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:	Willowbrook Lodge Nursing Home
Name of provider:	NSK Healthcare Limited
Address of centre:	Mocklershill, Fethard, Tipperary
Type of inspection:	Unannounced
Date of inspection:	08 June 2026
Centre ID:	OSV-0000302
Fieldwork ID:	MON-0046680

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:	26

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
Monday 8 June 2026	09:45hrs to 18:35hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Residents living in Willowbrook Lodge Nursing Home were complimentary of the quality of care they received from staff who they described as caring. Residents told the inspector that staff were attentive to their needs. Residents confirmed that they had access to a call bell and that they were satisfied with the call bell response times. However, gaps identified with regard to the provision of person-centred care plans meant that the service provided was not always appropriate and responsive to residents' assessed needs. In addition, a small number of residents expressed dissatisfaction with the provision of a consistent supply of hot water.

The inspector arrived unannounced at the centre and was introduced to the senior nurse in charge before undertaking a walk around the premises. The inspector met with residents and staff, observed the care environment, and the overall standard of care being provided. There was a busy atmosphere in the centre. Staff were observed moving quickly between residents to provide morning care. The inspector observed that while staff were visibly busy, the care provided to residents was delivered in an unrushed and attentive manner.

The inspector met and introduced themselves to the majority of residents and spoke in detail with eleven residents about their experience of living in the centre. Overall, residents were complimentary of the quality of the service. The feedback on activities held in the centre was mixed. A resident told the inspector that they spent their day "sitting around". This was supported by a second resident who stated the days were "drawn out, from sitting around". In contrast other residents told the inspector that they look forward to activities. Residents told the inspector about the variety of activities they could choose to attend. One resident told the inspector that they "hadn't time to be bored". In a separate conversation had with two residents, they spoke warmly about how they had made new friendships since admission into the centre and that they enjoyed sitting in the communal sitting room, people watching. Residents were observed enjoying each others company; laughing, chatting and engaging socially.

Residents told the inspector that their bedrooms were cleaned daily. On the day, the inspector observed that parts of the premises were visibly unclean which was evidenced by a build up of dust in resident bedrooms and cobwebs in resident shower facilities. Residents were encouraged to personalise their bedrooms with items of significance, such as ornaments and photographs. Personal clothing was laundered on-site and residents expressed their satisfaction with the service provided, describing how staff took care with their personal clothing and returned it promptly to their bedroom.

The inspector observed that parts of the premises were not in line with the requirements of Regulation 17: Premises. Storage was limited. For example, mobility

aids were stored in communal bathrooms and in the communal sitting room on the first floor. This was observed to make the room uninviting.

At 10.45am while morning care was still being delivered, the inspector observed that the temperature of the hot water supply in the building was inadequate. The inspector observed that hot water was unavailable at a clinical hand wash basin and in the main kitchen. The inspector ran the taps in a number of resident bedrooms and found that the water was cold. In conversations, the inspector was told by a small number of residents, that there was no warm water in their bedroom sinks. Residents told the inspector and staff confirmed, that they overcame this barrier by bringing hot water from the water boiler in the main kitchen, into resident bedrooms in a basin so that hygiene needs could be attended to. The inspector went into the boiler room and observed that the hot water supply to the centre was on a timer. While there was a number of resident rooms that had an electric shower, the main water supply that serviced the kitchen, resident sinks and the hand hygiene sinks throughout the building, only had a cold water supply. In the late afternoon, the water temperature had risen in some sinks tested.

Residents were kept informed about changes occurring in the centre through resident meetings. For example, the recent changes in the nurse management of the centre had been discussed.

The inspector observed that visitors were warmly welcomed at the centre and there were no restrictions placed on visiting. Visitors expressed satisfaction with the quality of care provided to their relative, and stated that their interactions with the management and staff were positive.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

The finding of the inspection was that, while residents expressed satisfaction with the care delivery, the oversight of the service was not fully effective to ensure compliance with the regulations. The inspector found that the provider had not ensured that appropriate management systems were in place to monitor the quality of all care provided to residents, or to effectively identify, assess and manage risks that may impact on the safety and welfare of the current residents.

This was an unannounced inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider of the centre is NSK Healthcare Limited. A director of the company represented the provider and was actively involved in the daily operation

of the centre. At the time of inspection, the provider had submitted a notification for a change in the person in charge. The notification was in process and was awaiting receipt of information to allow the completion of a fitness assessment. The governance structure included the person in charge, supported by a team of nurses, healthcare assistants and support staff.

On the day of the inspection, there was 26 residents living in the centre, with one vacancy. There were sufficient numbers of suitably qualified nursing, care and household staff available to support residents' assessed needs. All new staff went through a process of induction into the centre. However a review of a sample of staff files found that the provider was not in compliance with the requirements of Regulation 21: Records. For example, multiple staff had commenced working in the centre prior to the receipt of valid Garda vetting.

The inspector found that staff had access to training, appropriate to their role. This included infection prevention and control training, manual handling, and safeguarding training. Staff demonstrated a good level of knowledge. Where updates in training were required, the training was scheduled and the booking confirmed.

The provider had implemented an auditing schedule as part of the system to monitor the service. The system included monitoring of falls, nutritional management and the environment. However, the audit system in place was not fully effective to support identification of risk and deficits in the quality and safety of the service. For example;

- the audits had not identified that an inconsistent supply of hot water was a risk to resident choice and was a risk in the management of infection prevention and control practices.
- a recently completed falls audit had failed to identify that resident care had not been reviewed, in line with the centre's own policy. Assessments had not been completed following a resident fall, and care plans had not been updated to reflect the resident's care needs following a fall.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A summary of the complaints procedure was displayed for residents and their relatives. However, the detail relating to the complaints officer was inaccurate. In addition, the procedure guided residents to an external person if the complainant was dissatisfied with the outcome of their complaint. The named external person was an employee of the centre.

Regulation 15: Staffing

On the day of the inspection, the staffing level and skill mix were appropriate to meet the needs of residents, in line with the centre's statement of purpose. There was sufficient nursing staff on duty, and they were supported by a team of health

care staff. The staffing compliment also included catering, housekeeping, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction process.

Judgment: Compliant

Regulation 21: Records

Records were not consistently maintained as required by Schedule 2 and 4 of the regulations. For example:

- multiple staff had commenced working in the centre prior to the receipt of valid Garda vetting.
- the provider had not notified the Chief Inspector of an incident involving a resident, that required hospital admission.
- the provider did not notify the Chief Inspector of all types of restrictive practices currently in use in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service did not fully ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. This was evidenced by;

- While there were systems in place to record and investigate incidents and accidents involving residents, the incident reporting system was not robust. For example, in cases where residents experienced falls, the incident report form was not analysed or utilised for the purpose of learning in the

management of residents falls. Consequently, there was no detail of preventative measures in place for residents who continued to fall.

- The risk management system. The provider had not assessed the risk with having the water supply in the centre on a timer, as opposed to a sufficient supply of hot piped water, as required by the regulations. In addition, the risk register had not been updated to detail any controls or action required to mitigate this risk.
- The provider did not ensure that the recruitment system in place met with Schedule 2 requirements. For example; a review of staff files found that a number of new staff had commenced employment in the centre prior to the completion of valid Garda vetting process. This was a potential safeguarding risk to residents.
- The auditing system for the direct provision of care did not identify unintentional weight loss experienced by residents.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure displayed for residents and their relatives detailed inaccurate information with regards to the complaints officer and an external review process.

Judgment: Substantially compliant

Quality and safety

This inspection found that overall, residents' quality of life, and quality of care was at a satisfactory standard. However, residents did not always receive person-centred care, in line with their expressed care wishes. As a result, resident's care needs were not always identified through appropriate assessment. In addition, the provider had not ensured that residents had access to a sufficient supply of piped hot water.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. On entering the premises there was an open space where residents and there visitors gathered and chatted. This area was a hub of activity throughout the day. The centre was found to be warm and resident's accommodation was individually personalised. However, there was visible wear and tear in some areas and inappropriate storage of resident mobility equipment in the treatment room. As previously described in the

observation section of the report, there was an insufficient supply of hot water as required by the regulations.

A sample of residents' assessments and care plans were reviewed. While all residents had a care plan in place, these were not always based on an accurate or comprehensive assessment of individual care needs. For example, residents who had a history of falling, did not have an appropriate assessment of their risk completed. Consequently, resident care plans were not updated to reflect changes in their individual care needs.

The inspector found that a resident with specialist communication difficulties had not been facilitated to communicate in a manner that was effective. Their expressed wishes and preferences identified in their medical notes was not known to the staff and there was insufficient detail recorded in their care plan to direct care. In addition, staff did not have sufficient knowlefge of the resident to adequately support the resident.

A safeguarding policy provided guidance to staff with regard to identifying potential abuse of residents. Staff demonstrated an appropriate awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Staff discussed how residents' choice was respected and facilitated in the centre. Residents had access to television, radio, newspapers, and books. Internet and telephones for private usage were also readily available.

There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day.

Regulation 10: Communication difficulties

The systems in place to ensure residents with communication difficulties could communicate freely was not in line with regulation requirements. For example; a resident who had communication difficulties did not have those requirements accurately recorded in their care plan, as per their expressed wish. This resulted in a lack of understanding and implementation of the residents expressed wishes.

Judgment: Substantially 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 17: Premises

The premises was not maintained in line with the requirements of Schedule 6 of the regulations. This was evidenced by;

- an insufficient supply of hot piped water in the centre.
- parts of the premises were visibly unclean which was evidenced by a build up of dust in resident bedrooms and cobwebs in resident shower facilities.
- Inadequate storage arrangements, necessitated the inappropriate storing of equipment in communal sitting rooms.

Judgment: Substantially compliant

Regulation 26: Risk management

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by a risk management policy. However, not all known risks within the centre were assessed and documented within the risk register. For example,

- the risk associated with insufficient hot water supply
- the potential safeguarding risk associated with staff commencing working in the centre prior to the receipt of valid Garda vetting.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Care plans were not consistently reviewed or updated in a timely manner following changes to a residents condition or care needs. For example, a resident who had experienced weight-loss did not have an accurate assessment of their weight completed or an appropriate nutritional care plan

developed to manage their nutritional care needs. In addition, a referral made to the GP, specific to the unintentional weight loss contained inaccurate information.

- An assessment on the use of a restraint stated that the bedrails were in place as a result of the residents choice. A medical letter contained in the residents file outlined that the resident did not wish to have this restraint in place. This information had not been factored into the assessment of need for the bedrails to remain in place.
- A small number of residents assessed as being at high risk of falling did not have an appropriate fall management care plan developed following fall incidents and changes in their mobility care needs. Consequently, staff did not have clear guidance from the care plan on the interventions necessary to manage the risk.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents had access to internet, television, radio, newspapers and books. Religious services were available. A programme of activities was available to residents. There was an independent advocacy service available and details regarding this service was available in the visitors room.

Residents' meetings were convened for residents to facilitate an opportunity to express their concerns or wishes.

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	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Willowbrook Lodge Nursing Home OSV-0000302

Inspection ID: MON-0046680

Date of inspection: 08/06/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Recruitment and record management processes have been reviewed.A recruitment checklist has been introduced to ensure Garda Vetting and all Schedule 2 documentation are completed before staff commence employment.A notification tracker has also been implemented to ensure all statutory notifications are submitted within the required timeframes.Monthly audits of staff files and notifications will monitor ongoing compliance.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The governance and audit systems have been strengthened to improve oversight of care and risk management.Monthly audits of care planning,falls,nutrition,infection prevention and control and the environment will be completed,with actions reviewed at governance meetings.The hot water issue has been addressed and added to the risk register.Falls will receive a post-fall review, with care plans updated promptly to reflect residents'changing needs.	

Regulation 34: Complaints procedure	Substantially Compliant

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

The complaints policy has been updated to include the correct Complaints Officer and independent appeals process.The revised procedure has been shared with staff and displayed
throughout the centre.Complaints will continue to be monitored through the quality assurance
programme.

Regulation 10: Communication difficulties	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication difficulties:
Communication assessments and care plans have been reviewed to ensure residents'individual communication needs are clearly documented.Staff have been reminded to follow communication care plans,and compliance will be monitored through regular care plan audits

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The hot water system has been reviewed and corrective actions implemented to provide a
consistent hot water supply.A deep clean has been completed,enhanced cleaning schedules
introduced and additional storage provided to improve the environment.Daily monitoring and ongoing maintenance will ensure standards are maintained.

Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: The risk register has been updated to include all identified risks,including the hot water supply and recruitment processes.Risks will be reviewed monthly,with actions monitored through governance meetings to ensure controls remain effective.	
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: Resident assessments and care plans have been reviewed and updated to reflect current needs and preferences.Falls risk,nutrition and restraint assessments have been revised where required,with referrals made as appropriate.Monthly care plan audits and staff education will support ongoing person-centred care and ensure documentation remains accurate	

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties is facilitated to communicate freely in accordance with the residents' needs and ability.	Substantially Compliant	Yellow	29/07/2026
Regulation 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	29/07/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	05/08/2026

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	05/08/2026
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.	Not Compliant	Orange	11/08/2026
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes a process for the implementation of actions and recommendations arising from subparagraph (d).	Substantially Compliant	Yellow	05/08/2026
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to	Substantially Compliant	Yellow	11/06/2026

	investigate complaints.			
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	19/11/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	05/08/2026