



**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:	Woodlands House Nursing Home
Name of provider:	Sandcreek Limited
Address of centre:	Trim Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	09 July 2026
Centre ID:	OSV-0000186
Fieldwork ID:	MON-0050831

About the designated centre

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

The designated centre provides 24- hour nursing care to 36 residents, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite).

The centre is a two storey building. Communal facilities and residents' bedroom accommodation consists of a mixture of 26 single and five twin bedrooms with en-suite facilities. A passenger and platform lift was available between the ground and upper floors where six residents resided. The centre is well laid out around centrally located communal facilities that include a range of day and dining rooms, and a spacious oratory for prayer, reflection and repose. Enclosed outdoor courtyards are accessible from parts of the centre.

The philosophy of care is to provide a good quality service where residents are happy, content, comfortable and safe, and for residents to be treated as unique individuals to experience inner peace.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
--	----

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
Thursday 9 July 2026	09:00hrs to 18:30hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in Woodlands House Nursing Home were well cared for and were supported to enjoy a good quality of life. The feedback received from residents and visitors was that Woodlands House Nursing Home was a nice place to live. One resident spoken with told the inspector "the quality of care is good here, food is fine and staff are smiley", while another resident said "there's new people here all the time and they don't know the routine of the house". Two visitors spoken with were complimentary of the staff and the centre.

The designated centre is part of the Beechfield Care Group who own and operate a number of nursing homes nationally. On arrival to the centre the inspector met with a clinical nurse manager from another centre within the Beechfield Care Group, who was deputising for the person in charge who was on planned leave. The inspector completed a walk around the centre and had the opportunity to meet with residents and staff as they were engaging in their morning routines. Most residents were receiving breakfast in their bedrooms, some were still sleeping and five residents were sitting in the day room watching TV together after their breakfast while staff were attending to other residents. The inspector observed no staff present with the residents in the communal areas and was told that due to the lack of supervision in this area, between 8am and 10am, staff do not bring residents who are at high risk of falls to the day room. There were 35 residents living in the centre on the day of this unannounced inspection.

Overall there was a homely and busy atmosphere in the centre on the day of inspection. The premises was tidy and well lit. Residents were encouraged to decorate their bedrooms with personal items including pictures and soft furnishings. An activities schedule was on display in the corridor outside the day room and residents' art work and pictures were displayed in the day room. Most residents were observed spending time in the day room throughout the day attending morning exercises, which many said they enjoyed and later in the afternoon residents were observed chatting and reminiscing together while waiting for the activities to start. Residents who spent time in their bedrooms were observed having visitors throughout the day.

Staff were observed busily attending to the residents throughout the day. There had been an increase in the use of agency staff working in the centre to cover staff vacancies and two agency health care assistants were seen working alongside permanent staff on the day of the inspection. The inspector also observed a second clinical nurse manager from a different centre within the group was covering a clinical nurse manager vacancy on a weekly basis, alongside their own role in the other centre.

Residents had access to a secure garden area and the doors to the garden area were open and were easily accessible. The garden area was well-maintained with seating areas and garden decorations.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 and to follow up on the previous inspection findings.

Staff and resident interactions were kind and respectful and permanent staff had a clear understanding of residents' needs. Residents and visitors that spoke with the inspector were complimentary about the care delivered in the centre.

Notwithstanding this, the inspector identified that the staff working in the centre on the day, who had been brought from other centres to cover absences and vacancies, did not fully meet the Garda vetting requirements outlined in the regulations and improved oversight systems were required. This is discussed further under the relevant regulations.

Sandcreek Limited is the registered provider for Woodlands House Nursing Home. It is part of the Beechfield care group which owns and operates a number of centres nationally. Operations and clinical governance is provided at group level through a senior management team who attend the centre on a regular basis.

There had been significant changes to the management structures since the previous inspection of October 2025. The inspector reviewed the staffing structure and found that the management structure were all new, including a new person in charge who had commenced in their role in February 2026 and was on planned leave on the day of this inspection. A clinical nurse manager (CNM) role was vacant and the inspector was told that a new CNM had been recruited and while waiting for their start, the role was being covered by staff from other centres in the interim. Furthermore, there had been a high turnover of staff in the centre since June 2025, in particular a 77 percent turnover of nurses and a 48 percent turnover of health care assistants. Two new persons participating in management with senior responsibility for the centre, had also been appointed since the last inspection.

On the day of the inspection staff were visibly busy and staffing vacancies included a clinical nurse manager, one staff nurse, two health care assistant vacancies and a chef. In their compliance plan from the last inspection the provider had committed to additional staffing support provided by health care assistants during group

sessions, to ensure that supervision and activities were delivered effectively. However, the inspector observed that the activities coordinator was still supervising residents and providing activities in the day room throughout the day. There was no improvement observed and no evidence provided that the provider's commitments had been implemented.

The registered provider was actively recruiting or had already recruited for these roles and some new staff were due to start in the coming days and weeks. In the meantime agency staff were being used to cover vacancies and staff from other centres which provided a level of stability to the staff team. Nevertheless, the registered provider had not ensured that Garda vetting disclosures were in place for the designated centre and while staff from other centres were vetted for their own centres they did not hold a valid Garda vetting disclosure for Woodlands House Nursing Home as required by the regulations. A cautionary meeting was held with the registered provider following the inspection in respect of this practice and the safeguarding implications for the residents living in the centre.

While the provider had a range of oversight management systems in place, the inspector found that some of these systems needed to be strengthened and sustained to continue to meet the needs of the residents. Audit systems were in place to monitor key areas of service provision, such as falls, care plans, restrictive practice and wounds. Records of meetings were reviewed and the inspector found that some responses to residents' feedback required strengthening to ensure the service provided was consistent. This is discussed in more detail under Regulation 23: Governance and management.

The inspector reviewed the accident and incident log maintained in the centre and found that notifiable incidents were submitted to the Chief Inspector of Social Services in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

There was no evidence available on the day of the inspection that additional staffing support provided by health care assistants during group sessions to ensure that supervision and activities were delivered effectively as per the registered provider's previous compliance plan and the activities coordinator was observed providing both activities support and supervision to residents. This meant that the activity

programme was being disrupted every time a resident required or called for assistance.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files were examined and associated documentation as specified under Schedule 2 were in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, action was required to ensure that these systems were sufficient to provide a safe, appropriate and consistent service. For example:

- There was a high turnover of staff for all roles in the centre and the registered provider's contingency arrangements entailed the use of staff from other designated centres to cover vacant positions while they were being filled. This included roles such as the chef and the clinical nurse managers who were not appropriately vetted for the centre in line with the regulations, and this risk had not been identified by the registered provider's internal systems.
- The registered provider did not ensure effective succession planning and deputising arrangements were in place for the times when the person in charge was absent.
The compliance plan from the previous inspection was not fully implemented as discussed under Regulation 15: Staffing.
- Action plans were not in place for all items brought forward by residents in the residents' meeting. For example, concerns related to food temperature and quality did not have a specific action plan in place to address them and were not responded to in a timely manner, and the inspector saw that similar concerns were raised again by the residents at a following meeting.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained in the centre. All accidents and incidents as specified by the regulations were notified within the required timescales.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were up-to-date and available for inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider was delivering a good standard of care and support to residents. Residents were provided with opportunities for social interaction and were encouraged to spend their days in the manner that they chose and there was a good level of compliance with the quality and safety regulations.

The inspector observed that staff knew how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Care plans reviewed were person-centred and reflected the care needs of the resident. There was evidence that they were reviewed frequently.

Visiting was facilitated in the centre and there were suitable communal facilities available for residents to receive visitors.

Measures were in place to ensure residents received their medications as prescribed, and that medicines were administered in line with professional guidelines and legislation. Medicines controlled by misuse of drugs legislation were stored securely, and balances were checked at the beginning of each staff changeover by nursing staff. Medicines requiring temperature-controlled storage were stored in a refrigerator, and the temperature of this refrigerator was checked daily.

Residents were supported to practice their religion in the centre, and residents were seen to be supported with their spiritual, emotional, social, physical and psychological needs as detailed in their end-of-life care plan. There were safeguarding measures in place to protect residents such as staff training and a policy to guide practice. However, the provider had not taken all reasonable measures to protect residents from the risk of abuse as staff who had been brought in from other centres were not appropriately vetted to work in Woodlands House Nursing home as discussed further under Regulation 8: Protection.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 11: Visits

On the day of the inspection, there were no visiting restrictions in place and visitors were observed coming and going to the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were completed and updated as and when necessary. From a sample reviewed they contained information regarding the preferences of the resident in this area.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practices observed and described to the inspector were found to be safe. Nurses maintained a register of controlled drugs, which was

checked and signed twice daily, by two nurses. Medication reviews and audits had taken place regularly.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, care plans were of a high standard and described person-centred and evidence-based interventions to meet the needs of the residents.

Judgment: Compliant

Regulation 8: Protection

Some staff working in the centre held Garda vetting disclosures for other centres and did not have appropriate Garda vetting in line with the regulations, which could pose a safeguarding risk to the residents living in the centre.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Woodlands House Nursing Home OSV-0000186

Inspection ID: MON-0050831

Date of inspection: 09/07/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The revised staff allocation is implemented to ensure one designated staff member is consistently present to support the Activity Co ordinator during group sessions allowing the Co ordinator to deliver the activity programme without interruption while resident assistance and supervision needs are appropriately maintained. Staff allocated is availed with signing in and out sheet and this will be overseen by DON.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The centre confirms that the previous finding has been addressed. Staff from other designated centres are no longer used, and all personnel rostered in the centre are vetted specifically for this centre and assessed in line with its Statement of Purpose. Group level Garda vetting has been applied for; however, even if approved, it will not permit unrestricted staff movement. The centre maintains appropriate staffing levels and skill mix in line with its condition of registration, and strengthened governance measures are in place to ensure sustained compliance. Leadership stability has been strengthened with the new DON successfully completing probation. Recruitment for the CNM role is progressing well, with an offer made subject to completion of the final recruitment steps. In the interim, the DON will be receiving support from a senior nurse to maintain stability and oversight across the service. A clear staffing stabilisation plan is in place, supported by ongoing recruitment to further strengthen the team. The revised staff allocation ensures one designated staff member consistently supports the Activity Co ordinator so activities proceed without interruption.	

A time bound action plan is implemented to ensure all items raised at residents' meetings receive timely follow up. A Residents' Meeting Action Log is in place to record concerns, assign responsibility, and set completion dates. Issues regarding food temperature and quality are escalated to the Catering Lead for immediate action, with corrective measures completed. The DON carries out weekly checks to ensure timely responses and prevent repeat concerns.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The centre confirms that the previous finding has been addressed. Staff from other designated centres are no longer rostered in the centre, and all personnel assigned to the centre have undergone centre specific Garda vetting and suitability assessment in line with the Statement of Purpose. Group level Garda vetting has been applied for; however, even if approved, it will not facilitate unrestricted staff movement between centres. The centre continues to maintain appropriate staffing levels and skill mix in accordance with its condition of registration, supported by strengthened governance arrangements to ensure ongoing compliance with regulatory requirements.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(1)(c)	The registered provider shall ensure that there are deputising arrangements for key management roles in place.	Not Compliant	Orange	30/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	30/10/2026

	effectively monitored.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/10/2026