



**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

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| 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: | Announced |
| Date of inspection: | 26 February 2025 |
| Centre ID: | OSV-0000154 |
| Fieldwork ID: | MON-0043840 |

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.

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| Number of residents on the date of inspection: | 31 |
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How we inspect

To prepare for this inspection the inspector or 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 26 February 2025 | 08:55hrs to 17:10hrs | Laurena Guinan | Lead |

What residents told us and what inspectors observed

Residents of Oakwood Lodge were seen to enjoy a high quality of life from staff who strived to deliver person-centred care. The inspector was told that staff were kind and alert to changes in residents' needs, and many positive interactions were observed during the day. Residents and families had the opportunity to complete satisfaction surveys prior to this announced inspection, and 11 were completed. These commented on the kindness and responsiveness of all staff, and the cleanliness of the centre.

After an introductory meeting with the Director of Nursing (DON), the inspector went on a walk around of the centre. The premises had recently undergone a programme of refurbishment and was seen to be bright, clean and well-maintained. One visitor spoken with commented on the improved appearance of the centre. There were many communal areas where residents could choose to spend their time and these were seen to be used in various ways during the day. In the morning, the Ruby Room was darkened, and gentle lighting and music were used to facilitate a sensory session. This was regularly enjoyed by residents and was reported by staff and visitors to have positive benefits for residents.

The hallways and communal rooms were decorated with artwork and photographs, and one wall had a large mural painted by residents. All communal rooms gave access to secure courtyards that were well-maintained, and had good seating and pathways for residents to safely enjoy the outdoors. One of the courtyards had an appropriately equipped smoking area.

An attractive pictorial activities schedule was on display in one corridor, and both residents and visitors had positive remarks on the variety of activities on offer. Visitors said that residents are assisted to take part in activities at every opportunity, including one-to-one assistance at arts and crafts. The inspector was told that it was uplifting to see a family member with little to no verbal communication be included in music sessions, pet therapy etc, and encouraged to respond. Visitors and residents also said that if they did not want to participate in a group activity, there were other options available to them. The inspector saw residents availing of hand massages from an externally sourced massage therapist who visits weekly, others were watching a Joe Dolan performance on TV, and there was a large attendance at a Mass service in the afternoon. Many spoke about the music session held on Thursday afternoons which included residents of all abilities. There was a general atmosphere of calm, and residents were regularly engaged in conversation with staff.

Visitors were seen coming and going throughout the day and those spoken with said they were made to feel welcome at all times. Staff were known by name to them, and they were familiar with the routine of the centre. None of the visitors spoken with expressed any concerns. All were very complimentary about the service, and

they commended the excellent communication from staff. One visitor said that she would have 'absolute faith' in the ability of the DON to manage any situation.

The inspector observed lunch being served in the dining rooms. Staff were relaxed, chatting to residents, and appropriately assisting those who required help. Staff and visitors were complimentary of the variety and quality of food, and one resident said they have the option to order off menu if desired. A selection of drinks and condiments were also on offer and a daily menu was on display.

The centre has an oratory which was warm and inviting, and residents said that the priest was always willing to chat after Mass which was a comfort to residents. After the Mass service on the day of inspection, the priest visited residents in their rooms and offered them Holy Communion.

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 a well-run centre with robust governance and management arrangements in place, which contributed to the centre's sustained level of good regulatory compliance. There was a clearly defined management structure that identified lines of accountability and authority.

This was an announced inspection 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 (as amended).

The registered provider for Oakwood Lodge is Willoway Nursing Home Limited, which is part of the wider Grace Healthcare group that operates other designated centres in Ireland. The person in charge is the Director of Nursing (DON) who works full-time in the centre. They are supported in their role by a Clinical Nurse Manager (CNM), a team of nurses, and health care, activities, kitchen and household staff. The area manager and a company director are actively involved in the oversight of the centre and both were present on the day of inspection.

The centre was seen to be well-resourced with good staffing levels, and staff reported that funds for outings or activities were always readily available. There was access to many external providers to enhance the residents' daily life. The centre had been refurbished to a high standard, and maintenance issues were dealt with promptly.

The inspector saw evidence of regular staff and management meetings and a robust system of audits was in place. These covered areas such as care plans, call-bells and food temperature. Each audit was seen to be conducted as per their schedule, and

identified areas for improvement, with a corresponding action plan in place. There is also a proactive system of peer-to-peer reviews with other designated centres within the group to enhance oversight, and share learning.

An annual review was available which reported the standard of services delivered throughout 2024, and included a quality improvement plan for 2025. Consultation with residents and relatives was seen.

The registered provider had invested in a computerised system to store and manage a significant number of records, and this has a back up system in place. Current and archived paper records are stored securely in the centre, and were easily accessible on the day of inspection.

The inspector looked at a sample of five contracts of care. These correctly identified the room number and occupancy, and detailed the fees and services relevant to the resident.

Regulation 21: Records

Records were correctly retained and stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

The registered provider held a valid contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had appropriate contracts of care for each resident.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met.

There was a policy in place to direct care for residents' communication needs and the inspector saw that care plans were developed in line with this. There was a person-centred approach to care planning, with information specific to each resident's communication style clearly documented. Throughout the day, the inspector saw staff communicating appropriately with residents, taking different needs such as hearing or cognition, into account.

The inspector also looked at a sample of care plans with regard to end-of-life care, and these were similarly person-centred. There was active engagement with an external organisation to facilitate, and encourage conversation and planning for this stage of life, and two staff had attended formal training with the organisation. There was also an end-of-life policy in place to guide staff. The inspector saw evidence that staff had kept open communication with relatives during the palliative phase, and had followed residents' wishes.

There was unrestricted visiting to the centre apart from protected meal times, although some visitors came at this time to assist their relative, and were welcome to do so. There were a number of welcoming areas for residents to receive their visitors. A visitors log was maintained and there was a current visitors policy in place.

The inspector saw a number of bedrooms and these had adequate storage for residents' belongings, including locked storage if needed. Laundry was done on-site by staff who were trained in the laundry system and there were no reports of missing items of laundry. A record of residents' belongings was taken on admission. This was updated at regular intervals, and retained for record.

The inspector saw a robust system of fire drills, and testing and maintenance of fire equipment. Throughout the centre, the fire escapes were clear, with good signage and lighting for direction, and the fire evacuation procedure was on display in the

communal areas. Staff were fully compliant with fire safety training, and displayed a good knowledge of evacuation procedures.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their well-being, safety and health, and that of other residents.

Judgment: Compliant

Regulation 11: Visits

There were many comfortable areas for residents to receive visitors, and there were no restrictions to visiting.

Judgment: Compliant

Regulation 12: Personal possessions

There is adequate space to store personal belongings, and residents' clothes are laundered regularly and returned to them.

Judgment: Compliant

Regulation 13: End of life

Residents have a person-centred end-of-life care plan, and appropriate arrangements are made following the death of a resident.

Judgment: Compliant

Regulation 17: Premises

The premises are appropriate to the number and needs for the residents and are in accordance with the Statement of Purpose.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire. There was robust system of maintaining and testing fire equipment and staff were trained in fire safety.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse, and training in abuse detection and prevention was provided to staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
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| What residents told us and what inspectors observed | |
| Capacity and capability | |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 8: Protection | Compliant |