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:	Oakdale Nursing Home
Name of provider:	Oakdale Nursing Home Ltd
Address of centre:	Kilmalogue, Gracefield, Portarlington, Laois
Type of inspection:	Unannounced
Date of inspection:	20 April 2026
Centre ID:	OSV-0004454
Fieldwork ID:	MON-0050293

About the designated centre

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

Oakdale Nursing Home is a purpose-built 58-bed Nursing Home that opened in February 2009. The designated centre is located in the town of Portarlington, just off Tullamore Road. The designated centre accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 40 single and nine twin bedrooms, all with full en suite facilities. Bedrooms on the first floor are accessible by stairs or a mechanical lift. A variety of communal areas are available to residents, including a dining room, sitting rooms and an enclosed courtyard/garden area. Oakdale Nursing Home is located in close proximity to shops, pubs, restaurants and other amenities. The service employs a physiotherapist, occupational therapist, nurses, carers, activity, catering, household, administration and maintenance staff and offers 24-hour nursing care to residents. Oakdale nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58

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
Monday 20 April 2026	08:30hrs to 16:40hrs	Aoife Byrne	Lead

What residents told us and what inspectors observed

Overall the inspector found that Oakdale Nursing Home was a well-run centre where residents were supported by a team of staff who were kind and caring. The centre had a relaxed and friendly atmosphere. In conversations with the inspector, residents were content about their lived experience in the centre, with comments such as “The staff are wonderful” ,“it is spotlessly clean” and “I have no complaints”.

This was an unannounced inspection, carried out over one day. On arrival to the centre, the inspector completed a walkabout of the premises where they met with staff on duty. Most residents were still in their beds when the inspector arrived to the centre. During this time the inspector observed staff knocking on residents bedroom doors before entering. A small number of residents were observed to be up and dressed, and some were seen taking their breakfast in their bedrooms.

An introductory meeting was held with the person in charge following the walkabout where the purpose of the inspection was set out. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan received from the previous inspection which was held in February 2025 and statutory notifications submitted by the provider.

Oakdale Nursing Home is a two storey purpose built premises located in Portarlington, Co. Laois and is registered to provide care for 58 residents. There were no vacancies on the day of the inspection. The centre was laid out to meet the residents needs' and there was sufficient private and communal space for residents to utilise.There were internal courtyards that were neatly maintained. Residents spoken with reported to be happy with their bedrooms, including the cleanliness of them and were appreciative of the support they received from household staff.

The Inspector observed the meal time experience for residents and found this to be a social occasion. Residents had a choice of food options at each meal. The majority of residents enjoyed their meal in the dining room, while others were supported to have their meal in their bedroom if they wished. Residents’ feedback about the quality and quantity of food provided was overall positive, with residents saying "the food is lovely". However, two residents told the inspector that the “porridge can be cold at times” and another two residents told the inspector “the meat can be tough and not cooked properly”. They informed the inspector that this was discussed at residents meetings but they felt there was no action taken.

A programme of activities was available to residents, which was carried out by activity staff. The inspector saw the schedule of activities was displayed throughout the centre. On the day of inspection, residents had access to activities including

newspapers and current affairs, rosary, bingo and sonas. Some students from the local secondary school visited and played bingo with the residents in the afternoon.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect 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

Overall, findings of this inspection were that residents received a good standard of care and quality of life. Following up on the compliance plan from the last inspection in February 2025, it was evident that actions were taken to come into compliance in some areas. However,the the oversight of care plans, medicines and the premises required improvement to comply with the regulations.

Oakdale Nursing Home Limited is the registered provider for Oakdale Nursing Home. The company is part of the Evergreen Care group, which has a number of nursing homes nationally. The management structure within the centre was clear, with identified lines of authority and accountability. The person in charge worked full time and was supported in their role by an assistant director of nursing, clinical nurse manager, a team of staff nurses, healthcare assistants, catering, housekeeping, laundry, administration, activities and maintenance staff.

There was a system of meetings in place to enable efficient communication in the centre. Issues raised at these meetings were seen to be addressed in a timely manner. For example, concerns regarding a broken hoist was raised by staff in March 2026 and a new hoist was provided immediately. An annual review was available and reported the standard of services delivered throughout 2025 and included a quality improvement plan for 2026.

A variety of audits had been carried out with appropriate action plans developed to inform quality improvement. However, this inspection found a number of gaps in care plans and medication management that had not been identified by the provider's own internal auditing systems. This is discussed further under Regulation 23: Governance and Management.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident’s property.

Documentation requested for the inspection were available and provided in a timely manner. Records set out in schedule 2, 3 and 4 were kept in the designated centre and made available to the inspector on the day of inspection. However, there were gaps in some staff files as outlined under Regulation 21: Records. Records were observed to be kept in an unsafe manner for example; residents medical records

were stored in an unlockable cabinet and was freely accessible to visitors. This is discussed further under the relevant regulation.

Regulation 21: Records

A sample of five staff files were reviewed by the inspector. One did not fully meet the requirements of Schedule 2 of the regulations as follows;

- One file did not contain a full employment history including any gaps in employment,

Not all records were stored securely and therefore residents' personal information was easily accessible to unauthorised persons. For example;

- Resident's medical records were stored in unlockable cabinets at the nurse's station.

However,this was addressed immediately when maintenance applied locks to the cabinets on the day of inspection.

Judgment: Substantially 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 management systems in place were not sufficiently robust to ensure that the service provided was consistent and effectively monitored. For example:

- Residents' information was not always kept in a safe and secure manner.
- Care plan audits had not identified the use of generic care plans, and discrepancies between assessments and care plans seen on the day of the inspection. This repeat finding was evidenced by the following examples:

Ø A skin integrity care plan was in place for a resident who did not have a wound. The care plan was documented to advise staff what to do if there was a wound rather than to guide care in the present.

Ø A safeguarding care plan was in place for a resident detailing the control measures in place, however there was no documented evidence providing a reason why the resident required a safeguarding care plan.

Ø From a sample of five resident records reviewed by the inspector, each one had a resident's rights-based care plan, medication management care plan, an infectious process care plan and restrictive practice care plan developed. However, these contained generic information which did not provide sufficient information to staff in guiding person-centered care. This posed a risk that residents individual needs, and assessed risks would not be appropriately identified, managed or reviewed.

- Medication management audits did not identify the gaps seen on the day of inspection.
- The door to a hoist room where a hoist was charging could not close due to excess hoists being stored. This posed a risk to the potential spread of fire and smoke and prevented access into the room.
- There was inappropriate storage in an assisted bathroom such as an out of order hoist, three commodes, a comfort chair and pharmacy boxes. This prevented residents from gaining access to the bath.
- There was poor ventilation and a fowl odour in a sluice room throughout the day of the inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Oakdale Nursing Home were supported to enjoy a good quality of life, where their interests, personalities and wishes were respected and promoted by dedicated staff. Staff were seen to know

and understood the residents' personalities well. Feedback from residents about the service they received was positive.

Care plans were formally reviewed at intervals not exceeding four months and included consultation with the residents, or where applicable, their family. Inspectors observed examples of very good person-centred care plans that clearly outlined residents' preferences, including the time they like to go to bed, and their likes and dislikes in respect to activities. While some care plans were personalised to the residents' needs,the oversight of care plans had not identified that some care plans contained generic statements which did not inform the care identified in the residents' assessments.

Restrictive practices in use in the centre included bedrails, sensor mats and tilt and space chairs. From a review of records, all restraints were included in the risk register. This was in line with the national policy.

Residents laundry was facilitated on site on a daily basis. Residents informed the inspector, and residents' council minutes identified, that residents were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing. Some residents wished to have other personal items with them in the centre, including money and jewellery. There was a system in place to ensure the residents valuables could be securely stored wheather in their bedrooms or in the safe. Where residents opted to have their money held in the safe, they could access this money when management was in attendance which did not include the weekend.

The registered provider was acting as a pension agent for five residents in the centre. There was a separate pension account established for residents into which their pensions were paid and appropriate policies and procedures were in place to ensure the safeguarding of residents finances in the centre.

Overall, the premises was well maintained however the inspector observed inappropriate storage in an assisted bathroom in the centre. Also the door to a hoist room where a hoist was charging could not close due to the overcrowding of hoists. This posed a risk to the potential spread of fire and smoke. This is further outlined under Regulation 23: Governance and management.

There were some good medicine management systems in place in the centre. Controlled drugs were carefully managed in accordance with professional guidance. Medicinal products which were out of date or were no longer required by the resident were stored in a secure manner and were disposed of in accordance with national guidance. However, not all medicinal products were administered in accordance with the directions of the prescriber and pharmacist. This is further outlined under Regulation 29: Medicines and pharmaceutical services.

Regulation 12: Personal possessions

Residents had access to and retained control over their own personal property. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre,how to access inspection reports, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Some medicine practices were not in line with the safe storage of medicines professional guidance. For example:

- The medicine trolley was left unlocked on several occasions during the medication round.
- One prescribed medicine was freely accessible due to being left on top of the medicine trolley unattended.

Some medicinal products were not administered in accordance with the directions of the pharmacist and prescriber. For example:

- On two occasions, medicines were crushed when it was clearly documented that the medicine was not crushable.
- One medicine was documented to be given 30-60 minutes before breakfast. However this was not given until after breakfast.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While all residents had care plans in place that were initiated within 48 hours of admission and reviewed at regular intervals, from a review of a sample of residents'

records, inspectors saw gaps in relation to individual assessment and care planning. This was evidenced by the following:

- A psychological well-being care plan was in place for a resident who presented with behaviours that challenge due to a cognitive impairment. However, this care plan had not been updated to detail the specific types of behaviours that this resident presented with, additionally this was written in a generic manner which did not effectively inform and guide staff in how to care for this resident.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Following up on the compliance plan from the last inspection, it was evident that action was taken. From a review of records, the inspector saw evidence that where restrictive practice such as bed rails were in use, there was a risk assessment in place, and evidence of alternatives trialled prior to its use.

Judgment: Compliant

Regulation 8: Protection

All staff were up to date with safeguarding training. Incidents and allegations of abuse had been appropriately investigated by the person in charge.

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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oakdale Nursing Home OSV-0004454

Inspection ID: MON-0050293

Date of inspection: 20/04/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The employment gap identified within one staff file was completed and updated on the same day of the inspection. A tracking tool for the Schedule 2 requirements had been implemented, and the administrator will receive revised training on maintaining the tool and identifying any compliance gaps. The Schedule 2 tracking tool which is in place effectively ensure that these are in place prior to the commencement of the employment. The staff underwent refresher on the Policy on Data management and Record Management. Deputy Person in charge will oversee compliance on the medical records safe keeping.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Residents' information management practices have been reviewed. All staff have completed refresher training on Data Protection, Record Management and Confidentiality. DPIC will complete weekly spot checks of resident records to ensure information is stored securely and maintained in accordance with the centre's policies. A comprehensive review of all resident assessments and care plans has been completed. Generic care plans have been reviewed and revised to ensure they are person-centred,	

reflect the resident's current assessed needs, and provide clear guidance to staff on delivering individualised care. The Skin Integrity Care Plan has been amended to reflect residents' current skin condition and ongoing care requirements. Where no wound is present, the care plan will focus on maintaining skin integrity and preventative measures rather than hypothetical interventions. All safeguarding assessments and safeguarding care plans have been reviewed. Safeguarding care plans will only be implemented where an assessed safeguarding risk has been identified. The rationale for the safeguarding care plan, associated risks, control measures, and review arrangements will be clearly documented within the resident's assessment and care planning records. Monthly audits will be completed by the DPIC to ensure compliance. Resident Rights, Medication Management, Infectious Process and Restrictive Practice care plans have been reviewed to remove generic content and ensure each care plan reflects the resident's individual needs, preferences, risks, and required interventions. A monthly care plan audit tool has been revised to include checks for person-centred content, consistency between assessments and care plans and evidence of review. Medication management audit processes have been strengthened. Nurses' competency assessment will be undertaken by CNM to ensure deficits are identified promptly and corrective actions implemented. The storage issues identified during inspection were addressed immediately. Excess equipment was removed from the hoist room to ensure the door closes fully and fire containment measures are maintained. The assisted bathroom was cleared of inappropriate storage items to ensure residents have unrestricted access to bathing facilities. Environmental audits will be completed by the PIC/ DPIC or CNM. The ventilation issue and odour identified within the sluice room were escalated immediately to maintenance services. Interim control measures have been implemented, and the ventilation system has been assessed. Refresher training on Risk Management and Incident Reporting will be provided to all staff to support the identification, assessment, reporting and management of risks within the centre. Person Responsible: Person in Charge / Deputy Person in Charge / Maintenance Man Completion Date: Immediate actions completed on the day of inspection. Full review of care plans, audits, training and monitoring systems to be completed by 30.06.2026

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Following the inspection, the findings were reviewed within nursing and management teams to reinforce adherence to professional guidance and medication policies. Staff have been reminded of the requirement to ensure medicine trolleys remain locked and attended at all times during the medication round and ensure that medicines are never left unattended. The medication administration practices identified during inspection were reviewed immediately with the staff involved. Additional education and guidance have been provided regarding the safe administration of medications including the

importance of adhering to pharmacy and GP instructions in relation to crushing medications and the correct timing of administration in line with prescribed directions. Medication management audits and supervision processes have also been strengthened to support ongoing oversight, identify learning opportunities promptly and promote continued safe medication practices. We remain committed to delivering safe, person-centered care to all residents

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All residents have care plans initiated within 48 hours of admission and reviewed at regular intervals. Following the inspection, a comprehensive review of all psychological well-being and responsive behaviour assessments and care plans was undertaken by the Person in Charge and CNM to ensure they accurately reflect each resident's individual assessed needs and provide clear guidance to staff. The psychological well-being care plan identified during inspection was reviewed and updated to include detailed information regarding the resident's specific presentation, behaviours, known patterns of distress, and person-centred interventions required to support the resident. Where specific triggers have not been identified, this has been clearly documented within the assessment and care plan, together with the supportive measures staff should implement to respond consistently and appropriately to the resident's needs. All nursing staff have completed training in care planning with particular emphasis on ensuring care plans are individualized, reflect current assessed needs, and provide clear guidance for staff practice. Audit and governance systems have been strengthened. Care plan audits will be completed by the Deputy Person in Charge to monitor the quality and accuracy of assessments and care plans and identify any areas requiring improvement. Audit findings will be reviewed through the centre's governance structures and corrective actions implemented where required.

Person Responsible: Person in Charge / Deputy Person in Charge

Completion Date: 18.07.2026. Regular audits ongoing

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 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	20/04/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	20/04/2026
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.	Substantially Compliant	Yellow	30/06/2026
Regulation 29(4)	The person in charge shall ensure that all	Substantially Compliant	Yellow	20/04/2026

	medicinal products dispensed or supplied to a resident are stored securely at the centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	20/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	18/07/2026