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 Nursing Home
Name of provider:	Galteemore Developments Limited
Address of centre:	Borohard, Newbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	13 August 2025
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0047933

About the designated centre

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

Willowbrook Nursing Home is situated on the main Newbridge to Naas road. There is access to a bus stop directly outside the centre. The centre consists of an old house which has been modernized and extended over time to accommodate 47 beds which cater for male and female residents over the age of 18. The centre provides long-term care, short-term care, brain injury care, convalescence care, respite and also care for people with dementia. Access to the first floor of the old building is via stairs. There is a dining room, sitting room, two-day rooms, smoking room and spacious reception area. In addition to this, there is a hairdressing room, shared toilet/bathroom/shower rooms, therapy room, nurses' office, administrative offices and training room. There is access to a secure garden for residents and ample parking at the front and rear of the building. There are facilities for staff, including a staff room, shower room and bathrooms. The kitchen is in the main building. Separate and adjacent to the main centre are the laundry/store room and the maintenance room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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 13 August 2025	07:10hrs to 15:15hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. This inspection was conducted over one day by one inspector.

There was a calm and relaxed atmosphere within the centre, as evidenced by residents moving freely and unrestricted throughout the day. From the inspector's observations, it was evident that management and staff knew the residents well and were familiar with each resident's daily routine and preferences. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. They appeared content and relaxed. Those residents who could communicate, expressed their happiness and contentment living in the centre. One resident that spoke with the inspector said they 'were well looked after' and 'very happy'. Staff were observed to be kind and patient when providing care. All interactions and support observed on the day was courteous and in a dignified manner which upheld residents' rights. In their conversations with the inspector, staff understood the principles of safeguarding and were able to describe the measures they would take should they suspect, hear or see an incident of abuse.

Visitors were observed coming and going from the centre. Staff were very familiar with the visitors and observed to be interacting and providing updates on their loved ones. The inspector spoke with four visitors throughout the day. Each visitor that spoke with the inspector complimented the quality of care provided to their relatives by staff. Visitors said they always felt welcome in the centre.

Willowbrook Nursing Home consists of an old house which has been modernized and extended over time to accommodate 47 beds, and provides care to male and female residents over the age of 18. Bedrooms and communal spaces are mainly located on the ground floor with one en-suite bedroom on the first floor. The premises were observed to be exceptionally clean throughout.

There was unrestricted access to the secure garden from the ground floor. Residents who wished to smoke were supported to smoke in a designated area in the garden. Residents were observed walking throughout the corridors and accessing the garden as they wished. The main front door of the centre was controlled by a fob locking system, to protect the residents. Staff only had access to these fobs so at all times assistance was required to exit the building via the front door. All visitors and residents were happy with this arrangement.

Dinner time in the centre was a calm and unhurried experience. A small number of residents were served their meals in their bedrooms. The inspector spoke with some

of these residents, who confirmed that this was their own choice. During meal times, staff were observed to be interacting with residents in a friendly manner.

Staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents. Staff asked residents if they would like assistance, and when assistance was provided, it was done in a respectful and discreet manner. There were many choices available, and all residents to whom the inspector spoke with were highly complimentary of the food on offer.

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

This was an unannounced inspection with a focus on adult safeguarding and reviewing the measures the provider had in place to safeguard residents from all forms of abuse. This inspection found that there were management systems in place to protect residents and that there was effective oversight of these systems. Some improvement was required in respect of some care plans for residents communication needs. This is discussed further under Regulation 10: Communication difficulties.

The registered provider had completed many improvements in relation to infection prevention and control (IPC) since the previous inspection. The IPC risks were detailed in the risk register with control measures in place. There were now adequate numbers of hand sanitisers in place around the centre. There had been an increase in the numbers of household staff and the centre was observed to have benefited from this increase. The centre was found to be exceptionally clean with a high standard of cleanliness throughout. The provider had implemented a robust system to manage the water safety concern that was raised at the last inspection. There were now measures in place to ensure a testing and flushing of the system was maintained to a high standard.

The registered provider is Galteemore Developments Limited, a company comprising of two directors. There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of the inspection the person in charge was supported by a Clinical nurse manager (CNM), a team of nurses and healthcare support staff. The inspector was informed that one of the company directors visited the centre weekly to discuss with the person in charge any operational issues as they arose. Minutes from these meetings were provided to the inspector.

The person in charge had developed an audit tool to assess the compliance levels in relation to safeguarding vulnerable adults. Where improvements were identified there was an action plan developed. All action plans were completed within a

SMART (specific, measurable, achievable, realistic and time-bound) time-frame and learning identified.

Staffing levels in place on the day of inspection were sufficient to meet the assessed needs of the residents. Since the last inspection the registered provider had increased the numbers of nursing staff in whole time equivalent (WTE) to ensure that there were at least two registered nurses on duty at all times.

A review of training records indicated that all staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents. Staff were aware of their role in protecting and safeguarding residents and how to report a concern and identify all forms of abuse.

There was appropriate clinical supervision in place on the day of the inspection. There were two registered nurses on duty, supported by a clinical nurse manager to oversee care delivery.

Regulation 15: Staffing

Staffing levels were appropriate to meet the needs of the residents living in the centre. The whole time equivalent staffing numbers on the day of the inspection were in line with those outlined in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider has ensured that all staff have access to relevant training to ensure that all residents are safeguarded from all forms of abuse.

There was sufficient clinical supervision in place at all times in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were good management systems in place to ensure the service provided was safe, appropriate and consistently monitored. The person in charge had developed a safeguarding audit that highlighted areas for improvement with robust and timely action plans developed.

Judgment: Compliant

Quality and safety

Overall, residents were in receipt of a good standard of care from dedicated and kind staff who promoted each resident's individual human rights. Residents were safeguarded from abuse and were respected as individuals.

The feedback from residents informed the inspector that safeguarding measures were in place and followed by staff.

Residents had computerised care plans in place. Where there was a safeguarding concern or risk there was a comprehensive care plan developed to direct care. Each resident was assessed prior to admission and on admission their safeguarding risk was re-assessed. However, the inspector found there were some opportunities for improvements in relation to communication care plans as further detailed under Regulation 10: Communication difficulties.

Residents were encouraged to live their lives as they wished and a 'positive risk-taking' approach was utilised. Residents were provided with the right and ability to decide what they wanted to do and how they lived their lives.

The person in charged had notified the Chief Inspector of incidents of alleged and confirmed abuse. The inspector reviewed the investigations and action plan in place. These were found to be comprehensive and at all times ensured residents were safeguarded and protected. Where learning was identified this was shared with all staff when appropriate.

Where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), there was a specific care plan in place to guide staff in how best to support the resident. The monitoring of these behaviours was well-documented and from this, triggers were identified and measures put in place in mitigate the risk of re-occurrence.

Residents were provided with access to a wide range of activities. Residents were given the choice to attend if they wished while other residents preferred the one-to-one time with staff. Residents' wishes were very well respected in relation to their choice of activities and how they spend their days.

Regulation 10: Communication difficulties

Notwithstanding the overall good standard of care planning arrangements, there were some gaps in respect of some care plans for communication needs. Two residents who presented with communication difficulties did not have their needs clearly identified and met appropriately. Both residents could not speak English, however their care plan did not identify effective interventions to support them and guide staff appropriately. These residents' care plans including generic statements such as 'encourage to interact with others'. This did not ensure meaningful and effective support and family members were relied on to translate when required.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a comprehensive Risk management policy in place which was updated regularly. There was a risk register in place that highlighted safeguarding as a risk and control measures were in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive, validated assessments were completed for all residents, and these informed each resident's individualised care plan. A sample of safeguarding care plans were reviewed and found to detail the specific interventions required to keep residents safe.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All restrictive practices were implemented in line with the centres local policy and guided by the national guidance. Where alternative less restrictive practices were tried this was detailed in the resident's care plan. A restrictive practice risk assessment was completed in conjunction with the multi-disciplinary team before any form of restrictive practice was implemented.

Staff had received appropriate training in how to manage behaviours that are challenging.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all measures to safeguard residents living in the centre. All staff had safeguarding training in place prior to commencement of their role.

The person in charge investigated all allegations of abuse and referred residents to the appropriate supports when required or requested.

The provider was a pension-agent for nine residents. There was clear and transparent documentation in place ensuring residents finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the provider and the person in charge were striving to promote a rights-based service for all residents. Residents were encouraged to partake in activities of their choice and staff took a positive risk-taking approach that upheld residents' rights.

Residents were invited to attend regular residents' meetings. There was a good attendance at each of these meetings as evidenced in the attendance records and the minutes seen by the inspector.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0047933

Date of inspection: 13/08/2025

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 10: Communication difficulties	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication difficulties: In response to inspection findings regarding communication difficulties for two residents we have taken the following steps: In addition to our communication booklets for residents which contains both pictures and words in both languages we now sourced two new tablets which we have installed a translated communication application for each resident and ongoing education is provided for both staff and residents on it's use. This translation application has been proved effective for one resident but due to the conditions of other resident and speech difficulties the application is not as effective but we will continue to try it with the family support. We also have acquired a picture talking aid for one resident on which some communication can be recorded in her own language by family members. The device is displaying basic care needs and enable resident communicate how she feels. Furthermore we have contacted the Alzheimer's Society for any additional advise on communication devices they could suggest to help our residents with communication difficulties, we are awaiting reply . We will continue to look for new ways to improve and support residents with communication difficulties.	

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	15/09/2025
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	15/09/2025