



**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:	Oak View Nursing Home
Name of provider:	Omega Nursing Home Limited
Address of centre:	The Commons, Belturbet, Cavan
Type of inspection:	Unannounced
Date of inspection:	08 October 2025
Centre ID:	OSV-0000151
Fieldwork ID:	MON-0043472

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person-centred approach involves multidisciplinary teamwork, which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities. It provides 24-hour nursing care to 61 residents, including long-term (continuing and dementia care) and short-term (assessment, rehabilitation, convalescence, and respite care). The centre is a two-storey building located on the outskirts of a small town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 October 2025	10:00hrs to 17:30hrs	Nikhil Suresh Kumar	Lead

What residents told us and what inspectors observed

Overall, the feedback from residents in Oak View Nursing Home was that this was a good centre and that they were well-supported to have a good quality of life in this centre. Some residents commented that they enjoyed the food and that the care provided to them was second to none. Some residents were happy that they could go out on outings. Others commented that their bedrooms were nice and comfortable.

Oak View Nursing Home is in a two-storey purpose-built building located on the outskirts of Belturbet town. Oak View Nursing Home comprises three suites over two floors. The Sycamore and Elm suites are located on the ground floor, and the Willow suite is situated on the first floor, which is accessible via a lift and staircases.

Upon arrival, the inspector met with the representative of the provider. Following a brief introductory meeting, the inspector went for a walk around the centre. The entrance area was spacious and featured ample seating arrangements and a designated room for residents to engage with their friends and family in a private setting.

The centre's wide corridors have grab rails along each wall, which support residents in moving around independently. The centre also had a number of communal areas that were accessible to residents, which includes a large oratory, sitting rooms, dining rooms, and a library. Residents also had access to a well-maintained external courtyard and outdoor garden areas. The centre had sufficient storage facilities available on both floors to store clinical equipment in a safe and effective manner.

The bedroom accommodation of this centre comprises single rooms and twin-bedded rooms. The inspector reviewed a sample of residents' bedrooms and found that the single bedrooms were well-organised and personalised with the residents' personal items, such as family photos and sometimes small furniture. Residents in these rooms had access to sufficient natural light and had sufficient space to keep their personal belongings and a comfort chair. The single rooms were suitably laid out to meet the needs of residents.

During the inspection, the inspector observed that residents were actively engaging with each other in communal areas or mobilising through corridors, while those who opted to remain in their rooms were supported regarding their choice.

Residents were encouraged to participate in meaningful activities. Staff interaction with residents was respectful, and a staff member supported residents to take part in activities. Many residents were found to be engaged in a variety of activities, such as games, during the inspection.

Residents' meal times were observed to be a social and enjoyable experience. There was a sufficient number of staff available in the dining rooms, and assistance was provided to residents discreetly and respectfully. Residents were offered choices at meal times.

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.

Capacity and capability

Overall, the findings of this inspection were that Oak View Nursing Home was a well-managed centre; however, the provider's governance and management systems required additional improvement actions.

The registered provider of Oak View Nursing Home is Omega Nursing Home Limited. The centre had a person in charge (PIC), who worked full-time in the centre, supported in their role by a representative of the provider, who was a company director. The provider had clear deputising arrangements for the role of person in charge, and a clinical nurse manager (CNM) deputised for the person in charge during their absence. The centre had an established governance and management structure in place, and staff were aware of the centre's reporting arrangements.

The provider had ensured there were adequate staffing resources in place to meet the residents' care needs. For example, the daytime staffing on the day of inspection comprises a clinical nurse manager, three staff nurses, 12 health care assistants, and other support staff. The night-time staffing comprised two staff nurses and five care staff to meet the needs of residents.

The inspector reviewed a sample of staff files and found that the provider had established recruitment practices. Staff were appropriately inducted and were supported in their role through personal development. Staff personnel files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the regulatory requirements.

The provider had several systems to ensure the quality and safety of the service. For example, the provider maintained a suite of policies and procedures that were regularly updated and reviewed. Additionally, clinical audits, such as care plan audits, falls audits, and environmental audits, were carried out at regular intervals. The centre also had a system in place to record and report accidents and incidents occurring within the designated centre. Regular staff and management meetings were held, and the minutes of the management meetings indicated that a range of topics were discussed in these meetings; however, key performance indicators were not developed or included in these meetings to ensure necessary oversight of

serious incidents, such as safeguarding incidents, and this is discussed in the later sections of this report.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that there was an appropriate number and skill-mix of staff to attend to the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed indicated that staff were not up-to-date with the centre's mandatory training requirements. For example, several nurses and health care assistants did not have timely access to refresher training for managing challenging behaviour. This was brought to the attention of the provider.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the centre, and this included all information as outlined in the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had a valid insurance contract against injury to residents, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The provider's management systems did not ensure that the service provided is safe, appropriate, consistent and effectively monitored; For example,

- The oversight of the centre's safeguarding systems did not ensure that safeguarding risks arising from accidents and incidents had been escalated to senior managers in a timely manner to ensure that risks arising from these incidents were managed appropriately.
- The centres clinical audit, such as care plan audits and environmental audits were not effective in identifying the issues the inspector identified on this inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While the majority of the notifiable incidents that occurred in the centre were notified to the office of the Chief Inspector of Social services, the inspector found that one notifiable safeguarding incident had not been notified by the provider. The person in charge submitted the notifications following the inspection.

Judgment: Not compliant

Quality and safety

Overall, this inspection found that residents living in the centre were receiving a good quality of care. However, a series of improvement actions were required to ensure the effective implementation of care planning and safeguarding systems, as well as to enhance the privacy of residents in this centre.

The inspector reviewed a sample of care records and discussed with staff regarding residents' care plans. The inspector found that pre-admission assessment was completed before admitting residents to this centre to ensure the centre could meet the residents' needs. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre. However, some improvements were required in care planning and this is further detailed under Regulation 5: Individual assessment and care plan of this report.

Residents had access to a wide range of health and social care services. Additionally, they had access to specialist equipment, such as pressure-relieving devices and mobility aids, as required.

The provider had systems in place to safeguard residents and protect them from the risk of abuse. For example, the provider had ensured that staff had access to safeguarding training and was up-to-date for all staff. The provider also had a safeguarding policy, which provided staff with support and guidance in recognising and responding to allegations of abuse. Staff demonstrated knowledge of the centre's safeguarding procedures; for example, how to recognise and report abuse. However, one safeguarding incident had not been identified and managed in line with their own policies.

Residents had access to television, radio, newspapers and books. Religious services and resources were also available. Residents' meetings were organised regularly, and residents were afforded with the opportunity to participate in the organisation of this centre. Furthermore, residents' satisfaction surveys had been carried out before this inspection by the provider. The provider had also analysed the residents' feedback, and the records indicated that the provider had implemented actions to address the issues identified by the residents, to drive quality improvement.

Overall, the general environment, including residents' bedrooms and communal toilets supported the privacy needs of residents.

Regulation 10: Communication difficulties

There were facilities in place to assist residents with their communication needs and to facilitate each resident to communicate freely in this centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of 12 care plans. While some residents' care plans were detailed, some did not include the most up-to-date information and were not person-centred to guide staff in providing the most appropriate care. For example:

- The wound care plans for two residents did not include the wound care specialist's recommendation and specified the dressing materials required to be used for this resident.
- The care plans for managing the responsive behaviour (how persons with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) of three residents did not include information regarding the triggers for the residents' responsive behaviours and the interventions that would be effective for these residents. As a result, these care plans were not person-centred.

- Two residents did not have safeguarding care plans developed following one safeguarding incident.

Judgment: Substantially 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 therapist, tissue viability and palliative care.

Judgment: Compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents from abuse. For example, although the provider had systems in place to safeguarding residents, one safeguarding incident had not been identified, investigated and appropriately managed in line with the provider's policy to protect the residents. This was brought to the attention of the provider, and the provider submitted information regarding the actions implemented following the inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oak View Nursing Home OSV-0000151

Inspection ID: MON-0043472

Date of inspection: 08/10/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The training matrix has been reviewed and all staff requiring training in challenging behaviour has been identified. The PIC has organised Dementia training that encompasses behaviours that challenges.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The safeguarding policy has been reviewed and updated. It has been communicated to all staff to ensure any safeguarding incidents will be escalated straight away. In line with current procedures, all accidents and incidents will be audited on a monthly basis. All incidents will be reviewed at our Head of Department meetings.</p> <p>Currently we carry out clinical audits on a quarterly basis and environmental audits on a bi-monthly basis. 25% of care plans are audited at a time. Going forward, the Clinical Nurse Manager who is carrying out the clinical audits will include care plans of residents who have wounds, behaviours that challenge and any residents whose care needs have changed due to their medical condition. The outcome of these audits will be reviewed at our Head of Department meetings.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We remedied the error that occurred with this incident, going forward all notification will be submitted in accordance with the regulations by the PIC.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Currently we are reviewing all care plans which will ensure all the current care needs of our resident will be documented in a person-centred approach to their care with the involvement of the resident and or family where appropriate. As stated above in our response to Regulation 23, care plans will be audited on a quarterly basis on residents who's care needs have changed.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Our safeguarding policy has been updated. The PIC is going to have staff meetings to update all staff in relation to our safeguarding policy and the importance of timely escalation of any safeguarding incident to management.</p>	

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2026
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	31/03/2026
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	31/10/2025
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	28/02/2026

	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.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	28/02/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/10/2025