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:	Woodlawn Manor Nursing Home
Name of provider:	WL Woodlawn Care Services Ltd
Address of centre:	St Doolaghs House, Malahide Road, Balgriffin, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	29 July 2026
Centre ID:	OSV-0008662
Fieldwork ID:	MON-0050832

About the designated centre

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

Woodlawn Manor Nursing Home is a purpose built designated centre built in 2023 and is spread over three floors, including a basement level for laundry and catering services. It is located in a suburban village in North Dublin. They provide 24 hour nursing care to male and female residents over the age of 18 with low, medium, and high/maximum dependency needs. They provide both short and long term care. There are places for 96 residents, with 96 single en-suite bedrooms. The centre has a range of communal areas inside, and enclosed garden area in the centre of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71

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 29 July 2026	07:20hrs to 17:00hrs	Geraldine Flannery	Lead
Wednesday 29 July 2026	07:20hrs to 17:00hrs	Ellie Duggan	Support
Wednesday 29 July 2026	07:20hrs to 17:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out by inspectors of social services, which took place over one day. Inspectors focused on the care provided and the environment, talking with residents, visitors and staff for the purpose of informing a decision in respect of the registration of the designated centre.

Overall, residents gave positive feedback about living in Woodlawn Manor Nursing Home. They told the inspectors that they appreciated the care they received from staff who were helpful, caring and dedicated.

One resident spoke about the kindness of staff and gave the example of a staff member who had brought them back a thoughtful gift from their holiday, which they valued greatly. Inspectors observed that this gesture reflected a warm and caring relationship between the staff and the resident that contributed positively to the resident's emotional wellbeing, and was aligned with a culture of meaningful engagement.

Residents told inspectors that the quality of care provided to them had improved over the last three months. They advised that the noticeable improvements in the delivery of care coincided with the appointment of a new person in charge, who they all knew by name. They reported that communication between staff and residents regarding daily care had improved, that there was an increased staff presence with a higher focus on the quality of care being delivered and that there was greater visibility of management throughout the centre.

However, while residents acknowledged the improvements, they were worried and unsure about how long the stability would last. One resident said they 'had seen improvements before, and it all fell apart just as quickly'.

Inspectors spoke with several visitors and while they all welcomed the positive changes in the centre, several remained cautiously optimistic. One visitor commented that similar improvements had occurred previously but had not been sustained over time. They expressed hope that the current standards would be maintained and that the improvements introduced under the new leadership would continue.

Another visitor indicated that they had observed a recent positive change in care practices, however given their previous experience of fluctuating standards, they emphasized the importance of maintaining consistency to ensure ongoing confidence in the quality of care provided.

Staff reported that new management arrangements and adjustments to staffing resources had positively impacted on the daily workload, making it more manageable. Staff said they felt heard and appreciated the support from

management, which improved team morale. In their conversations with the inspectors, many staff expressed hope for sustained improvements under the new management team.

However, some staff spoke about the pressure to maintain speed during peak times and how they felt this impacted negatively on the residents, by having to limit the care and attention dedicated to individual tasks. Inspectors informed the management team of this at the end of the inspection, so that staffing resources could be reviewed. Management assured inspectors that they would take the feedback on board and make any changes, if necessary.

The centre provided a homely environment for residents. Inspectors acknowledged that the provider had taken action to address aspects of the care environment since the previous inspection, including painting and renovating the centre. However, inspectors observed that there were still some deficits in respect of ventilation, namely within two sluice rooms. Whilst overall the malodours noted during the previous inspections had reduced, they were still evident. The inspectors saw that there was a new ventilation system installed in both areas, however its effectiveness was not adequate, and the provider had already proactively set about to source an improved system.

Inspectors saw that whilst the residents were well cared for by staff and the provider had improved the facilities, some further improvement was required, specifically with the quality of the nursing documentation. Inspectors were informed that further training in care planning documentation had been scheduled for the day of this inspection.

Resident bedrooms were found to be clean and organised. Residents who spoke with the inspectors were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings.

Laundry services were provided by an external provider. Residents expressed satisfaction with the quality of the service and there were no reports of clothing or personal items going missing.

Inspectors asked residents about the quality of food provided and overall residents expressed satisfaction with the choice, taste and standard of the food provided and overall said they 'enjoyed their meals'.

A schedule of activities was available for residents, providing a range of opportunities for social engagement and participation. During the inspection, residents were observed enjoying a live musical performance by a singer entertainer in the afternoon. Residents appeared engaged, relaxed and actively participating in the activity, which contributed to a positive and enjoyable atmosphere within the home.

A record of complaints was kept in the centre, and the action taken to address the concerns was in line with the policy. There were no open complaints at the time of

the inspection. Residents spoken with confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns.

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 affect 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

Overall, inspectors found no risk to residents on the day of inspection and acknowledged the great improvement achieved by the provider. Inspectors noted the positive impact improvements had on residents, visitors and staff, who all reported high satisfaction levels during this inspection.

This inspection found that the provider had taken all the necessary steps to provide a good standard of care to residents, which demonstrated that they had the capacity and capability to meet regulatory requirements.

Notwithstanding that the centre had only been registered for the past three years, the provider had experienced a turbulent compliance history with the regulations. This was characterised by a pattern of fluctuating compliance, which was directly associated with changes in the management arrangements and had an adverse impact on the residents.

This was the fifth inspection completed in the designated centre since December 2025. The provider's ability to maintain a high-quality service and ensure consistent compliance with the regulations had been significantly impacted by the instability, ineffectiveness and insufficient oversight of the governance structures.

A restrictive condition had been applied by the Chief Inspector to the registration, stopping admissions to the designated centre after the findings from inspections of 17 February 2026 and 13 March 2026, where the registered provider had failed to ensure that there was an appropriate governance and management structure in place to meet the care and welfare needs of residents.

The inspection on 12 May 2026 found that the registered provider had taken prompt action and restored the governance and management structure, however it was not sufficiently developed to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

The findings of this inspection were that staffing turnover had stabilised and while there were some further changes to the management team, the provider had

proactively planned for and recruited for the roles, to ensure that there were no gaps or vacancies in the oversight arrangements.

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 to 2025 (as amended) and to consider the removal of the condition attached to the registration, which prohibited the admission of new residents to the centre.

The registered provider is WL Woodlawn Care Services Ltd. A director provides governance and operational oversight and support to the local management team. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by an assistant director of nursing (ADON), and four clinical nurse managers. The person in charge was also supported by a team of nurses, care assistants, activities, catering, household, administration and maintenance staff.

The provider had established lines of accountability at operational level. For example, they had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance. The provider had a complaints officer in place, and another staff was assigned the role of infection, prevention and control (IPC) link practitioner and was due to start the relevant training for this role, when the course became available.

Inspectors saw evidence of management carrying out clinical quality walk arounds in the centre and were observed to have a significant positive impact on the resident experiences, staffing, supervision, IPC and environment, and culture within the centre.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre, together with all the required documentation had been submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

A review of the duty roster and observations on the day of inspection, indicated that adequate staffing levels had a positive impact on the quality, safety, consistence and person-centred care provided to residents. Housekeeping resources were adequate to ensure all areas of the premises were clean.

All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely.

Staff supervision arrangements were appropriate to protect and promote the care and welfare of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3, in the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 to 2025 (as amended).

No new residents had been admitted to the centre since the restrictive condition had been applied by the Chief Inspector.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 of the regulations were available to the inspectors on the day of inspection.

Inspectors found that the management of the records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that there was an appropriate governance and management structure in place, with the appropriate knowledge and competence to ensure the effective oversight of residents' care.

Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an established system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The actions the provider committed to in their compliance plan following the previous inspection had been addressed.

The inspectors found that overall, the requirements of the restrictive condition had been met with significant progress made in respect of care planning. The findings provided sufficient assurance to the Chief Inspector that the restriction on admissions to the designated centre could be removed, with a requirement that admissions would be managed in a measured and controlled manner with a maximum of two residents admitted per week.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of care provided to residents had significantly improved since the last inspection, which was seen to be linked to the strengthened governance and management arrangements and oversight described under the Capacity and Capability section of this report.

Inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre, supported by a team of kind staff who promoted residents' rights and ensure that their healthcare needs were well met.

Care planning documentation was available for each resident in the centre. The provider was still in the process of transitioning from one electronic system to

another, and inspectors saw that some staff had received relevant training, with the remaining staff due for training on the day of the inspection.

Notwithstanding the significant progress observed in the quality of the nursing documentation, residents' individual assessments and care planning required further improvement to ensure that they were accurate, concise and provided up-to-date information to guide staff when providing care.

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) had care plans in place which largely reflected trigger factors identified for individual residents, and de-escalation techniques that staff should use to manage and prevent the behaviour escalating.

The designated centre had arrangements in place to support the provision of compassionate end-of-life care to residents at their time of death, in line with their assessed needs, wishes and preferences.

However, inspectors discussed with management that further improvement was required to end-of-life care planning, to move away from a medicalised model towards a more holistic, human rights-based approach to care. This is further discussed under Regulation 5: Individual assessment and care plan. The person in charge had already identified this and had linked in with CARU, the national initiative developed by the Irish Hospice Foundation in Ireland, that guides care and compassion at End of Life in nursing homes.

The premises provided a warm and welcoming environment for residents. The provider upheld their commitment from the last inspection to maintain and improve facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. Resident equipment was seen to be in good working order. The ventilation in two sluice rooms continued to pose a problem, however the provider was actively engaging with an external provider to resolve the malodour issues.

Overall, the centre was clean and there was good adherence to the standards for prevention and control of infection. For example, waste, used laundry and linen was segregated in line with national guidelines. There were good levels of clinical and housekeeping staff to meet the infection prevention and control requirements.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy. There was adequate space for residents to receive their visitors in areas other than their bedrooms, if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 13: End of life

The inspectors were assured that residents nearing end-of-life received care based on their assessed needs, which maintained and enhanced their quality of life. They received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Inspectors saw evidence of specialist palliative team involvement as well as family where appropriate, anticipatory prescribing and advanced directives to ensure residents were meaningfully supported at the end of their life.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was of suitable size to support the numbers and needs of residents living in the designated centre. The inspectors followed up on the compliance plan from the previous inspection and found that the registered provider had made the required improvements to the premises and conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 27: Infection control

Many instances of good practices in respect of infection prevention and control were observed including good hand hygiene techniques and effective processes to mitigate the risks associated with the spread of infection. Overall, procedures were

consistent with the *National Standards for Infection Prevention and Control in Community Services (2018).*

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Notwithstanding the noted improvements in the overall standard of nursing documentation particularly nursing assessments and person-centred care plans, some gaps and discrepancies in nursing records were identified which had the potential to negatively impact the care being delivered to residents. For example:

- Some care plans were very wordy and lengthy, with valuable information buried within the text. For example, some safeguarding and behavioural care plans chronologically detailed past incidents that had occurred and failed to ensure that the interventions required to guide future practice and meet residents' current needs were clear.
- There were gaps in end-of-life care plans, with a focus on medical and pharmacological interventions and little to no reference to the residents' expressed wishes or their spiritual, social and psychological needs.
- Some care plans contained conflicting information in respect of residents' care needs. For example, some care plans outlined that resident's preference was to have female carers to attend to personal needs, however there was no reference to this in the daily handover sheet or consideration in the allocation of staff. This posed a risk that residents' specific wishes would not be consistently implemented in practice.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice register in place in the centre.

The centre was actively promoting a restraint-free environment, in line with national policy.

Judgment: Compliant

Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

Staff files reviewed contained all the required documents, providing assurance that residents were safeguarded through robust human resources practices. The sample of files reviewed evidence that staff had obtained An Garda Síochána vetting prior to commencing employment.

The nursing home was not a pension-agent for any resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Woodlawn Manor Nursing Home OSV-0008662

Inspection ID: MON-0050832

Date of inspection: 29/07/2026

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 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The Registered Provider acknowledges the findings in relation to the identified gaps and discrepancies in nursing documentation.

While improvements in the overall standard of nursing assessments and person-centred care planning are noted, the Registered Provider recognises the importance of ensuring that all nursing documentation is clear, concise, current, person-centred and consistent, and that it provides staff with the information required to safely and consistently meet each resident's assessed needs and preferences.

• All residents' care plans are reviewed and revised to ensure that they clearly and concisely document the residents' current assessed needs, preferences, identified risks, desired outcomes and the interventions required to guide staff practice.
Particular attention is being given to safeguarding and responsive behaviour care plans to ensure that current risks, known triggers, preventative strategies, required interventions and individualised approaches to care are clearly identifiable and are not obscured by lengthy historical narratives.
Historical incidents will only be referenced within current care plans where they remain relevant to the residents' current assessed needs, identified risks or ongoing care and management.
Responsible person(s): Person in Charge (PIC), Clinical Nurse Managers (CNMs).
Completion date: 30/09/2026

• All residents' end-of-life care plans are being reviewed to ensure that they reflect a holistic, individualised and person-centred approach to end-of-life care and are not limited to medical and pharmacological interventions.
Where ascertainable and in accordance with the resident's wishes and capacity to participate, the care plan will clearly document the resident's expressed wishes and

preferences, including their preferred place of care, personal choices, spiritual and cultural needs, social and psychological needs, important relationships and any other individual preferences relevant to their end-of-life care.
Residents will be actively involved in this process and, where appropriate, their representative will also be consulted. Relevant multidisciplinary team input will be sought where required.
End-of-life care plans will subsequently be reviewed whenever there is a significant change in the resident's condition, wishes, preferences or circumstances and as part of ongoing care-planning review process.
Responsible person(s): PIC, CNMs.
Completion Date: 30/09/2026

• A cross-check of residents' assessments, care plans, handover records and other relevant nursing and communication documentation is being undertaken to identify and correct any conflicting, inconsistent or outdated information.
Where discrepancies are identified, the resident's current assessed needs and preferences will be verified and the relevant documentation updated to ensure consistency.
Particular attention is being given to residents' individual preferences that directly affect the delivery of care, including preferences regarding the gender of staff providing personal care.
Where such a preference is identified, this will be clearly documented within the resident's care plan and appropriately reflected in relevant handover and staff allocation arrangements to support consistent implementation in practice, while maintaining the resident's dignity, privacy and confidentiality.
Any changes to residents' assessed needs, identified risks, preferences or required interventions will be updated consistently across the relevant documentation.
Responsible person(s): CNMs under oversight of the PIC
Completion date: 30/09/2026

• The clinical handover process is being reviewed and strengthened to ensure that significant changes in residents' needs, risks, preferences, clinical condition and care requirements are effectively communicated to staff responsible for providing care.
Handover documentation will be reviewed against residents' current assessments and care plans to ensure that relevant information required to guide daily care is communicated consistently.
Responsible person(s): PIC, CNMs
Completion date: 30/09/2026

To ensure that these improvements are sustained, the PIC and CNMs will monitor compliance through ongoing review and audit of nursing assessments, care plans and handover documentation.

Any discrepancies or deficits identified will be addressed promptly, with corrective actions and additional staff guidance or education provided where required.
Audit findings and identified trends will be reviewed through the clinical governance and quality improvement processes to provide ongoing assurance to the Registered Provider that residents' assessed needs and individual preferences are accurately documented, communicated and consistently implemented in practice.

Responsible person(s): PIC supported by the CNMs
Provider oversight: Registered Provider Representative (RPR)
Completion date: 30/09/2026 and ongoing.

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	30/09/2026