



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:	26 November 2024
Centre ID:	OSV-0000302
Fieldwork ID:	MON-0045518

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:	25
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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 26 November 2024	09:30hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents and staff, Willowbrook Lodge was a nice place to live. Residents' rights and dignity were supported and promoted by kind and competent staff. The inspector spoke with four residents in detail on the day of inspection. Residents spoken with were very complimentary in their feedback and expressed satisfaction about the standard of care provided, staff, the activities programme and food served. Interactions observed were seen to be respectful towards residents and all residents spoken with knew the person in charge and confirmed their accessibility to her.

Willowbrook Lodge is a two storey building located between the village of Fethard and Cashel, in Co. Tipperary. Residents had access to communal spaces which included an open plan living room, a conservatory, visitors room and a separate dining room. The first floor had a sitting room which was observed not to be used by residents on the day of inspection. The first floor was accessible by a platform lift. The inspector observed that improvements were required in respect of the premises in particular to the reconfiguration of one bedroom on the ground floor and one bedroom on the first floor. Areas of the centres premises did not align with the floor plans the centre was applying to register against. The environment was clean and nicely decorated. However, areas of the centre were showing signs of wear and tear in particular paint to walls and skirting boards. Armchairs and tables were available in the sitting room, living room and the conservatory. Alcohol hand gels were available in all corridor areas and in bedrooms throughout the centre to promote good hand hygiene practices.

Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with residents' wishes. Lockable storage space was available in all of the resident's bedrooms and personal storage space comprised of a mix of built-in wardrobes and presses, bedside lockers and free standing wardrobes. Residents had access to three assisted shower rooms on the ground floor, and a shower room and an assisted bathroom on the first floor which had a shower and a bath. Four bedrooms had ensuite toilet, wash hand basin and shower facilities. The remaining bedrooms had access to a wash hand basin or ensuite bathroom with a wash hand basin and toilet.

The centre had a large outdoor area to the front of the centre. This area had an outdoor pergola and canopied area with garden tables and chairs. There was a separate courtyard available to the residents to the rear of the centre. There was an outdoor smoking area which was seen to be used throughout the day by a resident.

The inspector observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had

good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspector observed laughter and banter between staff and residents. The inspector observed staff treating residents with dignity during interactions throughout the day. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed.

All residents whom the inspector spoke with were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining room. The inspector observed the main lunch time meal. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. On the day of inspection, a large number of residents were observed enjoying a sing-along music session. Residents' views and opinions were sought through resident meetings and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

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

Capacity and capability

There were governance and management systems in place to oversee the operation of the centre. However, action was required to improve the centres auditing systems and to ensure that the premises was appropriate to the needs of the residents living in the centre. While residents told the inspector that they were content living in the centre, the inspector identified that improvements were required in areas including, personal possessions, the premises, governance and management, infection control, and fire safety.

This was an unannounced focused inspection to follow up on an application received to renew the centres registration and to follow up the July 2024 inspection compliance plan.

NSK Healthcare Limited which comprised of two directors is the registered provider of Willowbrook Lodge. 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.

All manual records and documentation were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff. Garda vetting disclosures viewed by the inspector were received prior to the staff commencement date of employment.

There were a range of governance processes in the centre. There were regular management and staff meetings to discuss issues relating to care and support in the centre. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example, infection prevention and control, care planning and medication management audits. The person in charge compiled regular reports on key performance indicators (KPI's) such as falls, incidents, complaints and antimicrobial usage, which were reviewed by the management team. The annual review for 2023 was available for review during the inspection. It set out the improvements completed in 2023 and improvement plans for 2024. Improvements were required in the oversight of the audit process and the premises. These were repeating findings from the inspection carried out in July 2024. This is discussed further in this report under Regulation 17: premises and Regulation 23: Governance and management.

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Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

The overall governance and management of the centre was not fully effective. Management systems were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example:

- The centres audit system and processes required review. Audits viewed were not measured. Audit action plan processes required review to include specific, time bound action plans to inform ongoing quality and safety improvements in the centre.
- Oversight and management of the premises required review. In particular, the provider had not submitted an accurate set of floor plans with the application to renew the registration of the designated centre. Discrepancies in the floor plans are outlined further in this report under Regulation 17: Premise.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Quality and safety

Overall, the care provided for residents in the centre was of good standard and met their needs. However, more effort and focus are now required to address repeated non-compliant findings to ensure residents can enjoy a safe and pleasant lived environment in which their rights are upheld. The findings of this inspection are that further action was required to come into compliance with premises, and areas of personal possessions, infection control and fire safety.

Improvements were found in relation to residents personal possessions. Wardrobes and lockers were available in the resident's floor spaces in bedroom 12. Further improvements were required to resident's personal possessions which is discussed under Regulation 12.

Improvements had been made to the premises since the previous inspection. All residents had access to call-bells and lockable storage space. Notwithstanding these improvements further works were required to reconfiguration two bedrooms and to align the floor plans the centre was applying to register against with the premises. A schedule of maintenance works was ongoing, ensuring the centre was maintained. Bedrooms were personalised and most residents had space for their belongings. The inspector observed that the twin rooms and triple room had privacy curtains, wash hand basins and storage for resident's belongings. Grab rails were available in all corridor areas, bathroom, shower rooms and toilets. Residents has access to a call bells in their en-suite rooms, bathroom, shower rooms and toilets.

Improvements were found in infection control, a new bedpan washer had been installed. The centre was cleaned, with good routines and schedules for cleaning and decontamination. Alcohol hand gel was available in all communal rooms and corridors. Personal protective equipment (PPE) stations were available on all corridors to store PPE. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. IPC audits were carried out by the person in charge. There was an up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. The person in charge had completed infection prevention control (IPC) link nurse training. Improvements were required in relation to the infection prevention and control which are discussed further under Regulation 27: Infection control.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to most of the bedrooms and all compartment doors, and the doors were seen to be in working order. All fire safety equipment service records were up to

date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by most staff and records showed that fire drills took place regularly. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. The centre had a nominated fire warden on duty each day who was responsible for checking fire equipment and exits. There was fire evacuation maps and compartments maps displayed throughout the centre. There was an outdoor designated smoking area near the main entrance. On the day of the inspection there was one resident who smoked and detailed smoking risk assessments was available for this resident. A fire blanket was in place in the centre's designated smoking area and a fire extinguisher was available inside the main door which was close to the smoking area. However; further improvements were required to comply with fire safety which is outlined under Regulation 28: Fire precautions.

Regulation 12: Personal possessions

Actions were required to reconfigure the layout of some of the multi-occupancy rooms as some residents were unable to maintain control over their clothes. For example:

- Wardrobes were located outside the residents floor space in rooms 13 and 21. As wardrobes were located outside the residents floor space, residents had to exit their private floor space or enter another residents private space to access their clothing.

This was a repeat finding following the July 2024 inspection.

Judgment: Substantially compliant

Regulation 17: Premises

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

- Bedspace 2 in bedroom 2 on the first floor did not comply with the requirements of 7.4m² of floor space. The floor space measured 6.9m².

- Bedroom 21 on the ground floor did not comply with the requirements of 7.4m² of floor space. Bedroom 21 was a twin room which measured 14.4m².

Areas of the centres premises did not align with the floor plans the centre was applying to register against. For example:

- The main entrance area measured 19.75m², on the floor plans it was recorded as 29.94m².
- The shower room on the ground floor adjacent to the lift measured 8.2m², on the floor plans it was recorded as 10.08m².
- The shower room on the ground floor adjacent bedroom 18 measured 3.8m², on the floor plans it was recorded as 6.4m².
- Bedroom 21 on the ground floor measured 14.4m², on the floor plans it was recorded as 18.24m².
- Bedroom 1 on the first floor measured 11m², on the floor plans it was recorded as 13.36m².
- Bedroom 4 on the first floor measured 9.2m², on the floor plans it was recorded as 12.1m².
- The main bathroom on the first floor measured 10m², on the floor plan it was recorded as 8.67m².
- A hand wash sink in the main entrance area and first floor corridor had been omitted from the floor plans.
- The location of the wash hand basins in bedrooms 14 and 15 was not aligned to the floor plans.
- The centres bath was not included on the floor plans.
- Stair wells 1, 2 & 3 were not an accurate reflective of stairwells in the centre.
- The cleaning room on the ground floor was not aligned to the floor plan.

Areas of the centre required painting. For example: on the ground floor the inspector observed, scuffed built in wardrobes and presses, scuffed doors, chipped paint on walls, and wooden skirting in bedrooms.

Judgment: Not compliant

Regulation 27: Infection control

The inspector observed practices that were not in line with the National standards and guidance for the prevention and control of associated infections. Oversight in this area required improvement as evidenced by the following:

- The inspector was informed that the contents of urinals and urinary catheters were manually decanted into residents' toilets. This practice could result in an increase environmental contamination and cross infection. This was a repeating finding following the July 2024 inspection.
- A review of the centre's shower chairs and commodes was required as a number of shower chairs and commodes had visible rust on the leg or wheel

areas. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the shower chairs and commodes.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- Assurances were required that residents could be evacuated from bedrooms on the first floor in a timely manner in the event of a fire using evacuation aids. Staff who spoke with the inspector were not familiar with using these aids and one staff member had not received evacuation training specific to this centre. A fire drill report was submitted following the inspection which demonstrated good evacuation time of a zone on the first floor. Ongoing drills are required to ensure all staff are familiar with evacuation aids and the procedures to be followed in the event of a fire in order to ensure safe and timely evacuation of all residents and staff.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Willowbrook Lodge Nursing Home OSV-0000302

Inspection ID: MON-0045518

Date of inspection: 26/11/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits & All documentation mentioned have been completed. Statement of Purpose and Floor plans will be submitted after full amendment.</p> <p>Date completed by: 31/01/2025</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Actions have been taken to re arrange curtain space and wardrobes.</p> <p>Date completed by: 31/01/2025</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Bedspace 2 in bedroom 2 on 1st floor, actions taken to rearrange to comply with regulations. It is a twin occupancy room.</p>	

Additional sink has been removed and new wardrobes have been installed.
Bedroom 21 on ground floor, a twin room. (A proposed plan is in place to move partition wall to gain 1 more sq metre to meet requirements.

All updated floor plans and statement of purpose will be sent after our engineer re visits our building.

Areas that needed painting have been completed.

Date completed by: 31/01/2025

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Staff training has been put in place for infection control for all staff.
Equipment will be reviewed and replaced as necessary.

Completed by: 31/01/2025

Regulation 28: Fire precautions

Substantially Compliant

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

Fire training and evacuation for all staff has been completed.
During staff training, staff were also given instructions on informing, directing and assisting the residents during an emergency.

Date completed: 30/12/2024

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/01/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/01/2025

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.	Not Compliant	Orange	31/01/2025
Regulation 23(c)	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	31/01/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2025
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,	Substantially Compliant	Yellow	30/12/2024

	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.			
Regulation 28(1)(e)	The registered provider shall 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.	Substantially Compliant	Yellow	30/12/2024