



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:	11 December 2025
Centre ID:	OSV-0008662
Fieldwork ID:	MON-0041956

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 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:	80
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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
Thursday 11 December 2025	08:30hrs to 16:00hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

The inspector met with many residents during the inspection, and spoke with 12 residents and seven visitors in more detail, to elicit their experiences of life in Woodlawn Manor Nursing Home. Overall, residents confirmed that they were adequately cared for by staff who were attentive to their needs for assistance, and were aware of their needs and personal preferences.

All relatives expressed satisfaction with the high standard of safe care provided to residents. Relatives spoken with said the communication between staff and families was excellent; staff called them and reported any issues, in a prompt manner. One relative said that they had observed a definite 'improvement in care' this past year. Two relatives commented that the person in charge was always very visible in the centre and extremely approachable.

On the morning of the inspection, the atmosphere in the centre was relaxed and calm. The reception area and foyer appeared bright and inviting. There were sufficient communal areas throughout the centre and were seen to be well used by residents throughout the day. The inspector was informed that new flooring had been installed in many areas within the centre and a schedule of painting had commenced.

This inspection found that the registered provider had made positive changes in response to the previous inspection, and ultimately demonstrated an improved compliance with the regulations. However, the inspector was not assured that adequate arrangements were in place in respect of maintenance of the premises. The general oversight of the environment and equipment was not robust, as evidenced later in the report under Regulation 17: Premises.

Overall, the centre was clean and there was good adherence to the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with national guidelines. There had been a recent outbreak of acute infectious gastroenteritis, and staff controlled and managed this outbreak effectively, despite not having a working bedpan washer in the centre. There were two sluice rooms in the centre, each containing an out-of-action bedpan washer, and a foul smell was evident in both.

Resident bedrooms were found to be clean and organised and many were decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments. Residents who spoke with the inspector were happy with the size, layout and décor of their rooms. However, there were some vacant bedrooms that had a strong un-pleasant odour and visible damp patches on the walls, and were in need of attention prior to occupancy.

There was an enclosed garden on the ground floor that had two miniature putting greens installed this year. Some residents said they enjoyed the fun activity very much, while also getting some physical exercise. The inspector noted that the door leading to the garden was very stiff and required assistance to open, which meant that residents could not access the outdoor space independently whenever they wished.

On the first floor a roof terrace was available for residents. The terrace floor was lined with green material resembling grass, however it appeared water-logged and unsuitable for use. Garden furniture including tables and chairs were noted on the terrace, however appeared light in nature and were movable posing a safety risk. Robust raised planting beds were noted in several areas within the centre and some residents told the inspector that they would like to be able to plant them with their favourite flowers which would provide a pop of colour to the centre.

Lunchtime was observed to be a sociable and relaxed experience. Residents told the inspector that the food was always very good. The inspector observed that there was a good choice of food on offer, and residents confirmed that they could have alternatives to the menu if they wished. The inspector observed the meal time service to be well-managed and unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times.

Residents were supported to enjoy a good quality life in the centre. They had access to a range of media, including newspapers, telephone and TV. One resident spoken with said bingo was their favourite activity. Another resident spoke about the various outings that they enjoyed over the past few months, including trips to a local historic castle where they enjoyed tea or coffee and a sweet treat in the adjoining restaurant, and trips to the local shopping centres.

On the afternoon of the inspection, residents were observed to enjoy a celebration of music and dance with the staff. Staff, including those off duty came in and dressed up in their traditional attire, characteristic of their culture and community from various countries around the world. Staff cooked their traditional dishes giving residents an insight into their individual heritage. It was an evening of fun, laughter, colour and creating memories where staff were observed engaging with residents in a kind manner and a positively happy atmosphere was evident.

No complaints or concerns were raised by any resident on the day of inspection, and residents confirmed that they would not hesitate to speak with a staff member if they had any issues. There were no open complaints on the day of inspection. Staff said they felt supported by the person in charge and knew who to approach should they have any concerns.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Notwithstanding the positive feedback from residents and visitors about the overall care, the inspector found concerns in respect of premises which did not provide assurances that the governance and management arrangements in the centre were consistently effective. The findings of this inspection required a more proactive management of maintenance issues, to support the provision of a safe environment and quality service to residents.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended).

During this inspection, the inspector reviewed the relevant actions from compliance plans from the most recent inspection dated 18 February 2025 and acknowledged that improvements had been made particularly relating to care and welfare of residents.

This inspection also followed up on learning from appropriately notified medication-related incidents, and the systems put in place to oversee medication management in the designated centre. Overall, the inspector was satisfied with improvements to the process ensuring critical safety checks were consistently implemented in respect of medication management and governance.

The registered provider is WL Woodlawn Care Services Limited. There was a clearly defined management structure in place that identified clear lines of authority and accountability. The person in charge, who was appointed in March 2025, had the responsibility for the day-to-day operations of the centre. They were supported in their role by a company director who was delegated by the provider for senior management oversight of the service, a team of nurses, healthcare assistants, activity, catering, housekeeping, administration and maintenance staff.

The person in charge, fostered a culture that promoted the individual and collective rights of the residents. They motivated a creative, caring, and well-skilled team to support residents to live active lives, having due regard to their wants and needs.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call-bells were answered without delay and residents informed the inspector that they did not have to wait long for staff to come to them. However, the maintenance resources required review as evident by the several premises issues identified that were not acted on in a timely manner, and which adversely impacted the residents and the quality of the lived environment.

Staff received appropriate training for their role and were found to be knowledgeable and confident in their practices. Staff training records were well-maintained and supported the effective monitoring and tracking the completion of mandatory and other training by staff. The inspector saw evidence that the majority of staff had updated mandatory training in place, with a small amount of staff who were due updates booked into upcoming training.

Records reviewed were stored securely in the centre and made available for the inspection. The policy on the retention of records was in line with regulatory requirements. All documents requested on the day were promptly provided, including the insurance certificate and information guide which were fully compliant with the legislative requirements.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent services to them.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient healthcare staffing levels to ensure the safe delivery of care to residents on a daily basis. However, the maintenance resources required evaluation, as a review of records found numerous examples of maintenance work required and not completed, some of which are detailed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were facilitated to attend mandatory and professional development training appropriate to their roles. There was an ongoing schedule of training in place to support staff.

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.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre did not have sufficient resources to ensure the needs of each resident could be effectively and safely met. For example;

- There was no working bedpan washer available in the centre on the day of inspection. The bedpan washers had been out of order since June and August 2025 respectively, with no alternative provided. This may have an impact on effective decontamination of utensils and result in a health care associated infection.

Management systems in place on the day of the inspection were not sufficiently effective to ensure that the service delivered was consistently safe, appropriate and effectively monitored. For example;

- Information governance arrangements in respect of maintenance referrals required strengthening, as the general oversight and supervision of maintenance logs and actions was inadequate and did not ensure that items that were reported broken or faulty were addressed in a timely manner. For example; a leak was reported coming from a ceiling on 27 November, heating in a bedroom was reported not working on 28 November 2025, mould was reported on a bedroom wall on 28 November 2025, no hot water was reported in a shower on 05 December 2025, however there was no timely action plan in place to address the issues. Also, maintenance records identified on 30 September 2025 that a handle in a toilet was broken, however the record was incomplete and did not provide assurance whether the handle had been fixed or since when. A pharmacy door was reported as banging loudly when closing on 27 November 2025, waking up the resident in

the bedroom opposite causing disruption to their sleep. However the record was incomplete with no plan of action detailed and there was a lack of assurance whether the issue had been rectified.

- The management systems in place to address the oversight of the physical environment were not effective, as evidenced under Regulation 17: Premises.
- The registered provider did not take adequate precautions against the risk of fire: storage of oxygen bottles within the centre was not appropriate.

Judgment: Not compliant

Quality and safety

Overall, the inspector was assured that residents received a good standard of care. There was timely access to health care services and appropriate social engagement, with an ethos of kindness demonstrated by staff on the day of inspection. However, further action was required to ensure ongoing quality and safety of the service, particularly in respect of environmental management as further outlined in this report.

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Care plans reviewed were person-centred and reflected the care needs of the resident. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals.

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 appropriate care plans in place. Staff spoken with were aware of each resident's individual needs and had supports in place to help them to respond appropriately.

Residents were supported to make informed choices, with advocacy support offered where required. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and taking part in residents' surveys. Activities were tailored to meet residents' needs and they had input into planning their schedule, including trips out of the centre.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. It was well laid out to encourage and facilitate independence. However, further improvements were needed, as further detailed under Regulation 17: Premises.

Medication management practices were in line with the centre's policy. Nurses were observed administering medication as prescribed by the medical practitioner and in line with the requirements set out by the Nursing and Midwifery Board of Ireland

(NMBI). The storage of medicine was safe and all medicines were reviewed by the general practitioner (GP) on a three monthly basis.

Regulation 17: Premises

Notwithstanding the recent installation of new flooring in areas of the centre and painting of some walls, the registered provider did not ensure that the premises conformed to all requirements of Schedule 6 of the regulations, for example:

- Premises was not kept in a good state of repair internally and externally. For example; wear and tear was observed throughout some areas of the centre with chipped paint on walls and skirting, heavily scored doors and some damage including holes in walls, requiring maintenance; doors opening out to the ground floor courtyard were very stiff and unable to be opened without extreme force; fire door at stair B was heavily discoloured despite repeated deep cleaning; some ceiling tiles had brown staining on them and required review. Externally, the terrace surface on the first floor was water logged and unsuitable for use. The wall around the terrace was unsightly and required painting.
- Equipment required for the management of residents' waste was not in working order. On the day of inspection, the two bed pan washers in the centre were out-of-order. The washer on the first floor was out of action since June 2025 and the washer on the ground floor was broken since August 2025. There was no evidence of a service contract agreement in place. The inspector acknowledges that there was a service report available from the manufacturer dated 28th November 2025, which demonstrated that machine parts were on order, and there was a plan in place to fix the machines.
- Appropriate ventilation was not in place in all areas of the designated centre. There was a strong malodour present in the sluice rooms and in several of the bedrooms and en-suites, which was not conducive to a pleasant environment and required attention.
- Damp patches and black marks which may denote mould and fungi, were observed in several areas in the centre including bedrooms and bathrooms. All the affected bedrooms were vacant and required action to address the concerns prior to occupancy, as this could pose a health risk. The inspector observed that one of the said bedrooms had been recently painted in an attempt to address the problem, however the treatment of mould had been ineffective and there was evidence of recurrence.
- There was a break in the integrity of the flooring on the first floor. It did not pose a trip hazard, however it would not allow safe and effective cleaning. The inspector was informed that the flooring was due for replacement in the next phase of renovation.
- Inappropriate storage was identified in some areas of the centre. Nine bottles of oxygen were stored unsecured within the centre, posing a potential fire safety risk.

- The trays on the hand gel dispensers required repair or replacement as there were breaks in the integrity of the surfaces, which did not facilitate effective cleaning and decontamination.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents guide available for residents and the guide contained all the required information.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were in line with best practice, the centre's medication management policy and with legislative requirements. The person in charge ensured that all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs, of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and, where appropriate, their family.

Judgment: 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 9: Residents' rights

Residents' rights and choice were promoted and respected in the centre. All interactions observed during the day of inspection were person-centred and courteous.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodlawn Manor Nursing Home OSV-0008662

Inspection ID: MON-0041956

Date of inspection: 11/12/2025

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:

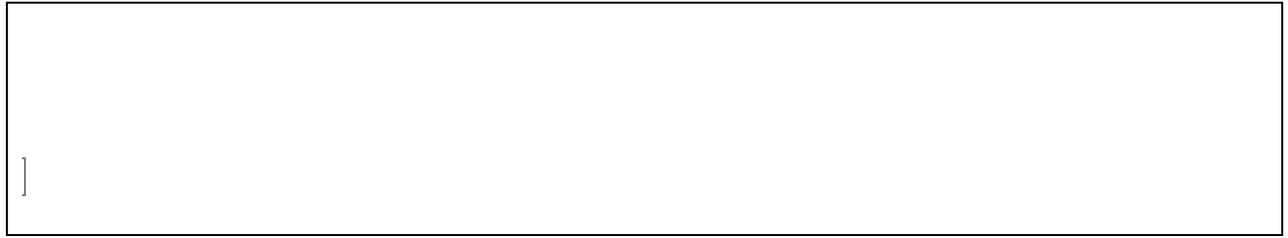
Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • A full review of maintenance staffing levels and skill mix has been completed. • A decision has been taken to increase maintenance hours on site to ensure timely response to environmental issues. • A dedicated maintenance technician will be rostered on-site 5 days per week, with an on call arrangement for urgent issues. • A new Maintenance Escalation SOP has been developed, outlining response times for urgent, high risk, and routine tasks. • All staff have been briefed on the new escalation process. • A system has been implemented to ensure all maintenance requests are logged, assigned, time stamped, and closed out with evidence. • Weekly audits will be completed by the House Manager and PIC to ensure timely completion. • Maintenance KPIs (response times, backlog, completion rates) will be reviewed weekly by the PIC and monthly at governance meetings. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Immediate procurement of a temporary decontamination service was arranged to ensure safe management of bedpans until the bedpan washers are fully repaired. • A service contract for both bedpan washers has now been established, with an external company. 	

- A new Maintenance Governance Framework has been implemented, including:
 - o Daily walk through checks by maintenance staff
 - o Monthly environmental audits by the PIC and House Manager.
 - o Monthly governance review of all open and closed maintenance items
 - o Mandatory completion of all maintenance logs with dates, actions, and sign off.
- All maintenance records are now stored centrally and electronically, ensuring full traceability.
- All oxygen cylinders have been relocated to a designated, ventilated, secure storage area in line with fire safety standards.
- Staff have been re trained on oxygen storage protocols.
- The provider representative will conduct monthly unannounced governance visits focusing on premises, maintenance, and infection prevention.
- Findings will be documented, Provider informed and actions tracked to completion.

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Regulation 17: Premises	Not Compliant
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- Outline how you are going to come into compliance with Regulation 17: Premises:
- One bedpan washer is in working order and serviced. Parts for other bedpan washer have been ordered and installation is scheduled.
 - Both bedpan washers will be fully operational and under contract for ongoing service.
 - Deep cleaning and disinfection of both sluice rooms has been completed.
 - Ventilation systems are being upgraded, including review and installation of larger mechanical extraction fans where required.
 - All affected bedrooms and bathrooms have been assessed by a qualified contractor.
 - Works include:
 - o Removal of damaged plasterboard
 - o Anti fungal treatment
 - o Installation of moisture resistant materials.
 - Repainting with mould resistant paint.
 - Rooms will remain closed until certified safe for occupancy.
 - The damaged flooring on the first floor will be replaced as part of the next renovation phase.
 - All chipped paint, damaged skirting, scored doors and wall defects will be repaired.
 - The stiff courtyard doors will be repaired and adjusted to ensure residents can open them independently.
 - The roof terrace surface will be reviewed with a non slip, weather resistant surface, and the surrounding walls repainted.
 - Lightweight furniture will be replaced with weighted, safe outdoor furniture.
 - All damaged hand gel dispenser trays will be replaced with new units that allow effective cleaning.
 - A Premises Audit Tool has been introduced and will be completed weekly
 - Monthly environmental audits will be reviewed at governance meetings.



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	15/04/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	15/04/2026

	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.	Not Compliant	Orange	15/04/2026