



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

Issued by the Chief Inspector

Name of designated centre:	Woodlands Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	Bishopswood, Dundrum, Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 December 2025
Centre ID:	OSV-0000304
Fieldwork ID:	MON-0048443

About the designated centre

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

Woodlands Nursing Home is situated in a rural setting on the outskirts of the village of Dundrum and a 10-minute drive from the town of Cashel, Co Tipperary. The centre is registered to accommodate 43 residents, both male and female. Residents' accommodation comprises single bedrooms with wash-hand basins, single and twin bedrooms with en-suite shower and toilet facilities, a conservatory, two dining rooms, sitting rooms and comfortable seating throughout. Other facilities include assisted toilets, shower wet rooms, an assisted bathroom and a laundry. There were two enclosed courtyards and a secure garden for residents to enjoy. Woodlands caters for people with low to maximum dependency assessed needs requiring long-term residential, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 5 December 2025	08:35hrs to 15:15hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Overall, Woodlands Nursing Home was a well-run centre where residents were supported to enjoy a good quality of life by a team of staff who were kind and caring. The inspector met with many residents and spoke in more detail with five residents and three visitors in order to gain insight into the experience of those living there. Residents were positive about their experience of living in the centre and said that they were happy with the level of care and support provided. There was a large number of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre, however they appeared to be content and comfortable.

On arrival to the centre in the morning, there was a relaxed and friendly atmosphere. While walking through the centre, the inspector observed that staff had a good rapport with residents and were assisting residents in an unhurried manner. It was evident that the management and staff knew the residents well as they were seen to adapt their approach in line with the residents' individual needs. One resident told the inspector that the staff "are always on hand when I need them" and another said "they are a great group of people".

The centre is a single-storey building on the outskirts of Dundrum in Co. Tipperary. The majority of the centre is purpose-built. The original building was a school house, and some of the traditional features remain. Bedroom accommodation was provided for in eight ensuite single bedrooms, one ensuite twin bedroom, nine single bedrooms and 12 twin bedrooms which contained sinks and had access to shared toilet and bathing facilities. The inspector observed that some of the storage areas and sluice rooms in the centre required reorganisation and improved cleaning, but the communal areas and bedrooms were very clean and tidy.

The centre was warm and bright throughout and there was a homely atmosphere. Residents were observed in a number of communal rooms throughout the centre. Each communal area provided comfortable seating options. There was a spacious and bright dining room and sitting room available for residents' use. Wall-mounted alcohol hand gels were readily available throughout the centre to promote good hand hygiene.

The internal courtyard was freely accessible from the main dining room and this area was well-maintained with shrubs and planting, accessible pathways and seating options. On the day of the inspection it rained heavily, however residents told the inspector that they loved to use the garden when the weather was nice. There were photos displayed of residents enjoying the sunshine when activities could be held outside.

There was plenty of activities scheduled and residents said there was lots to do each day. During the inspection, the inspector observed that a dedicated activities

coordinator ensured that residents were kept occupied with art materials and puzzles which they could complete at their leisure. Together, residents and staff read newspapers, sang songs and were observed to be enjoying a relaxed afternoon together. There was a lively and competitive ball game in the afternoon which was enjoyed by all who participated, and by the spectators.

Residents said that they felt safe in the centre and all residents who spoke with the inspector stated they would have no hesitation reporting or discussing a concern with any member of staff. Residents were very happy with the timing of their meals and the variety of food, snacks and drinks on offer. Residents said they could choose whether to come to the dining room, or have their meals in the privacy of their own room. The main kitchen was located some distance from the dining room. There was a small kitchenette with a hatch into the dining room and the meals were delivered directly to here from the kitchen in heated serving trollies. The inspector observed a coordinated system of delivering meals to residents in their rooms, ensuring that they remained hot and appetising during travel. The food provided to residents was nutritious and there was plenty of choices available at each meal, and during the day.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were good overall governance systems in this centre. The registered provider ensured that the service was appropriate to the needs of the residents. Strong leadership and a well-established staff team focused on maintaining a safe and comfortable environment for residents, whilst also respecting their individual rights and preferences. Notwithstanding the many good practices observed, improved oversight in the area of infection prevention and control and medicines management was required to ensure consistent good outcomes for residents.

This was an unannounced inspection which took place over one day. The purpose of the inspection was to assess ongoing compliance with the regulations and standards, following an application by the provider to renew the centre's registration. The centre has a history of good regulatory compliance and this inspection identified sustained levels of compliance with respect to the regulations assessed. The centre is registered to provide accommodation for 43 residents, and there were 42 residents living in the centre on the day of inspection.

The registered provider of The Cottage Nursing Home is Tipperary Healthcare Limited. There are two company directors, who are engaged in the operational oversight of the centre. The person in charge reports directly to a company director. The director was present in the centre for the inspection. The provider is also

involved in the running of another designated centre, and there was good systems of shared learning between the management of each centre. There were regular, documented governance meetings where all aspects of the service delivery were discussed. The person in charge maintained records of key clinical information such as the antibiotic usage, falls, and residents' weights. This information contributed to a regular series of audits of practice.

On a day-to-day basis, the person in charge is supported in the centre by an assistant director of nursing and a team of staff nurses. The management team and senior nurses provide supervision of practice over the weekend, and the person in charge is on call to support the service as required. The assistant director of nursing deputises for the person in charge in her absence. Staff were well-supervised in their roles. The registered provider ensured that there were sufficient and safe staffing levels to meet the assessed needs of the residents and to support a full social and activity programme. There was a minimum of two registered nurses on duty during the day and one nurse on duty at night. Adequate healthcare assistants, activity staff, catering and domestic staff supported the daily operations in the centre. Oversight of administration, human resources, finances and record-keeping was maintained by administrative staff. There was a full-time member of maintenance staff.

All staff had received up-to-date training in safeguarding vulnerable adults, moving and handling techniques and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Registered nurses undertook annual medication management training.

The directory of residents was maintained in an electronic format. This required review to ensure that all of the required information was recorded in relation to each resident. The annual certificate of insurance was in place.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had completed an application to renew the registration of the designated centre. All prescribed information such as floor plans and the statement of purpose and function were received with the application, in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, assurance was provided that the registered provider had arrangements in place to ensure that

appropriate numbers of skilled staff were available to meet the assessed needs of the 42 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and infection control was completed for staff. Assurance was provided that staff were appropriately supervised by senior staff in their respective roles and that there was appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 19: Directory of residents

The centre's electronic system contained relevant information pertaining to each resident. However, the specific information required under Schedule 3 of the regulations was not maintained in a central, comprehensive directory of residents. For example, not all records included the date on which the resident was transferred to another hospital or facility.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was

well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

There were good communication systems in place, including structured staff meetings at regular intervals, and daily handovers to discuss pertinent issues as they arose. There were deputising arrangements in place for key management personnel.

A comprehensive annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with targeted action plans for improvement set out for 2025. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Quality and safety

Overall, the care and support of residents was delivered in a person-centred way. Management and staff promoted an ethos of a human rights-based approach to life and care in the centre. Residents told the inspector that staff were kind and that this contributed to a good atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to health and social care. Some areas of the environment required enhanced oversight to ensure that infection control procedures were adhered to. Medicines management required review to ensure good outcomes for residents.

Residents each had a detailed individualised care plan in place on admission to the centre. Validated risk assessment tools were used to inform care planning. The inspector reviewed a sample of care records and saw that these were person-centred and updated when residents' needs changed. There were good arrangements in place for consultation with relatives and families about individual care plans. There were good overall procedures for medicines management in the centre, including the receipt and administration of medicines to residents. Some improvements in the storage of medicines was required, to reduce the risk of medicine errors occurring.

Overall, the centre was well-maintained, and tidy which provided a comfortable environment for residents. The registered provider was generally implementing procedures in line with good practice for infection control, however the lack of clinically-compliant hand hygiene sinks presented a significant barrier to full compliance. All staff completed a variety of training modules including the use of personal protective equipment (PPE), and general infection control principles. There was an identified infection control link practitioner nominated in the centre. The centre was cleaned to a good standard. Housekeeping staff were competent with the correct cleaning procedures to maintain a safe environment for residents and

staff. Some improvements in relation to the management of the environment and equipment were required, to fully comply with Regulation 27; these are described under the regulation.

The inspector observed that the food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. There was a system in place for the identification of residents' likes and dislikes, and their dietary and swallowing requirements on admission to the centre. Records showed that resident's changing needs in this regard were quickly handed over to kitchen staff to ensure the safety of the resident. Additionally, weekly reviews were held between the management and kitchen staff, where any required changes were discussed and all relevant paperwork, notices and care plans relating to residents food and nutrition requirements were updated accordingly.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Residents' meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in areas regarding social and leisure activities, and standards of care. Minutes of these meetings were documented, with action plans assigned and followed up on. Overall, there was a well-researched range of stimulating activities to promote the resident's general well-being. One-to-one activities and conversations were held with residents in their rooms, if they chose not to participate in larger group activities. Predominantly, there were different activities on offer in the centre each day. Residents were also encouraged to maintain personal relationships with family and friends through regular visits and trips out where possible.

Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

Regulation 11: Visits

The provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

The arrangements for visiting were set out in a recently-updated visitor policy, which included the procedures for ensuring residents receive visits from nominated support persons during outbreaks of illness, for example an influenza outbreak.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times, including residents who required a modified consistency diet. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of high quality food, drinks and snacks at times outside of regular mealtimes.

Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents, a guide in respect of the designated centre. This contained all of the required information, including a summary of the services and facilities in the centre, and how to access inspection reports in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A transfer document was incorporated into the centre's document management system. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the hospital and health and social care professionals

Judgment: Compliant

Regulation 27: Infection control

Some areas for improvement were identified by the inspector, which were not in line with national infection control guidance:

- Dirty utility "sluice" rooms required review as they were being used to store items including vases, which is not appropriate and creates a pathway for potential spread of infection. Additionally, they contained domestic taps which were turned on by hand, which is not in line with effective hand hygiene procedures
- A store room contained items including linen stored on the floor, which reduces effective cleaning.
- The dedicated janitorial room which stored the cleaning trolleys was also used by staff to store coats and bags. Some of the equipment in the room such as buckets and the trolley itself were not clean. Cleaning equipment should be maintained in a clean condition, ready for use.
- The presence of hoists stored on the corridor partially impeded access to a handwashing sink.
- Some items of furniture, for example bedside tables and lockers had worn or damaged surfaces, which could not be effectively cleaned. The provider had a system in place for the replacement of damaged furniture.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The storage of some medicines required review to ensure that all medicines were stored in line with the guidance of the prescriber and/or pharmacist advice.

- An insulin pen, which was in use, was incorrectly stored in the fridge, despite the manufacturer's guidelines indicating that the medicine should not be refrigerated after first use.
- Dates of opening were not consistently recorded for medicines which had a reduced expiry once opened. This is not in line with best-practice guidance.
- Some residents' medicines for occasional use did not have expiry dates available.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs using a range of validated assessment tools. Comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes to the residents' care needs, reviews were completed to evidence the most up to date information.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents meeting minutes, satisfaction surveys, and from speaking with residents on the day.

There was a varied activity schedule in place. This schedule was delivered by dedicated activity staff throughout the week. The inspector reviewed the range of activities on offer to the residents and these reflected residents' interests and capabilities.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodlands Nursing Home OSV-0000304

Inspection ID: MON-0048443

Date of inspection: 05/12/2025

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A centralised electronic directory of residents has been developed. This directory now contains all information required: including residents name, DOB, gender, address, date of admission and where applicable the date and details of transfer to another hospital or facility.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The dirty utility/slucie room have been reviewed and items that should not be stored in these area,including vases have been removed. Linen storage has been reviewed, and all linen is stored appropriately on shelving units and off the floor to ensure effective cleaning of the environment. The janitorial room, staff coats and bags are no longer stored in this ear and staff have been reminded of the appropriate storage for personal belongings. New cleaning trolleys and buckets have been purchased, and a cleaning system has been implemented to ensure cleaning equipment is maintained in a clean condition and ready for use. Staff remind when storing hosit on the corridor that it doesn't impeded access to the handwashing sink. Damaged or worn items, including bedside tables and lockers that cannot be effectively cleaned, have been identified and a replacement programme has been initiated. Timeframe: Immediate action have been completed and the remaining actions including the furniture replacement programme will be completed by April 2026.</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The insulin pen identified during inspection was immediately reviewed and is now stored in accordance with manufactures recommendations. All medicines currently in use have been checked and date of opening has now been clearly recorded on medication, this includes liquid medicines, eye drops, insulin and topical preparations. The pharmacy was contacted regarding PRN medications that did not have expiry dates recorded, and they have been requested to provide the appropriate expiry information for these medications.</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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	29/03/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/04/2026
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that	Substantially Compliant	Yellow	29/03/2026

	resident's pharmacist regarding the appropriate use of the product.			
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