

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

Issued by the Chief Inspector

Name of designated centre:	Willowbrook Lodge Nursing Home
Name of provider:	NSK Healthcare Limited
Address of centre:	Mocklershill, Fethard, Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 June 2025
Centre ID:	OSV-0000302
Fieldwork ID:	MON-0047345

About the designated centre

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

Willowbrook Lodge is located just three miles from Cashel on the Fethard Road. The centre is a two storey facility with accommodation for 27 residents. There is accommodation for 12 residents on the ground floor and 15 residents on the first floor. Accommodation comprises 17 single bedrooms, two twin rooms and two, three bedded room on each floor. Some rooms have en suite facilities. The communal rooms are mainly on the ground floor and there is a large communal room on the first floor which offers vistas of the surrounding countryside. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. Willowbrook Lodge provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Friday 13 June 2025	10:20hrs to 16:55hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

Willowbrook Lodge is a designated centre within a two storey building located a short drive to the villages of Fethard and Cashel in County Tipperary. The centre is a two storey building in a rural setting on a site which has a number of other small dwellings. Resident accommodation is on both levels; staff ancillary facilities are provided throughout, with most in a recently converted area consisting of offices, storage and staff changing facilities.

From what the inspector saw, the centre was clean, tidy and maintained to a good standard. Visitors were observed in the centre, coming and going throughout the inspection; those spoken with expressed positive feedback on the centre.

Communal space in the centre comprised a dining room, living room/conservatory and visitor's room at ground floor and a large sitting room at first floor. Residents were observed for most of the day in the main day space comprising a sitting room which opens onto a conservatory. The conservatory overlooked the front carpark and entrance to the building and the residents could see who was coming and going to the centre. The first floor sitting room was not used during the day. This room has panoramic views of the nearby countryside and was a nice open and airy space. There was bedroom accommodation for twelve residents at ground floor and a further fifteen residents at first floor; bedrooms comprised fourteen single rooms, three twin rooms and two triple rooms.

Inside the main entrance, there was a seated reception area off which there was access to the dining room, main day room and a corridor to the main circulation stairs to the first floor; there was two further escape stairs from the first floor; there was also a platform lift. Residents were seen moving through the centre unrestricted. The inspector saw kind interactions by staff with residents and it was evident that the residents knew the staff and the registered provider well. In the afternoon, there was a music session in the main day space and residents were seen joining in and enjoying the music.

Bedrooms were personalised with resident's own items and photographs; some wardrobes had evidence of wear and tear. The inspector saw that the layout of privacy curtains in two twin rooms meant that access to one of the bed spaces was through the private area of the other resident.

Externally, there was a garden area to the front and this had been opened up by the removal of a low wall. There was a covered pergola area with seating surrounded by planted garden; this was a pleasant area for residents to use.

While walking through the centre, the inspector observed good day-to-day fire safety management practices with escape routes clear and unobstructed. The fire alarm panel was clear of faults.

The inspector saw hoist batteries were being charging within the corridor outside a residents bedroom, however management confirmed this practice would stop.

There was a pleasant and homely environment in the centre. the provider had over time, upgraded areas of the centre and purchased new furniture having a positive impact on the lived experience in the centre.

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

There were good management systems and oversight of fire safety in place, however improvements were required in some aspects of fire safety management, fire safety training and maintenance of fire safety systems as detailed under regulation 28: Fire Precautions. The registered provider was proactive in response to the issues arising during the inspection and gave firm assurance to the inspector at the feedback meeting that issues raised would be addressed promptly.

NSK Healthcare Limited which comprised of two directors is the registered provider of Willowbrook Lodge Nursing Home. The current provider had operated the centre since July 2021. The governance structure operating the day to day running of the centre consisted of a person in charge, who was supported by an assistant director of nursing, a clinical nurse manager, a team of registered nurses and health care assistants, catering, housekeeping, administration and maintenance staff.

The provider had completed a significant programme of work to address fire safety risks in the centre. This work included replacement and upgrade of fire doors throughout the centre, upgrade and improvement to fire compartment boundaries to facilitate the horizontal evacuation strategy. There was upgrade works to the full first floor ceiling to protect means of escape and contain fire. Fire safety systems - emergency lighting and fire detection and alarm systems, had been upgraded. The external escape routes had been greatly improved, including providing protection to an external stairs. Previously identified high risk areas in the building had been removed to external buildings; for example the laundry room and boiler room.

The provider had engaged with the chief inspector during the course of the programme of work; the work was signed off by a competent person.

Fire safety management documentation included management of internal emergencies and the fire and emergency evacuation plan. These required review as some content did not align with the adopted evacuation strategy, for example the location of the assembly point and the instruction not to use wheelchairs for evacuation.

The provider had a pre-incident plan in place and this detailed pertinent information about the centre such as the location of fire exits, utility shut off points and areas of hazards such as fuel storage.

Regulation 23: Governance and management

Notwithstanding the good management systems in place, some required improvement to ensure the service is safe, appropriate, consistent and effectively monitored, this was evidenced by;

- oversight of fire safety training and to ensure it meets the full requirements of the regulations, required improvement
- the delay in responding to two failed smoke detectors identified in the service report. The service report for the fire alarm system on 28 May 2025, showed two detectors which had failed the service test two weeks prior to the inspection; one of these was outside a bedroom in a lift lobby. The provider confirmed they would source temporary domestic smoke detectors that evening as an interim measure and arranged for the service contractor to be on site in the days following the inspection to repair. The service report also recommended extra fire alarm sounder bells to ensure an adequate volume of the alarm when doors were closed
- oversight of some day-to-day fire precautions required review
- fire safety documentation required updating to reflect the evacuation strategy

Judgment: Substantially compliant

Quality and safety

Overall there was good oversight of fire safety risks and fire safety management, and staff were knowledgeable on the evacuation strategy in the centre, however improvements were required by the provider in identifying fire safety risks and shortfalls in the evacuation strategy. Action was required by the provider in relation to Regulation 17; Premises and Regulation 28; Fire Precautions.

In terms of the premises, the centre was warm and well maintained. Recent refurbishment resulted in a nicely decorated home with furnishings that were homely and looked comfortable. There was a range of communal space available, however residents tended to remain in the main day space at ground floor and were not observed to use the first floor sitting room. It was reported to the inspector that residents preferred to remain in the ground floor day space and that the first floor sitting room was used for celebrations and parties.

Personal emergency evacuation plans (PEEP) were in place for residents; not all were reviewed as required, but this was addressed by the person in charge during the inspection. The content of the PEEP assessment would benefit from more detail.

There was a focus on fire safety in the centre, and staff spoken with relayed this and confirmed they had attending fire safety training and participated in practice drills. The procedure to follow in the event of a fire was displayed in the main reception along with floor plans. Zoned floor plans were displayed to assist staff in identifying the location of a fire alarm zone. This was particularly important as the fire alarm system only identified the zone where the fire alarm was activated, and not the exact location.

Following the significant fire safety upgrades in the centre, the building was subdivided with construction what would contain the spread of fire and smoke, however some assurance was required regarding a small number of fire doors. The fire containment strategy in the building meant that the building was subdivided into fire compartment to facilitate progressive horizontal evacuation, with subsequent evacuation down the stairs if required. The fire compartment boundary between the main entrance foyer and the area containing the dining room was not apparent; there was both a sixty minute door (dining room) and a thirty minute door (kitchen) on the same fire compartment boundary; this requires review by the competent person

In house fire safety checks were being completed by staff to check escape routes and visual checks of the fire safety systems, these checks were up-to-date.

The service reports for the emergency lighting and fire alarm systems were completed, however they were to the superseded standard. Future service reports should be to the updated standard.

There was a generator in place and this was serviced as required; operating instructions were available in the fire safety register.

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- There were water pipes and electrical wiring visible within a resident's wardrobe, with some corrosion on one of the water pipes. This required review by a competent person to ensure it was safe and to box it off from the residents personal belongings
- In two bedrooms, the configuration of the privacy curtain meant that access to one of the bed spaces was through the private area of the other resident, for example, Room 21 and Room 10
- There was exposed blockwork on an escape stairs; this did not have a smooth surface for effective cleaning

- The sitting room at first floor was not seen to be used during the inspection; the inspector observed a small amount of equipment and evacuation aids stored in this room

Judgment: Substantially compliant

Regulation 28: Fire precautions

Works had been completed in the centre to address fire safety risks identified in the providers own fire safety risk assessment. While significant work was completed, further action was required by the provider to comply with the regulations.

Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- batteries for hoist equipment were being charged on the escape route from a bedroom, introducing an unnecessary risk on the fire protected escape route; the provider committed to finding a more suitable location for this
- the doors to the offices in the ancillary area were not fitted with self-closing devices, nor was the absence of such closers risk assessed. this required review by their competent person to ensure fire doors would contain fire when required
- the risk assessment for residents that smoke did not align with the supervision requirements relayed to the inspector; the person in charge confirmed this would be updated

The arrangements for providing adequate means of escape including emergency lighting required some improvement:

- the escape route from the rear exit consisted of a narrow path adjoining a gravel area; this meant escape would be required on areas of gravel, which not be conducive for mobility aids or evacuation aids
- the configuration of the means of escape from a bedroom onto a narrow corridor was tight and would not be suitable for evacuation aids to manoeuvre onto the corridor and through the exit; while the room in question accommodated a resident who was mobile at the time of inspection, this room would not be suitable for a high dependent resident; this should be kept under review
- the green break glass unit (means to release a magnetic lock) was located at a height and may not be in reach of some staff. It was put at a raised height to protect a resident at risk of leaving the centre; alternative arrangements and risk assessment is required to manage both risks safely.

The measures in place to detect and contain fire were not effective, for example;

- notwithstanding the extensive work completed and fire doors replaced throughout the centre, further action was required to ensure all fire doors

were capable of containing fire when required. For example, the door to the linen room was not a fire door; the doors to the offices in the ancillary area were not fitted with smoke seals

- further assurance was required regarding the fire doors to the kitchen area

The arrangements for maintaining fire equipment required action, for example;:

- while fire doors in general were to a good standard, the inspector observed some deficits which required attention. There were excessive gaps to the bottom of a few doors where new flooring had been provided. There was also some damage to a small few doors.

The arrangements for fire safety training for staff required action, for example;

- fire safety training was conducted internally by the registered provider; the inspector was not assured that the fire safety training captured the minimum requirements of the regulations. The training delivered did not include training in firefighting equipment or fire control techniques, as required by the regulations.

The measures in place to safely evacuate residents required improvement;

- there were two staff on duty at night, with reliance on staff living in nearby dwellings to assist evacuation. While this would be of benefit to support evacuation, it could not be relied on and was not a system that would ensure that staff were available in the early stage of a fire. The drill reports did not have sufficient information to evidence that the staff resource available in the centre was sufficient to ensure the safe evacuation of residents in the event of a fire
- the mode of evacuation for resident at first floor was a mix of evacuation pads, or to evacuate horizontally with a wheelchair and use an evacuation chair on the stairs. There was just one evacuation chair located in the first floor sitting room. The provider confirmed two more would be purchased and they would be available for each escape stairs

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Willowbrook Lodge Nursing Home OSV-0000302

Inspection ID: MON-0047345

Date of inspection: 13/06/2025

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: <ul style="list-style-type: none">• Fire safety training modules have been updated to fully comply with current regulatory requirements.• The failed detector has been replaced, and the system is now in full working order. Engineers are continuing with system updates, with completion expected by 01/08/2025.• Additional evacuation chairs have been installed and are now in place.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1) Exposed pipework in the wardrobes is now enclosed/ boxed. 2) Privacy curtain will be installed before 10/08/2025 3) The unfinished block work is now smoothed and painted.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The hoist charging station has been relocated.
2. A risk assessment is in place for the two fire doors without door closers in the office area.
3. A risk assessment is in place for residents who smoke, along with additional supervision measures.
4. The rear exit area with a narrow footpath will be widened. (Completion due by 20/08/2025).
5. Rooms 19 and 20 are generally used for independent residents.
6. The exit door near Room 19 will be fitted with a keypad lock at an easily accessible height. (Completed).
7. A new fire door has been installed in the linen room.
8. Gaps created under several fire doors due to the new flooring have been rectified.
9. The fire training index has been updated to include practical use of fire extinguishers.
10. An on-call staff roster is in place for emergency night assistance.
11. Additional evacuation chairs have been provided on the first floor.

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	10/08/2025
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	04/08/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	04/08/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	20/08/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	04/08/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	04/08/2025
Regulation 28(1)(e)	The registered provider shall	Substantially Compliant	Yellow	20/08/2025

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	04/08/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	04/08/2025