



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

## Issued by the Chief Inspector

Name of designated centre:	Beechlawn House Nursing Home
Name of provider:	Congregation of Our Lady of Charity of the Good Shepherd
Address of centre:	Beechlawn House Nursing Home, High Park, Grace Park Road, Drumcondra, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	28 January 2026
Centre ID:	OSV-0000115
Fieldwork ID:	MON-0048070

## About the designated centre

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

Beechlawn House Nursing Home can accommodate up to 56 residents and provides care in the ethos of the Congregation of Our Lady of Charity of the Good Shepard. The centre is primarily for religious sisters and females over 65 years old, however women under 65 can be accommodated also. The home comprises of 41 single ensuite bedrooms and 8 twin rooms and is divided into 3 wings. Each wing has its own lounge room, dining area and activity space. Medical and nursing care is provided on a 24-hour basis for residents with low to maximum dependency needs. There is an oratory and a large, secure garden area in addition to internal courtyards available for residents use. Physiotherapy, chiropody, optician and dental services are available and can be arranged for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	54
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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
Wednesday 28 January 2026	09:00hrs to 17:00hrs	Sheila McKeivitt	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.

The centre was calm and peaceful. Residents feedback about life in the centre was overwhelmingly positive. Residents said their rights were upheld and they felt safe and secure living in the centre. Those spoken with said they were always treated with dignity and respect by staff.

Residents were involved in how the centre was run and said that they felt their voice was heard. They confirmed that they had residents' meetings every two months and any issues they had were addressed promptly. They also received a newsletter which reflected all the news about life in the centre.

The complaints policy was on display and it included the contact details for advocacy services. Residents spoken with told the inspector that they brought any concerns they had to the attention of the person in charge and these were acted upon immediately. Complaints were on the agenda for the weekly senior management team together with safeguarding.

The inspector observed staff supervising residents in the main communal living area and in the dining room at lunchtime. On several occasions during the day staff were observed being attentive to residents' individual needs, such as, assisting a resident to mobilise to their bedroom and obtaining items for the residents on their request.

Staff were observed knocking on bedroom doors and seeking permission prior to entering residents' bedrooms and each bedroom had a privacy lock in place. One resident said they had a key to their bedroom which enabled them to lock their bedroom door when they were out of the centre. Each resident had access to adequate storage facilities within their bedroom for personal items including a secure storage facility for valuable items.

Residents said their clothes were laundered for them. They were returned clean, folded and ironed all on the same day. The service was described by residents as "very good".

The residents attended Mass each morning and following Mass, they gathered in the living area for morning refreshments and activities. There was an activities schedule on display which spanned over seven days a week. Residents spoken with said that they had the choice to participate or not and that their choice was respected by staff. Sometimes they looked on in the background and enjoyed this also. They told the inspector that the volley ball, bingo and quizzes were by far their favourite

activities. Residents went out on planned trips to events in the city, including shows in the National Concert Hall.

The premises was clean, tidy, bright and airy. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleaning.

Residents were unanimous in their view that the centre provided a safe and secure space in which their rights were upheld.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The provider and person in charge were providing residents with a good quality service where their individual social, religious and healthcare needs were being met.

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.

The registered provider for Beechlawn House Nursing Home was the Congregation of Our Lady of Charity of the Good Sheperd. There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose described the current management structure of the designated centre. The senior management team had safeguarding and complaints on the agenda of the weekly meetings. This assured the inspector that the centre had good leadership, governance and management arrangements in place which contributed to residents experiencing a quality service, where they were safeguarded from all incidents of abuse.

There was evidence to indicate that the centre was well resourced. The centre was clean, warm and furnished to a high standard. There were sufficient numbers of staff on duty at the time of the inspection. Mandatory and relevant training was provided and completed by all staff.

The centre had a range of tools to monitor and audit the quality of care delivered to the residents such as incidents, falls, resident care plans and cleaning schedules. The recruitment process was robust and effective in safeguarding the residents.

The centre had a complaints policy in place and the inspector saw that there were no open complaints.

### Regulation 15: Staffing

The skill-mix and number of staff on duty were adequate to ensure that residents needs were met. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Training records were maintained and updated and the inspector was assured that all staff working with residents in the centre had completed all the required mandatory training in safeguarding vulnerable residents. Tool box talks were also completed with staff on average twice per month on this topic.

Staff were appropriately supervised on the day of the inspection. The management team staggered their start and finish times which enhanced the supervision and support provided to both staff and residents.

Judgment: Compliant

### Regulation 23: Governance and management

The governance of this centre was good. The person in charge and the provider representative met on a monthly basis and minutes of these meetings were available for review. The agenda and minutes showed that all areas of governing the centre were discussed and where necessary appropriate actions taken to address issues.

The person in charge had an audit schedule for the year and a review of a sample of audits completed in 2025 assured the inspector that continuous auditing practices was leading to improved outcomes for residents.

The person in charge had completed the annual review for 2025 which included a quality improvement plan for 2026.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an up-to-date complaints procedure in place. There were no open complaints on the day of inspection and the closed complaints had been managed in line with the centres policy.

Judgment: Compliant

## Quality and safety

The inspector was assured that residents were living in a centre where their rights were upheld and where adequate resources, policies, procedures and supervision ensured residents were safeguarded in their home.

The inspector found that appropriate staffing levels and effective systems of governance and management impacted positively on the quality and safety of consistent person-centred care to residents.

The inspector reviewed a sample of residents' care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four monthly intervals. Communication care plans were in place and they were person-centred, the safeguarding and social care plans reflected a person-centred approach to safe-guarding residents and upholding their rights. The sample of end-of-life care plans reviewed were not comprehensive enough to guide care, they did not reflect the residents preferences or wishes.

There was a low level of restraint in use within the centre. A number of residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) at times had a care plan in place which reflected trigger factors and de-escalation techniques that staff could use to prevent the behaviour escalating, however they did not refer to the psychotropic medications prescribed as a last resort nor did they refer to the Antecedent-Behavior-Consequence (ABC) chart in use for these residents.

Residents had access to a full multi-disciplinary team. There was no delay in referring residents to members of the team however, as outlined under Regulation 6: Healthcare, the recommendations made by various disciplines were not always implemented in practice.

The premises ensured the safety of residents. They had independent access to enclosed garden which they enjoyed using independently and some under the supervision of staff. Residents were facilitated to lock their bedroom door and staff respected their right to privacy and maintained their dignity during this inspection. Residents who were risk assessed as being safe to exit the nursing home independently had been given the code for the front door to ensure they could maintain their independence.

There was access to advocacy services with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided, which were addressed promptly by the management team. Residents were facilitated to communicate freely. They had access to radio, television, newspapers, internet and other media outlets. Their religious needs were met by attending Mass celebrated in the centre each morning and attending other daily prayer and reflection events.

Residents had access to an activities schedule and their choice whether to attend or not was respected. Care staff and external staff facilitated the implementation of the activities schedule.

The inspector saw evidence that all staff had garda vetting in place prior to commencing employment in the centre. There was a safeguarding policy in place, which staff had a good knowledge of. The processes for management of residents' finances were robust and reflected the centre's policy. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

### Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of comprehensive assessments, risk assessments and care plans in place for residents. Improvements were required to ensure that all residents were receiving person-centred care informed by individualised care plans . For example:

- Some care plans did not give sufficient insight into the care the resident required. For example, end-of -life care plans reviewed provided little information about the residents specific preferences at this stage of their care pathway.
- Some care plans of those residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) did not include the medication they were prescribed as a last resort or refer to the (ABC) chart in use.
- One resident who had been recently assessed by an dietitian did not have their recommendations reflected in the residents nutritional care plan.
- One resident who had been reviewed by an speech and language therapist did not have the recommendations made reflected in their nutritional care plan.

Judgment: Substantially compliant

### Regulation 6: Health care

Notwithstanding the fact that members of the multi-disciplinary team were accessible to residents, the inspector was not assured that their recommendations were implemented in practice. For example:

- One resident who had been reviewed by their general practitioner 12 days prior to the inspection did not have the as required medication recommended, prescribed on their medication prescription chart.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place reflected the residents' individual needs, known triggers and known de-escalation techniques. The use of restraint was minimal.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

The processes for management of residents' finances were robust and reflected the centre's policy.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Residents had access to meaningful activities. The activity schedule was on display and residents were involved in person-centred activities throughout the day.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Beechlawn House Nursing Home OSV-0000115

Inspection ID: MON-0048070

Date of inspection: 28/01/2026

## 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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A full review of all residents care plans will be conducted. A change in auditing tool and style will capture an increased population of resident’s care plans to be assessed more in-depth. This will allow engaging feedback for a further person-centred approach to care. In person care plan training has been conducted by Redtrain Nursing Consultancy and Training providers on 02/02/2026 to increase knowledge to management and nursing staff. Each resident is linked to a named nurse, this develops accountability for actions and promotes good quality care . Further to this a member of the clinical management team is now assigned to a care area to ensure governance is achieved.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>A review of care needs with a focus on residents at high-risk in categories such as nutrition, falls and mobility, end of life will be prioritised and completed. In addition, all residents’ rights section will be linked for clear and transparent holistic care. Furthermore, a tracker and audit tool will be established to ensure recommendations are implemented in a timely manner. Beechlawn House Nursing Home as also employed a experienced nurse facilitator with special focus on the clinical needs of the residents. This post will commence on the week of 09/03/2026 providing additional and robust governance.</p>	

# 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 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).	Substantially Compliant	Yellow	02/03/2026
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	16/03/2026
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or	Substantially Compliant	Yellow	16/03/2026

	other health care service requires additional professional expertise, access to such treatment.			
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