the lounge in Kilminan wing and the sitting room in Rosconnell wing. Most of the residents spoke with said that they were content living in the centre and were satisfied with staffing levels, the quality of the food, and attention to personal care. Although, the inspectors were told by a small number of residents that they had some difficulty understanding staff due to language barriers.

The inspectors observed residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff, and that residents had built friendships with each other. There were many occasions throughout the day of inspection in which the inspectors observed laughter and banter between staff and residents.

Brookhaven Nursing home is located on the outskirts of the village of Ballyraggett in Co.Kilkenny. The centre comprised of a two-storey building. The centre was

registered to accommodate 71 residents. There were 45 residents living in the centre at the time of inspection. The first floor of the building was not part of the designated centre. The location, design and layout of the centre was general suitable for its stated purpose. The outdoor spaces included inner courtyards from each wing which were readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The centre was divided into four wings which were called after local areas, the Attanagh wing, Donoughmore wing, Kilminan wing and Rosconnell wing. Bedroom accommodation consisted of 63 single and four twin bedrooms, all with en-suite shower, toilet and wash hand basin facilities. The privacy and dignity of the residents in the multi-occupancy rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Improvements were observed in the bedrooms since the last inspection, with most bedrooms observed to be decorated with residents' personal items such as family photographs, art pieces and bed linen. Pressure reliving specialist mattresses, cushions and fall prevention equipment were observed in some of the residents' bedrooms. Assistive call-bells were available in both the bedroom and en-suite for residents' safety.

The inspectors observed the dining experience at lunch time in both the Ash and the Oak dining rooms. Enhancements were noted in the dining experience. The dining room tables had white table cloths and floral arrangements. The menus were displayed on the tables for the residents in both dining rooms. The inspectors observed that the meals provided appeared appetising and were served hot. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. Adequate numbers of staff were available to assist the residents. Residents were supported during mealtimes and residents who required help were provided with assistance in a respectful and dignified manner. Residents were observed to be offered clothes protectors by staff. Most residents chose to use napkins and some chose clothes protectors.

The centre provided a laundry service for residents. All residents' spoke with on the day of inspection were happy with the laundry service.

Residents' spoken with said they were very happy with the activities programme in the centre and some stated that they preferred their own company but were not bored as they had access to newspapers, books, radios, the internet and televisions. The activities programme was displayed on the notice boards in the reception area and near the activities room. The inspectors observed residents attending an exercise session in the morning and a baking session in the afternoon. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they told the inspectors that they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were happy with the care and support their loved ones received. Visitors

spoken with confirmed that there had been positive changes in the centre in recent months stating that the atmosphere in the centre was welcoming, there were improvements in communication between staff and families, and the centre had a warm homely feel.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that since the previous inspection in December 2025, governance and management systems in the centre had been reviewed and the oversight of these management systems had strengthened. At the time of this inspection the provider was in the process of embedding governance and management, and organisational system changes. It was evident from the systematic changes made that the residents were being supported and facilitated to have a good quality of life.

The provider had taken action to progress the compliance plan, submitted following an inspection of the centre in December 2025. Improvements were found in care planning, protection, training and staff development, and end of life care resulting in compliance with the regulations. However, the inspectors found that areas of the premises, and governance and management were not fully aligned to the requirements of the regulations.

Prior to an inspection in December 2025, poor compliance with the regulations was identified over the course of two previous inspections of the centre in September and October 2025. Following an inspection on the 9 December 2025, the Chief Inspector issued a notice of decision to attach a restrictive condition to the centre's registration, requiring admissions to the centre to cease until improvements in compliance with specific regulations were demonstrated. The condition also required a robust governance system with effective governance and management systems and processes, to be put in place.

Brookhaven Nursing Home Limited is the registered provider for this centre. There were three directors of the company. The centre is part of a group of four nursing homes and has access to group resources, such as finance, human resources and facilities management.

There had been a change in the person in charge of the centre in January 2026, and a additional clinical nurse manager (CNM) role had been included to the local management structure since the previous inspection. The person in charge worked full-time and was supported by a team of consisting of an assistant director of nursing, two clinical nurse managers, registered nurses, health care assistants,

kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were clear reporting structures and staff were aware of their roles and responsibilities. It was evident that there was a stable management team in the centre and overall there was improved oversight of the service and its current risks. The person in charge also had support from a clinical operations director and a chief governance, risk and compliance officer within the management structure.

The inspectors reviewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Agenda items included staffing, training, audits, and key performance indicators (KPI's). A detailed annual review for 2025 was available, and it outlined the improvements required in 2026. Inspectors reviewed the results of audits carried out in the centre since the previous inspection, including audits of falls, call-bell response times, infection prevention and control processes and medication management practices. While audits had been completed, some audits did not inform a quality improvement plan to address identified issues. This is discussed under Regulation 23: Governance and management.

Incidents and reports, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, within the required timeframes. The inspectors followed up on incidents that were notified since December 2025 and found these were managed in accordance with the centre's policies.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre, displayed good knowledge of the residents' needs, and had a good oversight of the service. The person in charge was known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing levels were found to be sufficient to meet the needs of the residents. There was a minimum of two registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by the nurse management team.

Judgment: Compliant

Regulation 23: Governance and management

Some systems for monitoring the quality and safety of the service did not ensure that they were consistently informing ongoing safety improvements in the centre. For example;

- A number of the centres audit records did not consistently identify areas for improvement, or had a plan for how the improvement was to be achieved and sustained.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports, as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints

procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, inspectors found that there were improvements in the quality and safety of the care delivered to residents in the centre. Staff were observed to interact in a respectful manner with residents and residents were largely positive about the quality of care delivered. While improvements were found in the areas of end of life care, individual assessment and care planning, and protection. There were some areas relating to premises that were not fully compliant which are discussed under Regulation 17: Premises.

Inspectors reviewed a sample of residents' care plans and good practices were noted in relation to individual assessment and care planning. Care plans were developed following an assessment of the residents' needs using a wide range of validated assessment tools to identify risks such as falls, pressure area care, and malnutrition. Care plans were person-centred and were reviewed at minimum intervals of four months. It was clear from the documentation that residents and where appropriate, families were consulted.

Improvements were found in healthcare since the previous inspection. Neurological-observations were completed following incidents of falls and documented in line with the providers policy. Residents' medical and health needs were met through a broad range of community-based health and social care services, for example General Practitioner (GP), speech and language therapy, dietetics, mobile x-ray and tissue viability nursing. Recommendations from specialist services and health and social care professionals were incorporated into residents' care plans.

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. The centre had employed activities staff to facilitate a programme of structured activities for the residents. The activity schedule was displayed in the centre and included televised mass, 15 minute stretch and move activity, physiotherapy, baking, and a social group. Residents expressed their satisfaction with the variety of activities on offer. Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. The centre had nominated resident representatives and their names and photographs were displayed in the centre. Residents had access to an independent advocacy service, and details regarding this service were displayed in the reception area of the centre.

On the day of inspection, the centre was warm and comfortable. Residents had adequate space for activities to take place. Bedrooms were nicely decorated and had sufficient storage for residents' personal items. Residents had access to call bells in bedrooms, bathrooms and communal spaces. There were handrails on both sides of the corridor and in bathrooms to support residents to mobilise safely. Residents could access a secure courtyard in each of the four units. The courtyards were paved with seating areas and planters. Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulcers. Some areas of wear and tear and some inappropriate storage were noted in the centre,and this is discussed further under Regulation 17: Premises.

Inspectors identified examples of good practice in the prevention and control of infection, and improvements were made since the previous inspection, for example each unit had a hand wash sink. Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of laundry and waste. Hand sanitiser dispensers were available at the point of care, thus reducing the risk of cross-contamination. Bedrooms and communal areas were observed to be clean. Household staff were knowledgeable about their role in following infection control procedures. A cleaning schedule for daily and deep cleaning was in place, with all rooms cleaned daily and deep cleaned frequently.

Mealtimes were facilitated in the dining areas. Some residents preferred to eat their meals in their bedrooms and residents said that their preferences were facilitated. Inspectors observed that residents were provided with adequate quantities of food and drink. A choice of meals and snacks were offered to all residents. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted, where required, to ensure their safety and nutritional needs were met.

Assurances were received that all staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse and demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension agent for two residents living in the centre. Records viewed found that the pension was paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider audited the balances of the account on a regular basis, in line with the centre's policies. The provider held quantities of monies in safe keeping for a number residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff and logged.

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 premises was designed and laid out to meet the needs of the residents, however, there it did not fully conform to the requirements laid out in Schedule 6 of the regulations, this was evidenced as follows:

- Some areas of flooring were noted to be damaged in bedrooms.
- Wear and tear was noted on corridor walls and on door frames.
- A shower chair was stored in a sluice room.
- Sections of medium-density fibreboard (MDF) shelving boards were damaged in one unit, this does not allow for effective cleaning.
- Shower drains were unclean.
- The material of a sofa in the relaxation room and one on the corridor were noted to be damaged, this does not allow for effective cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician.
Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygeine techniques. There were four sluicing facilities on the premises which were clean and well maintained. There were three cleaning staff on duty daily.These staff members were knowledgeable about the cleaning practices, processes and chemical use.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services.Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulcers.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to

participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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 Brookhaven Nursing Home OSV-0000207

Inspection ID: MON-0049822

Date of inspection: 08/04/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All audits in the centre have been reviewed and a standard template is now in use. This requires each audit to clearly record findings, actions required, the person responsible, and a completion date. Audits are reviewed monthly by the Person in Charge to monitor progress and follow up on any overdue actions. An audit schedule is in place to ensure all key areas are reviewed regularly. Audit findings are also reviewed monthly by the senior clinical team to identify any recurring issues and inform improvements. Staff responsible for completing audits have been supported to ensure audits are completed fully and that actions are clearly identified and progressed. A central system to record all audits and associated actions is currently being trialled, with full implementation planned for 01 June. These measures are in place to ensure that audits result in clear actions and that improvements are implemented and sustained.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The areas of damaged flooring in bedrooms have been reviewed and a repair and replacement programme has been put in place, and to be completed by August 30th. Painting of all corridor areas has been completed since the inspection. Door repairs are currently ongoing, and any wear and tear to door frames will be addressed as part of these works.

A daily walkabout is now completed to monitor environmental standards, including appropriate storage practices. The storage of equipment in sluice rooms is being monitored, and any inappropriate storage is addressed with staff. This has also been reinforced at safety pauses and staff meetings.

Damaged MDF shelving has been replaced to ensure surfaces are suitable for effective cleaning.

All shower drains were fully cleaned by April 22nd and this task has now been incorporated into the weekly deep cleaning schedule.

The damaged sofas have been reviewed and are included in a repair or replacement programme to ensure all furnishings are maintained in a condition that supports effective cleaning.

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 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	30/08/2026
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	30/04/2026