



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

## Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Hawthorn Drive, Athlone Road, Roscommon, Roscommon
Type of inspection:	Unannounced
Date of inspection:	06 November 2025
Centre ID:	OSV-0000372
Fieldwork ID:	MON-0048353

## About the designated centre

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

The centre offers long and short-term care for 56 adults over the age of 18, including people with a diagnosis of Alzheimer's disease or dementia. The centre is purpose-built, single-storey and has a safe cultivated garden for residents' use. All bedrooms are single with full en-suite facilities. They have good natural light, a functioning call-bell system and appropriate storage. The kitchen, dining and sitting room areas are centrally located. There are appropriately equipped sluice rooms. The centre is located a short distance from the town of Roscommon and is near restaurants, shops, pharmacies, doctors' surgeries, and the local general hospital.

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

Number of residents on the date of inspection:	56
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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
Thursday 6 November 2025	09:30hrs to 17:50hrs	Michael Dunne	Lead
Thursday 6 November 2025	09:30hrs to 17:50hrs	Nan Savage	Support

## What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. There was evidence, which confirmed that residents were offered choice in key aspects of their care. This included discussions on what activities residents would like to be provided, the choice of food available for residents, and on how residents would like care support to be provided to them.

On arrival at the centre, the inspectors met with the person in charge and the registered provider. Following an introductory meeting, the inspectors commenced a walkabout of the designated centre. This gave the inspectors an opportunity to meet with residents and staff, and to observe life in the centre as residents prepared for their day.

There were effective communication systems in place to ensure that residents were kept informed regarding key events in the centre. There was good use of notice boards to update residents on the availability of activities, access to advocacy, and on how to register a complaint. In addition, resident meeting records confirmed that residents were communicated with on a regular basis.

A review of the designated centre's annual review of quality and safety for 2024 confirmed that residents and their families were consulted about the quality of services provided. Inspectors observed that the provider and the person in charge were well-known to residents. One of the residents who spoke with inspectors liked how the provider would visit them in the morning, and enquire how they were doing.

During the day, inspectors observed interactions between staff, and residents in various locations within the centre. Residents appeared to be familiar, and comfortable with the staff, and each other. Most residents were either participating in activities or relaxing in the different communal areas, while others liked to move independently around the centre. Inspectors chatted with several residents that were in their bedrooms, and these residents indicated that they preferred to spend time there. One of the residents enjoyed reading, and used their own mobile to communicate directly with family. This resident also confirmed that activity staff would come to their room for chats. There were some residents who were unable to verbally communicate with inspectors. These residents appeared content and comfortable in their lived environment.

Residents had the opportunity to participate in various activities that were arranged, and facilitated by two activities coordinators. Inspectors spoke with the activities coordinators, who described how they carefully considered residents' preferences, interests, and abilities to inform the activities that they provided. During the inspection, some of these activities took place, including exercise with balls and

sticks, bingo, and proverbs. Inspectors also saw that with the support of the activities coordinators, some residents had started to create Christmas decorations.

Residents who spoke with inspectors described some of the activities that they enjoyed, including bingo, and the different prizes that they could win, arts and crafts and music sessions. Inspectors were informed by staff that residents had made decorations and soft chocolate biscuits for their Halloween party. Some residents spoke about how they had enjoyed the Halloween party, and the games that took place. A different resident spoke about how it was important for them to attend religious services and was glad that they could receive 'communion on a Sunday' and attend mass every month.

Corridors were wide, and there were handrails suitably located to support residents to walk independently. Residents were observed going for walks along the corridors, some used mobility equipment while others mobilised at their own pace. Seating was positioned along the main corridors to enable residents to take a break, if they wished. Some of the residents mentioned to inspectors that they were getting exercise, while others said that they enjoyed walking.

Resident rooms were all serviced by en-suite facilities, and contained sufficient storage space for residents to store their clothes, and personal belongings. Overall, the premises were well-maintained, clean and bright. Communal spaces were also well-maintained; however, seating located in a meeting room was unclean and not suitable for resident use. Several compartment fire doors were found not to close properly, and this is discussed in more detail under Regulation 28: Fire precautions.

There was an enclosed garden which was nicely manicured, and contained a fountain feature, and planted beds. However, inspectors observed that residents could not access this area without having to go through the smoking room.

Residents spoke about the meals provided, some described their favourite meals and the food choices that were available. One resident mentioned how the 'food was lovely' while another resident described the food as 'grand' and that 'if I didn't like something, I would get something else.' The menu options available to residents on the day of the inspection consisted of a chicken curry or a pork stew meal.

The following sections of this report detail the findings with regard to the capacity, and capability of the provider, and how this supports the quality, and safety of the service provided to residents.

## Capacity and capability

This inspection found that for the most part this centre is well-managed by an experienced team who promote an open, and inclusive culture in which residents received person-centred care in line with their needs, and preferences. There are

systems in place to ensure that care, and services were safe, and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in the centre.

There were; however, a number of areas of practice where additional focus is required to ensure that the provider is operating in compliance with the regulations under the theme of Capacity and capability in relation to the governance and management of the centre, management of records and contracts for the provision of services.

This was an unannounced inspection by inspectors of social services carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended). The inspectors also followed up on the compliance plan received from the provider following the previous inspection held in April 2025. The inspectors found that the registered provider had implemented their compliance plan following that inspection.

The registered provider for this centre is Oakwood Private Nursing Home Limited. There are two directors involved in the company, one of whom is the assistant director of nursing (ADON). The person in charge (PIC) is also supported in their role by a team of nursing staff, healthcare assistants, activity co-ordinators, household, catering, administration and maintenance staff. There was a defined management structure in place, which identified lines of authority and accountability.

The inspectors reviewed a sample of governance and management documentation, including audit records, meeting minutes and complaint records. Clinical interventions were subject to routine audit. The provider maintained regular clinical oversight of falls, wound care, nutrition and hydration, medicine management, antibiotic use and skin care. Overall, where improvements were identified, an action plan was developed to address the issues.

However, not all monitoring systems had identified issues found on this inspection in relation to fire precautions, and the effective monitoring of infection control and contracts for the provision of services. This meant that there were no action plans in place to address the issues found, and this had the potential to impact on the quality of the service provided to residents.

A review of contracts for the provision of services found that some aspects of the contract were not in line with regulatory requirements; for example: charges for services that residents may be entitled to access free of charge, may not require or may not wish to avail of. While there was an annual review of the quality, and safety of services provided for 2024, based on feedback received from both residents and their relatives, this document did not contain a quality improvement plan for 2025 based on these contributions.

There are sufficient numbers of staff available in the designated centre during the inspection to meet the assessed needs of the residents. Arrangements were also in place to maintain staffing levels to cover staff absences. A review of rosters confirmed that all absences in the review had been filled by the provider. Staff

spoken with were knowledgeable of residents' individual needs, and were observed to be responsive to requests for assistance by residents.

Inspectors reviewed staff training records, and confirmed that the majority of staff working in the designated centre were up-to-date with compulsory training in fire safety, safeguarding, and manual handling. The person in charge confirmed that some new staff were due to complete in-person fire safety training, and that some existing staff were scheduled to complete it as refresher training. From speaking with staff, and viewing records, inspectors confirmed that additional staff training was available relevant to the staff role. This included training on infection prevention, and control, cardio-pulmonary resuscitation (CPR), food hygiene, and the use of cleaning chemicals.

The inspectors reviewed a sample of staff personnel files, and found that they did not contain all the information as required by Schedule 2 of the regulations. The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. One complaint had been recorded since the last inspection and was seen to be resolved within the specified timescale as outlined in the complaints policy. The provider was keen to learn from complaints, and to identify any patterns that may impact on the quality of the service provided.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted the required information to comply with Schedule 1, and part B of Schedule 2 of the registration regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had put in place a staff training, and development programme which included both in-person, and online training. Arrangements were in place to facilitate staff to attend mandatory, and additional training relevant to their specific roles and responsibilities. Records viewed confirmed that fire safety training took place annually, and the person in charge reported that plans were in place for the fire safety trainer to deliver in-person training to new staff, and those who required refresher training.

A review of documents confirmed that new staff had received induction, and orientation training to support them in their roles.

Judgment: Compliant

### Regulation 21: Records

A review of records relating to Schedule 2, and Schedule 3 found that:

- The provider failed to follow up on a staff member's employment record, which showed gaps in their employment history.
- Copies of records relating to the transfer of residents to the hospital were not available for inspectors to review in accordance with the regulatory requirements.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents. The insurance contract was renewed in June 2025.

Judgment: Compliant

### Regulation 23: Governance and management

The inspectors found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The oversight of infection control in the centre, regarding the cleaning of mobility, and transfer equipment, required strengthening.
- Additional fire safety management was required to ensure that fire safety priorities within the centre were continually addressed. Current monitoring systems had not identified the potential risks associated with compartment fire doors not closing properly, and as a consequence, there was no action plan in place to mitigate those risks.
- There was inadequate management oversight of staff records in the centre.
- Systems to monitor residents' contracts of care did not ensure full compliance with the regulations, in addition, the terms, and conditions detailed in these contracts did not meet the requirements of the regulation, and could potentially have a negative impact on residents' rights. This is discussed under Regulation 24: Contract for the provision of services, and under Regulation 9: Resident's rights.
- The annual review of quality and safety for 2024 did not incorporate a quality improvement plan for 2025 to develop and implement the issues highlighted in the review.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts for the provision of care, and services. The contracts reviewed did not satisfy the requirements of the regulation in the following ways:

- Contracts did not identify the room being offered to the resident.
- Contracts identified fees to be charged for physiotherapy, chiropody, and toiletries, and formed part of the weekly social care charge to residents, even though the residents may not avail of these services or toiletries on a weekly basis. In addition, some residents with a GMS card may have a right to access these services free of charge.
- The terms, and condition set out in the contracts for provision of services had the potential to impact on residents rights, (this is discussed in more detail under Regulation 9 Residents' rights).

Judgment: Not compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the facilities, and services available in the designated centre. This document, which had been

updated in October 2025, contained all the required information as set out under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an accessible complaints policy, and procedure in place to facilitate residents, and or their family members to lodge a complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint.

This policy also identified details of the complaints officer, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion. A review of the complaint's log indicated that there had been one complaint processed since the last inspection, and this had been managed in line with the centres complaints policy.

Judgment: Compliant

### Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard, which met the assessed needs of the residents. Staff were knowledgeable about the residents' needs, and preferences, with residents reporting that they felt safe, and well-cared for by staff in the centre. Although the provider had made a number of improvements to address issues identified under the previous inspection, further actions, and focus were required to bring the centre's premises, infection prevention measures, residents' rights, and fire precautions into full compliance with the regulations.

Residents had access to a range of health care services, which included a general practitioner (GP) service, and support from psychiatric services. There were arrangements in place for residents to access health, and social care services, such as dietitians, speech, and language therapists, and tissue viability nursing (TVN), to provide support with wound care if required.

All residents had an assessment of their needs on admission. Following the assessment, care plans were developed with the resident or their representative setting out care needs, and the resident's preferences for care, and support. Care

plans also identified residents' self-care abilities to ensure that residents' independence was promoted.

Residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported. The care plans reviewed were person-centred, and gave clear instruction, and guidance to staff on how to support the residents to manage their responsive behaviours.

Safe recruitment practices were in place to protect the residents, including obtaining satisfactory An Garda Síochána (police) vetting disclosures prior to commencing employment. The registered provider was not acting in the capacity of a pension agent at the time of this inspection. There were good oversight measures in place where the provider maintained residents' valuables with records that were monitored and reconciled effectively.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed, and checks to ensure that fire-fighting equipment was accessible, and functioning. However, inspectors identified one fire extinguisher that had been missed on the last extinguisher check. The provider maintained, and updated resident personal emergency evacuation plans (PEEPS) as, and when required to aid resident evacuation in the event of a fire emergency. The provider also ensured that fire drills were carried out. While fire doors were scheduled on the weekly fire safety checklist, these checks did not identify that several compartment doors were not closing properly which had the potential to render them ineffective in the event of a fire emergency.

The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection. In addition, risks associated with the storage of transfer equipment in the sluicing facility were not mitigated, and this had the potential to spread infection in the centre.

Following the previous inspection in April 2025, residents' meetings had occurred on a bi-monthly basis. A range of topics were discussed at these meetings, including updates on the premises, staffing, the complaints procedure, activities, and services such as menu planning, and access to health care services. Through communication with residents, and review of the comprehensive records, it was evident that residents were consulted, and enabled to participate in these meetings.

Inspectors saw that improvements had been made in response to residents' feedback. For example, some issues that had been raised regarding the laundry service had been addressed, and individual requests to provide additional food choices and change specific menu options were also taken into consideration. Some residents and staff spoken with confirmed that these changes had been made. The provider also used this forum as an opportunity to support, and provide reassurance to residents regarding sensitive external information that had circulated in the

media. Some of the residents' feedback included that they 'felt safe, respected, and well cared for' and were 'happy in the nursing home'.

There was an activity programme in place offering a range of activities that residents could attend, if they wished. This included twice-weekly music sessions, arts, and crafts, reminiscence sessions, and Sonas therapy (a programme of therapeutic activity, especially for people with dementia or cognitive impairment). However, some activities had not occurred during the summer months due to the recruitment of staff. Prior to the inspection, the provider had appointed a second activities coordinator to ensure residents could continue to enjoy a variety of activities. Residents also had access to current affairs and technology, including radio and television.

While there were examples of residents' rights being respected, and that they were supported to exercise choice, residents could not freely access the enclosed garden without going through the smoking room. Inspectors noted a smell of cigarette smoke at various times of the day along the main corridor adjacent to the reception area. Inspectors saw that the smoking room opened onto this corridor. Some areas within the smoking room were not in a good state of repair. This was discussed with the provider on inspection, who had recognised this issue and had begun considering alternative options.

The majority of resident bedrooms had been repainted, and this improved the ambiance of these rooms. Residents were seen to personalise their own lived environment with items individual to them. Rooms were clean, and well-maintained, and there was sufficient space for residents to store their clothes, and personal items. Some areas of the premises required additional focus to ensure facilities were suitable and safe to meet the assessed needs of the residents. This is discussed in more detail under Regulation 17: Premises.

## Regulation 17: Premises

Some areas of the premises did not fully comply with matters specified in Schedule 6 of the Regulations. This was evidenced by following:

- Parts of the smoking room were not maintained in a good state of repair and clean condition. Some painted surfaces were stained, while other areas were dusty, and cobwebs were noted. Some areas adjacent to the ceiling were not adequately finished to a readily cleanable surface.
- The door to the ensuite in the hairdressing room was unhinged, and not secured to the door frame, which could present a risk of injury to residents.
- Several armchairs located in the hairdressing room were stained, not readily cleanable, and unsuitable for resident use.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents' food, and fluid intake was assessed and monitored to ensure their nutrition and hydration needs were met. Residents had access to speech and language therapy and dietetic services as needed. Residents were provided with a varied diet, and alternatives to the hot meal menu options were available in accordance with residents' preferences. Residents' special dietary requirements were effectively communicated to catering staff, and dishes were prepared in accordance with residents' individual preferences, assessed needs and the recommendations of the dietitian and speech and language therapists. Fresh drinking water, snacks, and other refreshments were available to residents at mealtimes, and throughout the day.

Residents' mealtimes were facilitated in the dining room with sufficient staff numbers available to provide timely assistance to residents. The inspectors observed that residents were provided with discreet assistance as needed, and staff were attentive to residents' individual needs, and provided encouragement, and support as appropriate.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

In the event of a resident requiring hospital admission, the person in charge ensured that the next of kin was informed, and that relevant information regarding the resident was provided to the hospital. Important information was obtained on the resident's return to the centre and used to update their care plans as appropriate.

However, copies of the transfer document that were sent with residents to the receiving hospital were not maintained in the designated centre, and this is discussed in more detail under Regulation 21: Records.

Judgment: Compliant

## Regulation 27: Infection control

The registered provider did not fully ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority were implemented by staff. For example:

- While there was a system in place to clean and label mobility and transfer equipment following resident use, this system was not fully implemented on the day of the inspection. Two standing hoists were observed to be unclean, although one of these hoists had a tag in place indicating it had been cleaned, while the other was also unclean.
- Inspectors found other transfer equipment stored inappropriately in the sluicing facility.
- The rack for storing urinals and bed pans was unclean, and was showing signs of wear and tear.
- Two slings used in the transfer of residents did not contain information as to when they were last cleaned or who they belonged to. This increased the risk of cross contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were arrangements in place to protect residents in the event of fire, which included the maintenance of fire systems and regular review of fire precautions. However, inspectors found that the registered provider did not make adequate arrangements in respect of the following:

- The inspectors observed that several compartment fire doors did not fully close, which compromised their effectiveness to prevent the spread of fire and smoke in the event of a fire emergency.
- The fire extinguisher located in the smoking facility had not been serviced when required.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Assessments and care planning were found to be of a good standard, which ensured each resident's health and social care needs were identified, and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- All resident records reviewed had a comprehensive assessment of their needs prior to admission to ensure that the centre was able to provide care that met residents' assessed needs.
- Care plans were reviewed at four-monthly intervals, or as and when required.

- Residents were consulted about their preferences for care interventions, and where residents were unable to provide this information, records confirmed that family members were consulted.
- Care plans were routinely updated following recommendations made by medical professionals.

Judgment: Compliant

### Regulation 6: Health care

The inspectors found that residents had timely access to medical, and health, and social care professionals. There were also arrangements in place for out-of-hours medical support for the residents. The registered provider ensured that there was a high standard of evidence-based nursing care in accordance with professional guidelines.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate, and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints were used these were implemented following robust risk assessments, with alternatives trialled prior to their introduction, and use.

Staff were experienced, and knowledgeable in the management of residents who presented with responsive behaviours. On the day of the inspection, the inspectors observed interactions between staff, and residents, and found that staff were able to use de-escalation and distraction techniques to effectively manage potentially risky situations. Staff were respectful, and empathetic to these residents, and provided reassurance to reduce the responsive behaviours being expressed by these residents.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred.

The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training, and were clear on what may be indicators of abuse and what to do if they were informed of, or suspected abuse had occurred.

Resident monies were safeguarded and there were records in place to reconcile monies and valuables held on the residents' behalf. The provider was not acting as a pension agent for residents at the time of this inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

While there was evidence found on the inspection, that the provider was implementing a human rights approach in the service provided, there were some areas of the service provided that required further actions, to ensure that this approach was fully implemented in all aspects of the service, for example:

- The terms, and conditions of contracts for the provision of services reviewed on inspection, found that several conditions incorporated into the contracts had the potential to impose unfair conditions on residents, and to adversely impact the rights of the residents involved. The contract stated that the provider reserves the right to increase the accommodation charge at any time, but not more than four times in any one twelve-month period, and only on giving one month's notice to the resident or (if appropriate) to the relative (except where the accommodation is changed from semi-private to private).
- While details regarding independent advocacy services were available, and displayed in the centre, access to in-person awareness campaigns was found not to have taken place
- Residents who wished to access the garden area, currently had to walk through the smoking facility.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Oakwood Private Nursing Home OSV-0000372

Inspection ID: MON-0048353

Date of inspection: 06/11/2025

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: It is our intention going forward that no staff member will commence employment until all schedule 2 documentation is verified and complete.</p> <p>Nursing staff will ensure that, upon a resident's transfer to hospital, comprehensive transfer documentation is completed within the web-based management system, EpicCare, and securely saved. This documentation will include all relevant clinical details required to support continuity of care.</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>Regarding the cleaning of mobility and transfer equipment, we will develop and implement a clear, written cleaning schedule outlining frequency, responsibility and methods for cleaning equipment, introduce a cleaning checklist to be signed by staff after each cleaning episode, to be included in regular IPC audits.</p> <p>Fire Safety; Following the completion of a Fire Risk Assessment, enhanced fire safety measures have been implemented. Weekly fire safety drills are being conducted, with a specific focus on the inspection and compliance of compartment doors in line with Fire Safety Management requirements.</p>	

Any identified deficiencies have been addressed, with necessary adjustments and repairs carried out with immediate effect. The Fire Risk Assessment has been reviewed and updated accordingly to reflect these actions.

Management of Staff records;

It is our intention going forward that no staff member will commence employment until all schedule 2 documentation is verified and complete.

Contracts of Care;

A review of Contracts of Care has taken place and we have decided to introduce a new Contract to ensure clarity, transparency, and inclusion of all required terms and conditions (e.g. fees, services, additional charges). Reissue updated contracts to all residents (or their representative) and ensure understanding and consent. (New Contract of Care attached).

Annual Review of Quality and Safety;

We will develop a Quality Improvement Plan for 2026 that defines clear objectives, specifies targeted actions, and establishes measurable timelines for each identified area of improvement.

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Regulation 24: Contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

***The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations***

Contracts of Care;

A review of Contracts of Care has taken place and we have decided to introduce a new Contract to ensure clarity, transparency, and inclusion of all required terms and conditions (e.g. fees, services, additional charges). Reissue updated contracts to all residents (or their representative) and ensure understanding and consent. (New Contract of Care attached).

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Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Our Smoking room has been upgraded to include a door separating the smoking room from the corridor to the garden, walls painted, smoking room cleaned, dust free, cobweb free and area readily cleanable.</p> <p>Hairdressing Room;  The door in Hairdressers room has been repaired and secured.  Chairs in Hairdressers room to be removed and replaced with more appropriate furniture.</p> <p>]</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Mobility and Transfer equipment;  Regarding the cleaning of mobility and transfer equipment we will develop and implement a clear, written cleaning schedule outlining frequency, responsibility and methods for cleaning equipment, introduce a cleaning checklist to be signed by staff after each cleaning episode, to be included in regular IPC audits.</p> <p>Inappropriate storage of transfer equipment;  Ensure staff do not store Transfer equipment in the Sluicing area, allocate appropriate storage areas for all mobility and transfer equipment.</p> <p>Storage Rack;  Storage rack used for urinals and bedpans was thoroughly cleaned and repainted. Any racks exhibiting signs of wear and tear will be repaired or replaced as necessary to maintain hygiene and safety standards.  Management will conduct regular spot checks to ensure ongoing compliance with infection prevention and control requirements.</p> <p>Slings;  Allocate slings to individual residents including resident name/identifier.  Slings to be part of daily scheduled cleaning and recorded, to be included in regular IPC audits.</p>	

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Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Safety;  Following the completion of a Fire Risk Assessment, enhanced fire safety measures have been implemented. Weekly fire safety drills are being conducted, with a specific focus on the inspection and compliance of compartment doors in line with Fire Safety Management requirements.  Any identified deficiencies have been addressed, with necessary adjustments and repairs carried out with immediate effect. The Fire Risk Assessment has been reviewed and updated accordingly to reflect these actions.</p> <p>Fire extinguisher in smoking room;  Fire extinguisher in smoking room has been serviced by our Fire safety contractor.</p> <p>]</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Contracts of Care;  A review of Contracts of Care has taken place and we have decided to introduce a new Contract to ensure clarity, transparency, and inclusion of all required terms and conditions (e.g. fees, services, additional charges). Reissue updated contracts to all residents (or their representative) and ensure understanding and consent. (New Contract of Care attached).</p> <p>Independent Advocacy Service;  In-person advocacy awareness sessions will be organised within the centre, facilitated by an independent advocacy service, to promote residents' understanding of their rights and access to appropriate supports.</p> <p>Access to Garden area;  A door has been installed to separate the designated smoking area from the garden access corridor. This measure has been implemented to ensure that residents accessing the garden are not exposed to smoke.</p>	

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## 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 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	30/04/2026
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	01/04/2026
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	Substantially Compliant	Yellow	01/04/2026

	effectively monitored.			
Regulation 23(1)(h)	The registered provider shall ensure that a quality improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e).	Substantially Compliant	Yellow	30/04/2026
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	31/05/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	31/05/2026
Regulation 27(a)	The registered provider shall	Substantially Compliant	Yellow	15/04/2026

	ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/04/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/04/2026
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	01/04/2026
Regulation 09(5)	The registered provider shall ensure that a resident has access to independent advocacy services, including access to in-person awareness campaigns by independent advocacy services and access to meet and receive support from independent	Not Compliant	Orange	30/04/2026

	advocacy services. These services should be made available to residents in the designated centres and in private, as required.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	01/04/2026
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 such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/05/2026
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	31/05/2026