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:	Willow Brooke Care Centre
Name of provider:	Thistlemill Limited
Address of centre:	College Road, Castleisland, Kerry
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0007842
Fieldwork ID:	MON-0049851

About the designated centre

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

Willow Brooke Care Centre is a purpose built facility located in the market town of Castleisland. It is set on 3 acres of landscaped gardens with 2 enclosed courtyards. It is registered for 73 beds. The bedroom accommodation comprises of 55 single rooms and 9 double rooms, all are en-suite with a shower, toilet, wash hand basin and vanity unit. There are several communal areas within the care centre including 5 sittings rooms/ day rooms and an open plan reception area. Willow Brooke Care Centre provides 24 hour nursing care to both male and female residents aged 18 years or over requiring long-term or short-term care for post-operative, convalescent, acquired brain injury, rehabilitation, dementia/intellectual disability/psychiatry and respite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73

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
Tuesday 31 March 2026	12:25hrs to 18:00hrs	Siobhan Bourke	Lead
Wednesday 1 April 2026	09:00hrs to 15:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was a two day unannounced inspection to monitor compliance with the regulations. Residents living in Willow Brooke Care Centre were very complimentary regarding the staff, who ensured their care was provided in a respectful and kind manner. The inspector met with many of the residents and spoke with seventeen residents in more detail to gain insight into their experience of living in the centre. The inspector spoke with twelve visitors during the two days. Many of the residents described the care as "excellent"; one resident described how staff were very good to them when they sought help, another described it as a "lovely bright home" and another "a very well run place."

Willow Brooke Care Centre is a purpose built designated centre for older people in the town of Castleisland in County Kerry. It is situated on a large green site with well-maintained grounds and ample parking. The centre is registered to provide care for 73 residents and was fully occupied during the days of the inspection. Bedroom accommodation in the centre consists of 55 single bedrooms and nine twin bedrooms, all with en-suite facilities. Bedroom accommodation is provided within five wings; Elm, Ash, Chestnut and Sycamore and Oak.

The inspector arrived unannounced and after following the centre's signing in procedures walked around the centre, to meet with residents, visitors and staff. The inspector saw that the reception area was a bright welcoming space and had a full time receptionist to meet and greet visitors to the centre. On arrival on the first day, many of the residents were eating their lunch. The inspector saw that meals were well presented and there was choice of dessert and main course available for residents. Residents were very complimentary regarding the choices, quality and variety of meals provided to them. Residents who required assistance in the dining rooms on both floors and in their bedrooms were observed receiving this, in an unhurried and respectful manner.

The inspector saw that the premises was well maintained and decorated in a homely style, with paintings and soft colours on the walls. The connect café on the ground floor was a large spacious room with homely furniture, comfortable seating, a large fireplace and smart television. The connect café was used to hold the monthly dementia friendly coffee morning, where residents and members of the community could meet and share their experiences of living with dementia. During the two days of the inspection, the inspector saw that the communal rooms on both floors were well-used by residents. Upstairs a member of the care staff team supervised residents sitting in the main day room, while others liked to sit in the quieter smaller day room during the day. Downstairs, the main day room/dining room was used to hold many of the group activities in the centre. The Desmond room was used as a theatre room on the second day whereby the room was darkened and many of the residents enjoyed watching an old movie on the large screen in the room.

Residents could easily access the well-maintained outdoor spaces in the centre. Residents on both floors could freely access the lift in the centre and codes were discreetly displayed on external doors in the centre, so that residents without a cognitive impairment, could walk outside the centre, if they wished.

The inspector saw that a number of hand wash sinks had been installed on each floor, along the corridors and in some ancillary rooms, to ensure staff had access to hand-wash facilities. Some wear and tear to bedroom walls and doors was seen in some residents' bedrooms. The inspector saw that there was a rolling programme of maintenance in the centre, to keep the centre well-maintained.

During the two days, the inspector observed that staff were attentive to residents' needs and assisted residents with their mobility and personal care in a respectful manner. There was a relaxed and calm atmosphere in the centre and residents and staff were observed chatting together during the days. Many of the residents who were living with a cognitive impairment, appeared comfortable and content in the company of staff. Visitors who spoke with the inspector confirmed that they could visit their relatives at any time and that visiting was unrestricted. A number of visitors told the inspector that the nursing and care team communicated with them in a timely manner, if there was any change in their relatives' condition, which they found reassuring.

There was a varied activity schedule that was facilitated by two activity staff, over seven days of the week. Both one-to-one and group activities were facilitated. Residents who spoke with the inspector were aware of the activities available and could choose whether or not to attend group activities. Activities held during the week included bingo, active aging classes, chair exercises, music therapy, arts and crafts, pamper days and live music sessions provided by external musicians.

During the two days the inspector saw staff and residents appear to be having fun with a lively karaoke session, and a lively bingo session. A music therapist attended the centre on the second day and one of the residents, who was a great musician, also participated with entertaining residents in the first floor day room.

Residents' views on the running of the centre were facilitated by regular surveys and residents meetings. Feedback from residents meetings were acted upon by the management team; for example residents requested a choice of sauces and a roast option for Sunday meals and this was facilitated. Bus outings from the centre were also organized by the facilities manager; for example a group of residents attended the local St. Patrick's Day parade and other outings were planned for the coming months. Residents were encouraged to go on outings with their relatives from the centre if they wished.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out over two days, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that Willow Brooke Care Centre was a well-managed centre, that was adequately resourced to ensure residents received good quality care and services.

The registered provider for Willow Brooke Care Centre is Thistlemill Limited. The registered provider company has two directors, who are both involved in the operational management of the centre and six other centres in the country.

There were clear lines of responsibility and accountability in the centre. The provider employed an operations manager and a quality and safety manager and they were both named persons participating in management, on the centre's registration. The person in charge was full time in the centre and was supported in their role by an assistant director of nursing and a team of clinical nurse managers, nursing, healthcare staff, household staff, activity staff and administrators. The provider also employed a full time facilities manager, who had responsibility for the oversight of catering and housekeeping, social activity services and onsite oversight of fire precautions. Human resource support was also available on site.

The inspector saw that the number and skill of staff was appropriate to meet the assessed needs of the 73 residents living in the centre, given the size and layout of the centre. There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. This was monitored by the management team to ensure staff attended mandatory training. Staff were supervised in their roles daily by the management team. Management staff rotated duty at weekends, to ensure governance and oversight of the service, over seven days.

The inspector saw that there were effective communication systems in place including handover, safety pauses and regular structured staff meetings to keep staff updated with residents' changing needs.

There was good oversight of the quality and safety of care provided to residents, through monitoring of key performance indicators and a structured audit schedule. Good findings with local audits were reflective of the findings of the inspection with regard to care planning, monitoring of residents' falls, weight loss and skin integrity. A quality improvement programme was in place in the centre to prevent and reduce the number of pressure ulcers residents acquired in the centre;this resulted in a low incidence of pressure ulcers acquired.

The director of nursing was the complaints officer for the centre and the procedure was displayed in the centre. From a review of records of complaints, it was evident

that complainants were responded to and learning was implemented from complaints raised.

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate.

An annual review of the quality and safety of care delivered to residents was completed for 2025 and was available to the inspector for review.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider submitted an application to vary condition one of the centre's registration to change the function of a store room to a janitorial room. The required information was submitted to support this application.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found the person in charge was knowledgeable regarding residents' assessed needs and their statutory responsibilities as person in charge. The had the required experience and qualifications as required in the regulations for the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 73 residents living in the centre, during the days of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures,

safeguarding residents from abuse and training in the management of responsive behaviours. The person in charge was a facilitator for a national programme on detection of clinical deterioration of residents living in designated centres and was in the process of rolling out this training to staff working in the centre.

The inspector saw that staff were appropriately supervised in their roles by the nursing and facilities management team, nursing staff and senior health care assistants.

Judgment: Compliant

Regulation 21: Records

The inspector saw that records were stored securely in the centre and were made available when requested. A sample of staff files were reviewed and found to meet the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. The inspector found that there was a clearly defined management structure in place and staff were clear regarding theirs roles and responsibilities. The onsite management team were supported by the operations manager and a quality and safety manager for the group.

There was good oversight of the quality and safety of care provided to residents through audit systems and monitoring of key risks to residents.

An annual review of the quality and safety of care delivered to residents was available for the inspector to review and it was evident that it was prepared in consultation with the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained electronically in the centre. The inspector reviewed these records and found that required notifications had been submitted to the office of the Chief Inspector in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was displayed in the centre. Records of complaints were maintained in the centre and there was evidence that action was taken by the complaints officer to investigate and learn from complaints to improve the service provided to residents.

Judgment: Compliant

Quality and safety

The inspector found that residents living in Willow Brooke Care Centre were supported to enjoy a good quality of life and received a high standard of care from the staff working in the centre. Residents' needs were being met through good access to health care services and good opportunities for social engagement. It was evident that residents received person-centred and safe care, from a team of management and staff, who knew their individual needs and respected their choices.

Residents were regularly reviewed by general practitioners (GP)s from local practices and had good access to allied health and social care professionals such as dietitian, speech and language therapists, occupational therapists and physiotherapists. The inspector reviewed a sample of care plans and found that all residents had a care plan developed within 48 hours using validated assessment tools. It was evident that care plans were detailed to direct care and recorded residents' preferences and dislikes.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included ensuring monitoring of residents' weights and timely referral to dietetic and speech and language services to ensure best outcomes for residents. Where specific dietary requirements were prescribed, they were seen to be implemented.

There was evidence that the provider was working to ensure a restraint free environment for residents and there was regular review and reassessments of

restraints in use in the centre. The usage of restraint had reduced each quarter over the previous 18 months with only two bedrails in use at the time of inspection.

Residents who spoke with the inspector reported feeling safe living there. Staff who spoke with the inspector were aware how to raise any concerns and the inspector saw that allegations or incidents of abuse were investigated and managed by the person in charge. There were robust systems in place for the management of residents' finances.

The fire safety folder was examined and fire safety in the centre was underpinned by a fire safety policy that was available for staff guidance. Records of daily and weekly checks of the emergency exits and fire alarm testing were maintained. Staff, who spoke with the inspector, were knowledgeable regarding fire safety procedures in the centre.

Medications were observed to be stored securely in the centre and there were systems in place to ensure unused medications were disposed of correctly.

There was a schedule of activities available for residents over seven days of the week. Residents were encouraged to maintain links with the community and to go out with relatives or on outings from the centre. Residents had access to independent advocacy. Staff from the national patient advocacy service(PAS) had attended residents' meetings in the centre to inform residents of their role with regards to assisting them with making complaints.

Regulation 17: Premises

The inspector saw that the premises were appropriate to the number and needs of residents and in accordance with the statement of purpose. There was some minor wear and tear to furniture and walls in some residents' bedrooms. The inspector saw that there was a rolling program of maintenance in place to address these. The provider had installed a number of hand hygiene sinks on both corridors and in the clinical rooms that were in line with recommended guidelines. The janitorial room was in use to enhance cleaning processes in the centre. The inspector saw that residents had access to well-maintained communal spaces, where they could rest in smaller quiet spaces or enjoy group activities in the large spaces.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector saw that residents had a choice of meals for the lunch time and evening meals in the centre. Residents who spoke with the inspector gave positive feedback on the choices and quality of food provided to them. The inspector saw

that residents who required assistance were attended to in an unhurried and dignified manner. Refreshments were seen to be offered throughout the two days of the inspection. Meals for residents who required textured modified meals appeared appealing and nutritious.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured staff were facilitated to attend annual fire training. The facilities manager was responsible for ensuring that the fire alarm, equipment and emergency lighting was serviced as required. The inspector saw that daily checks of emergency exits were recorded and weekly testing of the fire alarm was evident. Simulations of the largest compartment cognisant of night time staffing levels were carried out with staff in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Controlled drugs records were maintained in line with professional guidelines. The inspector observed nursing staff administering medications in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of seven care plans and found that residents had a care plan developed within 48 hours of admission to the centre. Care plans reviewed were found to be person-centred and detailed to direct residents' care. Care plans reviewed were updated four monthly and when a resident's condition changed. A resident's care plan was updated on the day of inspection as a malnutrition score was incorrectly recorded, however appropriate action had been taken and the resident had been reviewed by the dietitian as required.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioners from local practices. Residents also had good access to other allied health professionals such as speech and language therapists, a dietitian and a physiotherapist who attended the centre two days a week. The inspector saw an occupational therapist on site, reviewing residents, on the first day of inspection and a community palliative care nurse was on site on the second day. Residents were supported to access community services such as mental health services as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From a review of care plans, residents had person-centred detailed care plans in place, to guide staff, where residents experienced behaviour and psychological symptoms of dementia (BPSD). There was a very low level of restrictive practice in use in the centre, with evidence of alternatives in use such as low beds and crash mats in place. A register of all restrictive practices in use in the centre was maintained.

Judgment: Compliant

Regulation 8: Protection

The provider ensured staff were provided with training regarding safeguarding of vulnerable adults. The person in charge facilitated scenario based training and surveyed staff to assess their knowledge of safeguarding. Staff who spoke with the inspector confirmed that they were aware how to raise concerns within the centre. Allegations of abuse were investigated and managed by the person in charge in a timely manner. The provider acted as a pension agent for three residents and there was robust systems in place for the management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents living in the centre were supported to have a good quality of life through good access to meaningful activities and social stimulation. There were two activity co-ordinators employed in the centre to support the activity schedule and the inspector saw both one-to-one and group activities were ongoing on both floors in the centre. Residents had access to advocacy services as required. Residents views on the running of the centre were sought through regular residents' meetings and surveys. Residents who spoke with the inspector confirmed their choices of how to spend their days and when to get up or go to bed were respected.
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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant