



**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:	22 October 2025
Centre ID:	OSV-0000186
Fieldwork ID:	MON-0048685

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:	32
--	----

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 22 October 2025	08:15hrs to 16:45hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what the inspector observed, residents were generally content living in Woodlands House Nursing Home. The residents spoken with were mostly complimentary of the staff and the care they received. One resident told the inspector "it's great here, I am well looked after, I'm glad I'm here.", while others described the staff as "great, and kind". Some residents said "staff are very hardworking, but they don't have as much time to sit down and chat", "it's lovely here, sometimes there could be more to do activities-wise."

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. During the inspection, the inspector spoke with nine residents and three visitors to gain insight into the residents' lived experience in the centre. The inspector spent time observing interactions between staff and residents, as well as reviewing a range of documentation and speaking with staff and management. Visitors spoken with told the inspector that "the centre is lovely" and "it's really good here".

On arrival to the centre there was a calm and relaxed atmosphere, most residents were still sleeping or were receiving their breakfast in bed from care staff. The inspector observed that staff knew the residents well and were familiar with each resident's daily routine and preferences. Later in the morning residents were seen to be sitting in the activities room watching morning Mass on the television. There were various activities seen to take place in this area throughout the day such as exercises and quiz games. At times, the inspector observed that there were 26 residents in the area with one activities staff member supervising. If this staff member needed assistance from care staff they used the call-bell to alert other staff. Some of the residents partaking in the group activities required additional one-to-one support from the activities staff member to complete the activity and staff and residents spoken with confirmed that this stopped the activity for other residents.

Some residents chose to remain in their bedrooms for the day and were seen receiving visitors. All interactions and support observed on the day was courteous and in a dignified manner which upheld residents' rights. In their conversations with the inspector, care staff understood the principles of safeguarding and were able to describe the measures they would take should they suspect, hear or see an incident of abuse.

The centre was laid out to meet the needs of the residents with handrails in place to enable residents to move around freely. The centre was generally clean and well maintained. A newspaper article showcasing the residents' artwork in the local newspaper was framed and on display alongside an article written about a former resident, providing an interesting display for residents and visitors. The inspector observed the activities schedule on display in the centre and noted that the timings

for the activities were duplicated and did not provide an accurate schedule for the week. This was brought to the attention of staff on the day.

The morning breakfast meal was served to residents in their bedrooms by care staff. This took place early in the morning and was provided by a health care assistant in the absence of catering staff, who did not start until later in the morning. This resulted in less care staff being available to residents at this time and was a repeat finding from the previous inspection. Residents chose to dine in the main dining room for their dinner and the inspector observed that there was an appropriate number of staff in the main dining assisting residents with their meals. However, one resident was left unsupervised in the activities room for 15 minutes. The inspector brought this to the attention of staff who rang the call-bell in the activities room for other staff to assist the resident. The atmosphere in the dining room was relaxed and calm. Some residents were observed receiving their medications during their meal. Such practice required review as it did not uphold residents' rights to an undisturbed meal experience and did not promote residents' dignity and privacy.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection with a focus on adult safeguarding and reviewing the measures the provider had in place to safeguard residents from all forms of abuse. This inspection found that while there were management systems in place to protect the residents, the oversight of these systems was not fully sufficient to ensure they were effective. Improvement was also required to ensure that staffing levels in place in the centre were sufficient to meet the needs of the residents.

The registered provider of the centre was Sandcreek Limited. The centre is part of the Beechfield Care Group who own and run a number of services across the country. A company director and operations manager were present on the day of the inspection. The person in charge was supported in their day-to-day management of the centre by a clinical nurse manager (CNM), nurses, healthcare assistants, administrative, laundry, domestic and catering staff.

The inspector reviewed a sample of staff files and found that staff were appropriately Garda (police) vetted before starting their roles in the centre. However, staffing resources required review to ensure they could effectively meet the needs of the residents at all times, as further detailed under Regulation 15: Staffing.

The registered provider had clear safeguarding policies and procedures in place, aligned with national safeguarding legislation and best practice guidelines. Mandatory safeguarding training and other relevant training was provided online and completed by all staff. Staff demonstrated a good knowledge of what constituted abuse and what procedure they would follow if they witnessed any form of abuse. A small number of staff had also completed human rights-based approach training.

There were systems in place to oversee the quality and safety of the centre such as weekly governance reports and a system of audits were in place. However, further oversight by the provider was required to ensure notifications of incidents were reported to the Chief Inspector and that the staffing complement was appropriate to meet the needs of the residents. This is further discussed under Regulation 23: Governance and Management.

The inspector reviewed records of accidents and incidents that had occurred in the centre and found that five notifications were outstanding and were required to be notified to the Chief Inspector. Three of these were received following the inspection.

Regulation 15: Staffing

The registered provider did not ensure that the number of staff was appropriate having regards to the needs of the residents and the size and layout of the designated centre. For example:

- Care staff were still required to serve breakfast to residents in the morning time as the catering assistant did not start work until after the breakfast service. This was a repeat finding from the previous inspection despite assurances given by the provider that a review of this practice would take place.
- One activities coordinator was responsible for supervising 26 residents at one time in the activities room and also provide activities for residents. Residents and staff spoken with confirmed that this took time away from the activities.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

Systems that were in place to monitor and oversee the quality and safety of the service required strengthening. For example:

- Despite accidents and incidents being discussed at weekly governance meetings the inspector found that not all incidents were not notified to the Chief Inspector as required by the regulations. The systems for ensuring reportable incidents were notified required full review.
- Commitments given in the compliance plan response from the previous inspection were not fully completed in respect of resource allocation and staffing levels. The review of kitchen staff hours referred to in the compliance plan was not available on the day of the inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

From a review of incidents occurring in the centre the inspector found that not all notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations. This included a safeguarding allegation.

Judgment: Not compliant

Quality and safety

This inspection found that overall, measures taken by the registered provider to protect residents from harm and to promote residents' safety were in place, but required improvement in some areas to ensure the quality of the service was consistently maintained.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. Care plans reviewed mostly reflected the care needs of the resident. However, improvements were required as outlined under Regulation 5: Individual assessment and care plan.

The provider had ensured all staff had training in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were few residents who displayed responsive behaviours and these appeared to be managed in a way that kept residents, visitors and staff safe, while also having a minimal impact on the person exhibiting these behaviours. Referrals to external services were in place to provide a person-centred approach to care.

The registered provider had systems in place to safeguard residents from abuse. The provider had a safeguarding policy to guide staff in recognising and responding to allegations of abuse. The provider maintained a complaints log in the centre and the person in charge had completed investigations in relation to complaints received, including any safeguarding allegations or concerns. Advocacy services information was on display throughout the centre.

Residents' meetings took place in the centre and residents were facilitated to attend activities, which were observed to be provided throughout the day. Residents had access to various forms of media and were observed watching TV, using tablets and reading newspapers on the day of the inspection. Some improvements were required to ensure all residents had the opportunity to participate in activities in accordance with their capabilities as discussed further under Regulation 9: Residents' rights.

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed, a small number required updating to ensure they reflected the specific needs of the resident. For example:

- There was no safeguarding care plan in place for a resident who had previously reported a safeguarding concern.
- A resident who was using bedrails had outlined in their care plan that the bed rails were to be released on a two hourly basis, this was not being recorded by all staff.
- While an activities assessment had been carried out for a resident, there was no corresponding care plan in place to guide care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support a small number of residents with responsive behaviours. There was a restrictive practice register in place in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Staff had received safeguarding training and were knowledgeable about what constitutes abuse and how to report suspected abuse in the centre. Residents reported that they felt safe in the centre. The registered provider was not a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

The opportunities for residents to participate in activities in accordance with their interests and capacities required some improvement. Most residents expressed their satisfaction with the activities available to them however, some residents who attended the activities required more support or supervision than others and this disrupted the activity for the other residents who were required to wait to resume the activity.

- Routine task-based practices were observed that were not person-centred. Medications were given to some residents during mealtimes which did not support the residents' right to privacy and dignity.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Woodlands House Nursing Home OSV-0000186

Inspection ID: MON-0048685

Date of inspection: 22/10/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. To address this, we have now completed a full review of the morning catering schedule. The catering assistant's start time will be adjusted to ensure full support during breakfast service. This will allow care staff to focus on direct resident care during this period. Implementation of this change will be monitored to ensure sustained compliance. 2. We are currently reviewing the activities staffing structure to ensure that residents receive safe supervision while maintaining high-quality and consistent activity provision. Additional staffing support provided by Healthcare Assistants will be allocated during group sessions to ensure that supervision and activities are delivered effectively. Feedback from residents and staff will be used to guide further improvements.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. All retrospective notifications of incident were submitted to HIQA after the inspection day. 2. To address this, we have now completed a full review of the morning catering schedule. The catering assistant's start time will be adjusted to ensure full support during breakfast service. This will allow care staff to focus on direct resident care during this period. Implementation of this change will be monitored to ensure sustained compliance.	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>1. All retrospective notifications of incidents were submitted to HIQA after the inspection day. The Director of Nursing reviewed the HIQA guidance documents and regulatory requirements on notification submission to refresh knowledge and prevent recurrence.</p>	
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>1. A safeguarding care plan has been transferred to the care monitor for the resident who had previously reported a safeguarding concern. This care plan has also been communicated to all relevant staff e.g. nurses, care assistants, and others as appropriate.</p> <p>2. A bedrail monitoring chart has been created to ensure consistent documentation of bedrails use as indicated in the care plan.</p> <p>3. Individualised activity care plans for all residents, based on their current activity assessments, are currently being updated. Once finalised, they will be shared with the nursing and healthcare assistant teams for implementation.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>1. We are currently reviewing the activities staffing structure to ensure that residents receive safe supervision while maintaining high-quality and consistent activity provision. Additional staffing support provided by Healthcare Assistants will be allocated during group sessions to ensure that supervision and activities are delivered effectively. Feedback from residents and staff will be used to guide further improvements.</p> <p>2. The medication administration schedule is being reviewed to explore adjustments that would reduce mealtime disruptions and improve residents' privacy and dignity.</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 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.	Not Compliant	Orange	12/01/2026
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 effectively monitored.	Not Compliant	Orange	21/11/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in	Not Compliant	Orange	21/11/2025

	charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.			
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	02/12/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	12/12/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	08/12/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does	Substantially Compliant	Yellow	08/12/2025

	not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	08/12/2025