



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

Issued by the Chief Inspector

Name of designated centre:	Beechtree Nursing Home
Name of provider:	Beechtree Health Care Limited
Address of centre:	Murragh, Oldtown, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	09 February 2026
Centre ID:	OSV-0000116
Fieldwork ID:	MON-0048359

About the designated centre

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

Beechtree Nursing Home is located in the countryside and is designed as a two storey building, 64 residents can be accommodated on the ground floor and 15 on the first floor. The centre has a central courtyard availing of natural light and the first floor has a small outdoor sitting area. Beechtree Nursing Home is suitable for a maximum number of 79 residents in single and twin bedrooms accommodation. Both male and female residents with varying needs and levels of dependency are catered for and 24 hour nursing care is provided. The centre has three distinct areas. The Murragh can accommodate 49 residents with communal day rooms and a spacious dining room available for meals. The Murragh surrounds an internal courtyard with landscaped garden and smoking shelters. The Drishogue also on the ground floor and The Glebe located on the first floor each have 15 single bedrooms with en-suite bathrooms, a dining-room/kitchenette area on each floor is also available in these areas for meals along with a separate sitting room. There are other seated areas in alcoves off corridors and a private visitor's room on the first floor (Glebe) that is serviced by a passenger lift. The administration offices are located on the opposite side of the centre's accommodation to the right of the spacious foyer and reception area. Beechtree Nursing home is primarily dedicated to Care of the Older person, including residents with dementia and is committed to providing a resident-centred holistic service which promotes respect, empowerment and dignity of the older persons in a homely environment which offers choice, privacy and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Monday 9 February 2026	07:40hrs to 16:40hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in Beechtree Nursing Home. Overall, residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that they were 'very well looked after' and that there was 'wonderful staff' in the centre. The inspector also spoke with some family members who were visiting on the day, who said that the care was 'very good'. There were 53 residents living in the centre on the day of this unannounced inspection.

The design and layout of the home met the needs of the residents and promoted free movement and relaxation. It was visibly clean, tidy and well-maintained with a calm and friendly atmosphere observed. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance. For example, a programme of flooring replacement was in progress. There was sufficient private and communal space for residents to relax in. The centre is situated mostly on the ground floor facilitating access to an internal garden area available for residents to use. The bedrooms viewed by the inspector were homely and well laid out with sufficient storage space for belongings. Bedrooms were personalised to help residents feel more at home.

Residents had access to a range of media including newspapers and television and an activity schedule was displayed around the centre. On the morning of the inspection, the inspector observed some residents taking part in a ball game activity. However, residents informed the inspector that there were insufficient activities taking place in the centre saying, there was 'no arts and crafts' and they 'felt bored' during the day. The inspector was informed of an activities staffing deficit in the centre and despite arrangements made by the provider to recruit additional staff to this role, at the time of inspection those resources were not in place.

The inspector observed breakfast being served in the residents' bedrooms and spoke with staff who had knowledge of residents' dietary needs and relevant modified diets. However, the inspector observed that residents were not offered a choice at breakfast and breakfast was being served without the use of a tray, saucer, milk, sugar or condiments and tea was served with milk already added. While staff knew the residents well, such practices were not person-centred and did not promote a dignified mealtime experience. Residents told the inspector that on occasion 'breakfast was cold'.

The lunch time meal experience in the home's dining rooms was observed as a relaxed and social occasion with ample staff available to assist residents as required. The dining rooms were bright, spacious, clean and nicely decorated. There was a pictured menu available on the tables with choice of courses and the lunch food served was seen to be wholesome and nutritious. A variety of drinks were offered to

residents and condiments, butter and sauces were within easy reach enabling independence. Snacks were available outside of regular mealtimes.

Throughout the day, residents were observed using the many communal facilities in the centre, in groups watching television or quietly sitting with family members. There were information notice boards for residents and visitors on display. This was to inform residents of the services available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details displayed. The provider maintained a written 'Residents Guide' which included a summary of services and facilities available. Residents' rights were generally upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a centre with some good governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. However, there were gaps identified in relation to opportunities for residents to participate in activities in accordance with their interest and will be detailed further under the relevant sections of the report.

This inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The registered provider of Beechtree Nursing Home is Beechtree Healthcare Limited, and is managed by Glas Care Holdco Limited. There was a clearly defined management structure in place. The person in charge has responsibility for the day-to-day operations of the centre and is supported by a general manager. The person in charge is further supported by two Clinical Nurse Managers (CNMs), a team of nurses and health care staff, kitchen and household staff. There was a schedule of regular team meetings in place including clinical governance, management and staff meetings. The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care.

On the day of the inspection, the inspector observed adequate staffing levels and skill-mix to ensure the effective delivery of care having regard to the number of residents and the size and layout of the centre. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities and were visible tending to residents' needs in a respectful manner. However, there was an activities staffing deficit in the centre and despite arrangements made by the provider to recruit additional staff to this role, at the time of inspection those resources were

not in place leading to a deficit of meaningful occupation and social engagement for the residents. The provider informed the inspector of the efforts made to fill this deficit, which included:

- A recruitment process was completed but the proposed candidate had declined the position leaving the continued deficit.
- Care staff were allocated on the staff roster to back fill the activities coordinator position and to provide activities.

Notwithstanding, residents who spoke with the inspector described the adverse impact this had on their access to meaningful occupation, as further detailed under Regulation 15: Staffing.

Documents were available for review in electronic and written format including, written policies and procedures, directory of residents, contracts of care, complaint procedures and residents' guide and were compliant with the legislative requirements. The inspector observed where records were stored securely and the policy on the retention of records was in line with regulatory requirements.

Regulation 15: Staffing

While the inspector observed adequate staffing levels and skill-mix to ensure the effective delivery of health care, there was an ongoing activity coordinator staffing deficit in the centre, leading to a shortfall of meaningful occupation and social engagement for the residents as evidenced by residents informing the inspector of no activities on occasional days, no arts and crafts in the centre and feeling 'bored' during some days in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements and was made available when requested.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection. The sample of records reviewed showed compliance with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Despite efforts by the provider, on the day of inspection the designated centre did not have sufficient resources to ensure the consistent delivery of care in accordance with statement of purpose in relation to provision of activities in accordance with residents' interests and capacities as detailed under Regulation 15: Staffing.

Management systems to oversee the service were in place, however, improved oversight and supervision of staff practices to ensure person-centred and dignified breakfast meal experience for all residents required to be strengthened, as detailed under Regulation 18: Food and nutrition.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were available for inspection. All were updated within the time frame as set out by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met, however the inadequate staffing resources described in the first part of the report adversely impacted on their opportunities for meaningful social engagement.

The inspector found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. There was a rigorous recruitment procedure in place. Staff had An Garda Síochána (police) vetting prior to starting work in the

centre. The provider was a pension-agent for a number of residents. The inspector was assured that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety. Staff confirmed, they completed and sent 'The National Transfer Document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information.

The inspector observed breakfast being served in the residents' bedrooms and spoke with staff who had knowledge of residents' dietary needs and relevant modified diets. However, from what the inspector saw and was told by the residents, the morning dining experience could be further improved to promote residents' independence and provide a dignified meal experience for all residents, as further detailed under Regulation 18: Food and nutrition.

Staff had access to relevant training on responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A policy on caring for residents with these behaviours was also available to staff. Care plans on responsive behaviours detailed triggers and de-escalation measures to relax and reassure residents. From a sample reviewed, the inspector found incident documentation which evidenced that these measures were trialled with residents.

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free.

Judgment: Compliant

Regulation 18: Food and nutrition

While residents were provided with good quality nutritious meals in line with their assessed needs, the serving of breakfast did not always uphold a positive experience. For example:

- Staff were observed serving breakfast without offering choice to the resident.
- Breakfast was served without the use of a tray, saucer, milk, sugar or condiments, and tea was served with milk already added.

- Residents told the inspector that on occasion, breakfast was cold.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The provider had an up-to-date Safeguarding Policy, and measures in place to protect residents from abuse. Appropriate pension-agent arrangements were in place to safeguard resident's finances.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Beechtree Nursing Home OSV-0000116

Inspection ID: MON-0048359

Date of inspection: 09/02/2026

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have been actively recruiting for new activities staff to ensure meaningful occupation and social engagement is delivered to our residents. We have now offered these roles to two candidates, one has started and one has accepted the role and is ready to start once Garda Vetting is received. In the interim, care colleagues have been accepting additional shifts to backfill vacant activities shifts and additional outsourcing of activities such as music, meditation and arts & crafts has been in place. We have also recently commenced pet therapy.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: We have been actively recruiting for new activities staff to ensure meaningful occupation and social engagement is delivered to our residents. We have now offered these roles to two candidates, one has started and one has accepted the role and is ready to start once Garda Vetting is received. In the interim, care colleagues have been accepting additional shifts to backfill vacant activities shifts and additional outsourcing of activities such as music, meditation and arts & crafts has been in place. We have also recently commenced pet therapy.</p> <p>In February 2026 we had a full HACCP review from an external provider. Post review enhanced education was provided to the catering team. Updated Procedures are being finalised which will include the Breakfast Dining Experience to ensure a positive</p>	

experience is enjoyed by residents. In addition to this the management team has commenced audits of the breakfast experience. These audits will continue and be part of the audit schedule going forward for the nursing home.

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Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

In February 2026 we had a full HACCP review from an external provider. Post review enhanced education was provided to the catering team. Updated Procedures are being finalised which will include the Breakfast Dining Experience to ensure a positive experience is enjoyed by residents. In addition to this the management team has commenced audits of the breakfast experience. These audits will continue and be part of the audit schedule going forward for the nursing home.

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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	31/05/2026
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/04/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	31/05/2026

	ensure the effective delivery of care in accordance with the statement of purpose.			
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 effectively monitored.	Substantially Compliant	Yellow	31/05/2026