Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Oaklodge Nursing Home
Name of provider:	B & D Healthcare Company Limited
Address of centre:	Churchtown South, Cloyne, Cork
Type of inspection:	Unannounced
Date of inspection:	11 June 2026
Centre ID:	OSV-0000261
Fieldwork ID:	MON-0050610

About the designated centre

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

Oaklodge Nursing Home is a single-storey building set in a scenic rural location in Cloyne. Nursing care is available on a 24-hour basis. There are fifty-one bedrooms in the centre which is registered to accommodate 65 residents. Bedroom accommodation is composed of 43 single occupancy rooms, four double rooms, two three-bedded rooms and two four-bedded rooms. There are adequate communal areas including a spacious, furnished entrance lobby, a restful conservatory, a large well-lit dining room, a sitting room and visitors' room. The north and south corridors of the premises are linked by a central corridor which also provides bedroom accommodation for a number of residents. The south corridor of the nursing home caters predominantly for the needs of residents with dementia. A secure garden area had been designed for these residents. Residents' independence and activity is promoted.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 June 2026	14:45hrs to 20:00hrs	Ella Ferriter	Lead
Friday 12 June 2026	07:15hrs to 15:00hrs	Ella Ferriter	Lead
Thursday 11 June 2026	14:45hrs to 20:00hrs	Siobhan Bourke	Support
Friday 12 June 2026	07:15hrs to 15:00hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

This inspection was conducted by two inspectors over the course of an evening and one day to monitor compliance with the regulations. There were 63 residents living in Oaklodge Nursing Home at the time of this inspection. The inspectors arrived unannounced to the centre in the afternoon of day one and were greeted by the person in charge. Following a brief introduction the inspectors conducted a walk-through of the centre, during which the premises and care environment were reviewed. The inspectors also spoke with residents and staff and observed interactions between them throughout the inspection. An introductory meeting was subsequently held with the management team. Overall feedback from residents spoken with 16 in total, was positive about the care they received and the kind, approachable staff. Inspectors had the opportunity to meet with 10 visitors. Although they described staff as kind and empathetic, they stated that attention to their loved one's personal care was not always maintained to an appropriate standard. They also commented that they had hoped the gardens would be more developed and used more during the summer months.

Oaklodge Nursing Home is a family owned and operated centre which provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated on a large site, in the rural village of Churchtown South, a few kilometres outside of Cloyne. This inspection took place on two bright sunny days in June and views of the sea could be seen from the centre, which some residents commented on. The centre can accommodate 65 residents and there were 63 residents living in the centre on the day of this inspection. The centre operates in three distinct wings called Centre, North and South. Within the South wing there is a dementia specific unit called Suaimhneas, which can accommodate 25 residents. Bedroom accommodation in the centre is composed of single, twin rooms, triple and four-bedded rooms. The inspectors saw that some bedrooms were personalised, with items such as artwork, family pictures and soft furnishings. The layout of some multi-occupancy bedrooms had been reviewed since the previous inspection, with changes to layout and new curtains installed to enhance the use of available space and to ensue residents' privacy.

Inspectors noted that some action had been taken to address premises-related issues identified at the previous inspection. On the day of inspection, works were underway to review and repair the ventilation systems in en-suite bathroom facilities, and an ongoing programme of painting and redecoration was in progress throughout the centre. In addition, the provider had completed works to replace floor coverings in several bathrooms and had plans in place for the replacement of additional flooring and shower fittings. While these improvements were positive, further action was required as inspectors identified a number of areas where additional works and maintenance were necessary to achieve full regulatory compliance. These are detailed under Regulation 17: Premises.

The inspectors noted fire safety concerns as they walked the premises, including fire doors observed to be held open with chairs in residents bedrooms and communal rooms and ineffective self-closing devices on two fire doors. These practices had the potential to impact on effective fire containment measures. These matters were brought to the attention of the management team, and an immediate action was issued to address these findings. Although the management team addressed these issues on day one of the inspection, the practice of holding fire doors open with chairs continued day two of this inspection. These and other findings in relation to fire safety are detailed under Regulation 28: Fire Precautions.

There was adequate communal space in the centre to offer residents choice which included two sitting rooms, a large dining room, two small conservatories and a visitor's room. Communal seating was also provided in the main reception area, and some residents were seen spending time here, observing the comings and goings of others. Outdoor communal areas included two enclosed courtyards which were accessible via the dining room and the door in the Suaimhneas unit. Inspectors were informed that the outdoor areas had been recently power washed, however, there was minimal furniture for resident's use considering the number of residents that could be accommodated in the centre. Inspectors saw there was limited use of the gardens on the days of this inspection apart from residents who went outdoors to smoke.

Residents were supported to make choices about where they wished to spend their time and have their meals, including whether they preferred to dine in the dining room, remain in communal areas or return to the privacy of their bedrooms. Staff spoken with demonstrated a good knowledge of residents' individual preferences, routines and support needs. Staff were observed over the two days to be kind and compassionate with residents and they gave them time and support in an appropriate manner. While the majority of residents appeared well groomed and had their personal care attended to in an appropriate manner, inspectors noted a few residents required further attention with regards to their nail and face care.

The inspectors observed that the communal rooms were always supervised by a member of staff over the two days. Inspectors saw that a member of staff was assigned to activities over the two days of the inspection. Residents were seen to enjoy games and a sensory session in one of the sitting rooms and the students from from the local school attended the centre on day two where they sang songs for residents in the dining room. Over 35 residents were seen to attend and enjoy this session, some of them accompanied by their family.

Inspectors spent time in the communal areas observing interactions between staff and residents. During these observations, it was noted that the staff members assigned to supervision of residents did not consistently use periods when they were not engaged in other tasks to interact socially with residents or support meaningful engagement opportunities. Therefore, these residents were observed with minimal social stimulation. This was observed on day one and day two of this inspection. This is actioned under Regulation 9: Residents Rights. Staff assigned to work on the

Suaimhneas unit were observed to sit and chat with residents throughout the day and take them for walks through the centre.

The dining experience within the centre was observed to be positive, relaxed and sociable, with residents engaging comfortably with one another during mealtimes. Adequate staffing levels were in place to support residents' nutritional care needs, and staff helped in a discreet, respectful and attentive manner. Residents were offered a choice of meal options, promoting their autonomy and personal preference at mealtimes. Residents had home baking available daily such as cakes and scones.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out by two inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the action taken by the provider to address issues identified during the previous inspection of the centre in December 2025. The findings of this inspection were that the centre had an established management structure that was responsible and accountable for the delivery of care and services to residents. Since the previous inspection, the provider had taken actions in a number of areas, including some works to the premises, measures to ensure that residents' care plans were informed by appropriate assessments and reflected their needs. However, while improvements were noted in several regulations reviewed, this inspection found that the oversight of contracts of care, fire precautions and the notification of incidents were not fully effective. In addition, inspectors found that residents rights were not always promoted and respected. These findings will be detailed under the relevant regulations of this report.

The registered provider of Oaklodge Nursing Home is B & D Healthcare Company Ltd, which comprises of three directors. Two of these directors are directly involved the operational management of the centre. The provider representative attended the centre daily and took part in operational and clinical reviews with the on-site management team weekly. Through these arrangements, the provider-maintained oversight of the service and provided governance and support to the person in charge.

The nursing management structure within the centre had changed since the previous inspection. A new person in charge had been appointed in March 2026 they had responsibility for the day-to-day governance, operational management and oversight of the service. They had previously worked in the centre as the assistant director of nursing and inspectors were informed that this post had been recruited

for and there was a person commencing in the coming weeks. The person in charge was supported in this role by two clinical nurse managers at the time of this inspection.

On the days of this inspection inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre. Management staff rotated on duty at weekends, to ensure governance and oversight of the service, over seven days. There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Arrangements were in place for the supervision of staff within the centre. However, the supervision of staff to ensure that residents received adequate social stimulation and fire safety systems were adhered to were not fully effective, as detailed under Regulation 16.

The provider had systems in place to support oversight of the quality and safety of care provided to residents. A comprehensive schedule of clinical and environmental audits had been developed for 2026 to monitor, evaluate and improve key aspects of the service. Areas subject to audit included infection prevention and control practices, restrictive practices, incidents and falls, and the management of clinical records. Inspectors reviewed a sample of completed audits and found that they were effective in identifying areas of good practice, as well as risks and deficits requiring improvement. Key clinical indicators with regard to the quality of care provided to residents were collected on a weekly basis and collated to develop a report that was discussed at weekly clinical governance meeting to support oversight of the service. An annual review of the quality and safety of care delivered to residents for 2025 was completed as per the requirements of the regulations. However, the oversight of some aspects of the service including medication management and contracts of care was not effective, which is further detailed in this report. As referenced earlier in the report the provider was also issued an immediate action with regards to the oversight of fire safety within the centre.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. Record keeping and file management systems consisted of both electronic and paper based systems. A review of staffing records found that all staff personnel files contained a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. However, not all files contained the information specified in Schedule 2 of the regulations. This was also found on the previous inspection of the centre and is further detailed under regulation 21; Records.

All residents were issued with a contract for the provision of services, as per the requirements of the regulations. The inspectors reviewed a sample of these contracts and found that the majority of contract reviewed did not meet the requirements of legislation in relation to details relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that

bedroom. These and other findings in relation to contacts of care are detailed under Regulation 24.

There were systems in place to record, investigate and learn from incidents involving residents. However, inspectors found that not all incidents requiring notification were reported to the Chief Inspector as required under Schedule 4 of the regulations. There were policy and procedures in place for the management of complaints. The procedure for making complaints was on display in the centre and was updated on the day of the inspection to reflect the change of the complaints officer. Inspectors found that there was generally comprehensive recording of complaints and complaint logs were maintained electronically. The recording of the investigation, actions taken and the satisfaction or otherwise of the complainant was recorded. Complaints were discussed at management meetings and areas for improvement were actioned.

Regulation 14: Persons in charge

There was a change in the person in charge since the previous inspection of the centre. They worked full-time in the centre and had the relevant qualifications and experience, as required by the regulations to undertake the role. The person in charge was knowledgeable of individual residents' clinical needs.

Judgment: Compliant

Regulation 15: Staffing

Sufficient numbers of staff with appropriate skills were available to meet the assessed individual and collective needs of residents in the centre. The worked, current and planned rosters were available and reviewed by the inspectors. The roster reflected the staff on duty on the days of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required to ensure that staff were appropriately supervised. For example;

- Staff were not appropriately supervised to ensure that residents personal care was attended to as per their care plan and that there were records

maintained to provide assurance that these interventions were carried out as required and requested.
- Staff were not adequately supervised to ensure residents received meaningful social stimulation and opportunities for varied daily activities.
- Staff were not adequately supervised to ensure compliance with established fire safety procedures.

Judgment: Substantially compliant

Regulation 21: Records

Not all files contained the information specified in Schedule 2 of the Regulations. For example:

- One staff personnel files did not contain a full employment history.
- One staff personnel file did not contain evidence of the persons qualifications.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although governance arrangements were established, they were not sufficiently effective across all areas to ensure the delivery of a safe, appropriate, consistent, and well-monitored service. This was evidenced by:

- The oversight of systems to ensure residents rights were protected and promoted while living in the centre required action, as evidenced under Regulation 9: Residents Rights.
- There was a lack of oversight of legally mandated notifications, three of which had not submitted as required to the Chief inspector as outlined under Regulation 31.
- An immediate action was required to be issued to the provider with regards to fire safety systems on the day of this inspection.
- A review of medicines subject to strict control measures identified that one vial stored within the controlled drugs cabinet was broken. Discussions with the management team confirmed that the vial had broken and that its contents had been disposed of. However, no record of the incident had been maintained and the discrepancy was not reflected in the controlled drugs register, despite controlled drugs being checked and counted by two staff members at each change of shift twice daily. As a result, inspectors were not assured that the systems in place for the management and monitoring of controlled drugs were effective. The absence of accurate records and documentation relating to the broken vial meant that the centre could not

demonstrate that all controlled medications were appropriately accounted for at all times. This posed a risk to the safe management of medications.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

As found on the previous inspection action was required pertaining to contracts for the provision of services, evidenced by the following findings:

- A sample of five contracts of care was reviewed. Four of the contracts did not clearly outline the terms under which residents were accommodated in the centre. Specifically, they did not specify the room to be occupied or the number of occupants sharing the room.
- Changes to residents' accommodation arrangements were not consistently reflected in their contracts of care. As a result, the contracts did not always accurately represent the residents' current accommodation arrangements.

Judgment: Not compliant

Regulation 31: Notification of incidents

All required notifications were not submitted to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These related to an unexpected death of a resident and two safeguarding concerns which had been reported as complaints.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints records found that complaints were appropriately documented and managed in accordance with the centre's policy. Complaints reviewed by inspectors had been acknowledged, investigated and responded to in a timely manner. Records demonstrated that the outcome of each complaint was communicated to the complainant and that their level of satisfaction with the complaints process and outcome was documented. The named complaints officer and had received training in relation to the management of complaints.

Judgment: Compliant

Quality and safety

This inspection found that some actions had been taken by the provider, following the previous inspection, regarding the quality and safety of care provided to residents. The provider had progressed several actions relating to the premises and addressed deficits in care planning and wound care practices. However, while some improvements were evident, the measures implemented were not sufficient to achieve full regulatory compliance and action was required in relation to fire precautions, the premises and to ensure that residents rights were promoted and respected. These findings will be detailed under the relevant regulations.

Residents had good access to local general practitioner (GP) services, with a GP attending the centre weekly, as well as a range of allied health professionals. The provider employed a geriatrician who attended the centre monthly, supporting the specialised healthcare needs of older persons and contributing to positive outcomes for residents. A physiotherapist attended the centre weekly, and occupational therapy services were available on a fortnightly basis. There was good evidence of regular dietary reviews and timely access to speech and language therapy when required. Residents' nutritional and hydration needs were comprehensively assessed and closely monitored, with appropriate measures in place to identify and manage the risk of malnutrition.

Inspectors found that improvements had been made to ensure that residents assessments were completed and that care plans more accurately reflected residents' assessed needs and the care required to support them. Comprehensive and up-to-date nursing assessments were in place . A range of evidence-based assessments had been completed, including assessments of pressure ulcer risk, falls risk, nutritional status, dependency levels, moving and handling needs, and continence care. These assessments were reviewed at least every four months, or more frequently where there was a change in a resident's condition.

Appropriate care interventions and treatment plans were implemented and regularly reviewed by the nursing team. Arrangements were in place to ensure that the transfer of residents from the designated centre to hospital, or other health care services, occurred in line with the requirements of the regulations. This included arrangements to ensure information pertinent to the care of residents were communicated to the receiving health care facility.

The provider had medication policies and procedures to support and guide practice. The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines requiring strict controls were appropriately stored in a locked press. Secure refrigerated storage was provided for

medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

As referenced earlier in the report, the provider had taken some action to improve the premises and ensure the environment was responsive to residents' needs. A comprehensive phased refurbishment programme was underway and progressing in line with agreed timelines. Works completed to date had resulted in some improvements to the overall environment and supported more effective cleaning and maintenance. The relocation of the designated smoking area was in progress to address the odour of smoke that had been evident in the visitor's room.

Fire safety training was up to date for staff. The inspectors reviewed the fire safety records and saw that appropriate certification was in place for servicing and maintenance of fire equipment, including the fire fighting equipment, emergency lighting and fire detection and alarm system. The provider had reviewed and replaced a number of fire doors within the centre and there was plans for further doors to be replaced in the coming weeks. However, inspectors found that the current arrangements for oversight of fire safety management and systems to identify fire safety risks within the centre were not robust, to ensure the safety of residents. As referenced in the first section of the report an immediate action was issued on the first evening of the inspection concerning doors held open with chairs and two of the self-closing fire door devices which were seen to be malfunctioning. Action was also required in relation to training in evacuation drills, these findings will be discussed under Regulation 28: Fire precautions.

Residents were afforded opportunities to be consulted about and participate in the operation of the designated centre through monthly residents' meetings. A recent residents' survey had also been completed and was being reviewed by the management team to inform quality improvement initiatives and address feedback received. However, this inspection found that residents' rights were not consistently promoted and upheld. This and other findings relating to residents' rights are outlined under Regulation 9: Residents' Rights.

Regulation 17: Premises

Notwithstanding the work completed to date, and a project plan in place further action was required to ensure that the premises fully met the requirements of the regulations and provided an environment that consistently met residents' needs. For example:

- As found on the previous inspection there was a malodour present in some of the en suite facilities.
- The decor, including wood finishes and paintwork was showing signs of wear and tear in some areas of the centre.
- The external grounds were not fully suitable for use by residents. Notwithstanding that they had been power washed in response to the

findings of the previous inspection there was limited furniture available in these areas. Inspectors did not observe these areas in use on the days of the inspection.
- Flooring and shower fixtures in some residents bathrooms were damaged.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services to ensure best outcomes for residents. A varied menu was available daily, providing a choices to all residents including those on a modified consistency diet.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

On review of a sample of two of these records the inspectors were assured that all relevant information was conveyed about the resident to the acute hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Compliant

Regulation 27: Infection control

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre's interior was observed to be generally clean on the day of inspection. The centre had an infection control link nurse providing specialist expertise. The volume of antibiotic use was monitored and recorded on a monthly basis.

Judgment: Compliant

Regulation 28: Fire precautions

Current arrangements for oversight of fire safety management and systems to identify fire safety risks in the centre and to ensure the safety of residents were not fully effective evidenced by the following findings:

- As outlined earlier in this report, the provider was issued with an immediate action plan during the inspection in relation to fire doors being held open using chairs. While this issue was brought to the attention of the management team on the first day of the inspection, inspectors observed that the practice continued on the second day of the inspection. The practice of holding fire doors open in this manner could reduce the effectiveness of fire containment systems, thereby increasing the potential risk to residents in the event of a fire.
- Although fire evacuation drills had taken place since the last inspection, further assurances were required to ensure staff were suitably trained with respect to evacuation procedures based on the centre's compartments and layout. Specifically, the centre has one large fire compartment containing 14 beds. While a simulated drill was carried out in this compartment, it reflected the evacuation of nine residents and did not describe the methods used to evacuate residents or the level of assistance required. Following the inspection, the provider was requested to carry out a fire drill simulating the full compartment evacuation of this large compartment, when staffing levels were at the lowest. This was submitted with acceptable times. The provider is required to regularly undertake these drills with all staff to ensure all staff are competent to carry out a full compartmental evacuation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners. The inspector reviewed prescription and administration records and observed that they were completed in accordance with best practice guidelines. Systems were in place to record checks carried out on the receipt of medicines from the pharmacy and for unused or out of date medicines returned to the pharmacy. Nursing staff had completed medicines management training yearly. Systems were in place to record medicines errors which included the details, outcome and learning. However, as referenced earlier in the report the monitoring system in place with regards to controlled medicines required to be addressed as actioned under Regulation 23.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Nursing and care staff demonstrated a good knowledge of residents' individual care needs, which was clearly reflected in the nursing documentation reviewed by inspectors. A sample of residents' care records was examined and found to be comprehensive. Care plans were developed within 48 hours of admission, in line with regulatory requirements. The care plans reviewed were person-centred, regularly updated, and contained sufficient detail to effectively guide the delivery of care and support.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) of their choice. Residents also had access to a range of health and social care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. There were systems in place to protect residents' finances and the provider was acting as a pension agent for two residents living in the centre at the time of this inspection. However, as referenced under Regulation 31, safeguarding incidents which had been submitted as complaints had not been notified as required.

Judgment: Compliant

Regulation 9: Residents' rights

Significant action was required pertaining to residents rights evidenced by the following findings:

- Inspectors identified that residents' rights and autonomy were not consistently upheld within the centre. In particular, concerns arose regarding the relocation of residents from single to multi-occupancy rooms. A review of

documentation and correspondence with families indicated that these decisions were made without appropriate consultation and residents rights, choice and autonomy was not respected.

- The inspectors observed reading glasses belonging to six residents', who resided in the dementia unit, were stored in the linen press. This did not support residents' rights to autonomy, choice, independence and a person centred model of care delivery.
- The social care needs of residents did not receive adequate attention to ensure that they were adequately stimulated and had variety to their day. The inspectors observed that residents spent a considerable amount of time with minimal stimulating activity in the day rooms and although staff were observed to be supervising residents they did not always take opportunities to engage with residents at this time.
- The weekly additional service charge included items such as general practitioner services, telephone costs and subsidised hairdressing. However, residents holding a medical card are entitled to general practitioner services as per the public health system. In addition, there was no evidence available to demonstrate that telephone costs or hairdressing services were subsidised by the provider.

Judgment: Not 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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Oaklodge Nursing Home OSV-0000261

Inspection ID: MON-0050610

Date of inspection: 12/06/2026

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

• A new Assistant Director of Nursing has been appointed and commenced in post from 27/07/2026. Together with the PIC & CNMs, they will provide daily dedicated walk arounds to ensure effective clinical oversight in relation to staff development, individual staff performance, leading clinical practice and developing staff competency and compliance in documenting their practice. Immediate feedback, reflective supervision and coaching will be provided where improvement opportunities are identified effective immediately and ongoing.
• Recording of daily care interventions had been raised prior to the inspection at our weekly Clinical Governance meetings. The Provider has purchased additional devices required for healthcare assistants to input the delivery of personal care to residents, including food and fluid intake, safety checks and repositioning records. Staff training commenced on 01/07/2026 and the full transfer of HCA daily care records to the electronic system will be completed by 30/09/2026. A new weekly audit of HCA records will commence from 17/08/2026 to monitor staff compliance across all categories and will continue thereafter as part of the centre's audit programme.
• The PIC and ADON will complete intentional rounding at a minimum of twice daily to monitor staff performance specifically in relation to provision of activities and compliance with fire safety procedures and provide immediate in-person feedback on their findings – effective from 01/07/2026 and ongoing.
• A whole-staff meeting will be completed by 21/08/2026 to communicate the inspection findings, outline the new procedures and audits introduced, and reinforce expectations regarding staff performance, documentation, residents' rights and fire safety. Learning will continue to be reinforced through handovers, safety huddles and supervision.
• Learning arising from incidents, complaints, audits, resident feedback and governance reviews continues to be shared through daily safety huddles, handovers, staff meetings and weekly Clinical Governance Meetings to support continuous learning and

improvement - ongoing.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
• A full audit of staff files in line with Schedule 2 requirements has been completed following the inspection and all staff files are now complete. This audit will be repeated at least quarterly (or on the commencement of any new staff in post) to ensure all files remain up-to-date and complete – first audit completed on 03/08/2026 and ongoing.
• A standardised recruitment and personnel file compliance checklist has been introduced to ensure all statutory documentation is verified and filed prior to commencement of employment – effective from 03/08/2026.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• A new Assistant Director of Nursing has been appointed and commenced in post from 27/07/2026. Together with the PIC & CNMs, they will provide daily dedicated walk arounds to ensure effective clinical oversight in relation to staff development, individual staff performance, leading clinical practice and developing staff competency and compliance in documenting their practice. Immediate feedback, reflective supervision and coaching will be provided where improvement opportunities are identified – effective immediately and ongoing.
• Daily management walkarounds and intentional rounding is now undertaken at least twice daily by the Person in Charge, Assistant Director of Nursing and Clinical Nurse Managers to include dedicated oversight of staff practices in relation to residents' rights, medication management, documentation standards, infection prevention and control and fire safety. Immediate feedback will be given directly to individual staff where deficits are noted – effective from 1/07/2026.
• A dedicated transfer from paper records to electronic records for all HCA entries of care provision will enable greater clinical oversight by each member of the clinical governance team in real time. Staff training commenced on 01/07/2026 and the full transfer of HCA daily care records to the electronic system will be completed by 30/09/2026.

Regulation 24: Contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
• A new operational audit for contracts of care has been introduced. A full audit of all residents' individualised contracts of care will be completed by 21/08/2026, with any contracts requiring amendment updated to accurately reflect current accommodation arrangements and applicable service charges.
• Contract audits will be completed at least monthly, and on the admission of each new resident or following any room transfer, to ensure contracts remain complete, current and accurately reflect accommodation arrangements and agreed charges. Monthly monitoring will commence from 31/08/2026 and continue thereafter.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• New reporting procedures have been introduced to ensure all senior managers involved in the clinical and operational governance of the centre are fully informed of all complaints received and incidents, accidents or deaths occurring so that relevant notifications can be submitted within required timeframes – effective from 01/07/2026.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Due to the age of the centre, first built in 2004 we have been experiencing some recent Ventilation / plumbing issues in some bathrooms which have contributed to these occasional malodours presenting in ensuite bathrooms. There is a dedicated programme of works underway to repair and or replace toilet ventilation / other pipework to address this issue – to be completed by 30/10/2026. A specific question to monitor for any presence of malodours has been included in the room audit that is completed weekly –

complete and ongoing.
• As identified in the report, a planned preventative maintenance programme and capital improvement schedule is in place to address outstanding works such as painting and redecoration; replacement of flooring and shower fixtures and ongoing maintenance of ventilation systems – to be completed by 30/11/2026.
• Garden furniture which had been in storage for the winter has been reinstated to the courtyards for resident use. Additional furniture, flowerpots and hanging baskets have been procured for these areas and will be fully in place by 14/08/2026.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• All staff received immediate instruction and reinforcement regarding the importance of maintaining effective fire compartmentation and ensuring that fire doors remain unobstructed and fully operational at all times. The centre's Fire Safety Policy and daily environmental checking procedures have been reinforced through staff meetings, handovers and supervision sessions to ensure that fire safety remains an integral part of everyday practice – completed on 12/06/2026 and ongoing.
• Some fire-door hold-open devices were found to be defective, contributing to doors being held open using chairs. The identified devices were all removed on 12th June preventing a reoccurrence and the Competent Person is reviewing the best solution for future use. Residents who may prefer their bedroom doors open will be consulted and individual, fire-safe alternatives considered through person-centred risk assessment by 1/09/2026.
• Monthly fire drills will ensure full rotation and simulation of all compartments within the building, including full-compartment evacuation scenarios when staffing levels are at their lowest. The fire-drill recording template has been reviewed and revised to include the scenario simulated, evacuation methods, resident dependency and assistance required, staffing levels, evacuation times, learning identified and actions required. The revised programme will be fully implemented by 31/08/2026 and will continue monthly thereafter.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• The process for room allocation and accommodation changes has been reviewed to ensure residents and, where appropriate, their representatives are fully consulted regarding any proposed room transfer and that there is clearly documented evidence to support each stage in this process effective from 21/08/2026.
• Residents who are unable to continue to read independently will now have their reading glasses stored with their personal belongings as is the case for all residents and a new risk assessment has been introduced to ensure those at risk of misplacing items have their rights fully protected effective from 10/08/2026.
• The social care programme has been further enhanced to provide greater opportunities for meaningful occupation throughout the day, reflecting residents' individual interests, preferences and abilities. Staff allocated to resident supervision have received additional guidance regarding their responsibility to actively engage with residents, promote social interaction, support emotional wellbeing and maximise opportunities for participation in meaningful activities rather than providing observation alone effective from 03/08/2026.
• A designated Activities Lead is now in place and will oversee the planning, coordination and evaluation of meaningful activities and social engagement across the centre.
• A review of the additional service charge, in consultation with residents and families, has commenced to ensure that the full range of services and any associated charges are transparent, accurately described and clearly reflected in residents' contracts of care. The review and required contract amendments will be completed by 31/10/2026.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2026
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.	Substantially Compliant	Yellow	30/11/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	30/09/2026

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	31/08/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/09/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire	Not Compliant	Orange	30/09/2026

	prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	31/08/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/09/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as	Not Compliant	Orange	31/08/2026

	such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	31/10/2026