



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

## Issued by the Chief Inspector

Name of designated centre:	Oakwood Lodge Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	Kilreesk Road, Skephubble, St Margaret's, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 January 2026
Centre ID:	OSV-0000154
Fieldwork ID:	MON-0048358

## About the designated centre

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

Oakwood lodge Nursing Home is a purpose-built single-storey facility registered to provide accommodation to a maximum of 45 residents. It is a mixed-gender facility providing 24-hours nursing care for people aged 18 years and over with a range of needs, including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia, palliative and care of the frail and elderly. Accommodation is provided in 35 single and five twin rooms, a number of which have en-suite facilities. In addition, there is a range of sitting rooms, lounges and activities rooms for social gatherings. An oratory is also available. There are four internal courtyards providing a safe outdoor space to the residents. Public parking facilities are available.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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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
Wednesday 21 January 2026	08:00hrs to 16:00hrs	Maureen Kennedy	Lead

## What residents told us and what inspectors observed

The inspector observed that residents living in Oakwood Lodge Nursing Home received care that supported them to enjoy a good quality of life. Feedback from residents was that they were well looked after and supported by a staff team that were attentive to their needs. Staff were observed to deliver care and support to residents in a caring and respectful manner. There was a friendly, relaxed atmosphere throughout the centre and it was evident that staff knew residents well. Visitors spoken with on the day told the inspector the provider was 'very accommodating' and their family member was 'very well looked after'. There were 39 residents living in the centre on the day of this unannounced inspection.

The centre was visibly clean, tidy and well-maintained with a calm and friendly atmosphere observed. The centre is situated on the ground floor facilitating access to an internal courtyard garden area available for residents to use. On the wide corridors of the centre, paintings and artwork completed by the residents adorned the walls and good signage to areas of the home was observed to assist in orientating residents and visitors to the various communal rooms. The communal areas were observed used throughout the day by residents and families visiting. The bedrooms viewed by inspector were homely and well laid out with sufficient storage space for belongings. Bedrooms were personalised with items and family photographs to help residents feel more at home.

There was information 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 and other support services with their contact details displayed. The resident information guide included a summary of services and facilities available, visiting arrangements and contact details of independent advocacy services available to residents.

The rights of residents were upheld in the centre with opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents had access to a range of media, including newspapers and TV. Activity staff were on site to organize and encourage resident participation in events, with opportunities for residents to participate in group or individual activities. An activities schedule was on display and the inspector observed residents participating in art therapy on the morning of the inspection. Residents and staff were seen spending time chatting and laughing together, as residents went about their daily routines. The inspector observed residents attending a visiting Dentist who was providing consultations on the morning of the inspection.

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, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place which contributed to the centre's high level of regulatory compliance as evidenced by the findings of this unannounced inspection. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

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 Oakwood Lodge Nursing Home is Willoway Nursing Home Limited, which is part of the Grace Healthcare group. There was a clearly defined management structure in place. The person in charge had responsibility for the day-to-day operations of the centre and was supported by the area manager and a company director who are actively involved in the oversight of the centre. The person in charge is further supported by a Clinical Nurse Manager (CNM), a team of nurses, and health care, activities, kitchen and household staff.

There was a schedule of regular team meetings in place including clinical governance, management and staff meetings. Minutes of these meetings were provided to the inspector. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review. 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, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

## Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, and taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established an electronic directory of residents which met the regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

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.

The inspector observed the lunch time meal experience in the home's dining rooms which were was bright, spacious, clean and very nicely decorated. The lunch food served on the day of inspection was seen to be wholesome and nutritious with a choice of food available and a variety of drinks were being offered to residents with their lunch. Staff spoken with had good knowledge of residents' dietary needs to include likes, dislikes and relevant modified diets. Feedback received from residents on the day of the inspection was that they enjoyed the meals on offer.

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 some good practices in relation to standard precautions to reduce the spread of infection. For example, waste, laundry linen and sharps were managed in a way to prevent the spread of infection.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. The needles used for injections and drawing up medication had safety devices. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

### Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

### Regulation 20: Information for residents

The provider maintained a written 'Residents Guide'. It was available to all residents and contained all the requirements of the regulation.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was temporarily absent from the designated centre for treatment at hospital, all relevant information about the resident was provided to the hospital and on return was obtained from the hospital in a planned manner ensuring continuity of care.

Judgment: Compliant

### Regulation 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
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	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant