



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

Issued by the Chief Inspector

Name of designated centre:	Hamilton Park Care Facility
Name of provider:	Hamilton Park Care Centre Limited
Address of centre:	Balrothery, Blackhall, Balbriggan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	26 November 2025
Centre ID:	OSV-0000139
Fieldwork ID:	MON-0047138

About the designated centre

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

Hamilton Park is a purpose built care facility located in the countryside a short drive from the town of Ballbriggan. The centre is registered to care for 135 residents, both male and female over the age of 18 years of age. It offers extended care and long term care to adults with varying conditions, abilities and disabilities. Residents with health and social care needs at all dependency levels are considered for admission. It provides general nursing care to residents with dementia, a cognitive impairment, those with a physical, psychological, neurological and sensory impairment. Residents are accommodated on two floors. There are 131 single and two twin bedrooms some with their own en-suite bathroom facility. This modern building has five inner courtyards and an outside garden accessible to residents. There is close access to the restaurants, pubs, and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	114
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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 26 November 2025	06:40hrs to 14:30hrs	Sinead Lynch	Lead
Wednesday 26 November 2025	06:40hrs to 14:30hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

From what residents told the inspectors and from what was observed, it was evident that residents were happy living in Hamilton Park Care Facility. Residents informed the inspectors that they could make their own choices in how they spent their day and these decisions were always respected. Residents spoke very positively about the staff and how 'kind' they were.

Inspectors arrived unannounced at 6.40am in the morning and observed the night staff delivering care in a kind and dignified manner. There were appropriate levels of staff in place to attend to residents when they sought assistance. All residents had access to call-bell facilities in their bedrooms and a bedside light. On the day of inspection, the inspector observed that call-bells were answered promptly.

Throughout the day the inspectors spoke with many residents who provided only positive feedback. They praised the management and staff team for their dedication to their care. One visitor spoken with said the team are 'fantastic' and that 'you could not find better'.

Residents had access to numerous communal day spaces and dining rooms. There were additional communal spaces available for residents outside the individual units, including an oratory, hairdresser and breakout spaces along the corridor with seating. There was a computer for residents to utilise if they wished with Internet access available throughout the centre.

The centre was found to be clean and well-organised. Residents had adequate space to store their personal items. There had been new wardrobes fitted in some bedrooms and the plan was to upgrade all the wardrobes in the centre over the coming months. However, inspectors observed that one vacant bedroom had been converted to a clinical store room, which had not been communicated in advance to the Chief inspector.

There was an array of activities on offer to residents. Many residents attended outings accompanied by staff. Some residents told the inspectors that they had enjoyed an evening at the National Concert Hall. Other outings included trips for residents to do their Christmas shopping and coffee mornings.

There was a cooked breakfast being prepared in one of the communal dining rooms and the food looked appetising. The inspectors were informed that there is a cooked breakfast every morning and on Tuesdays and Thursdays there were pancakes and fresh fruit made available. Lunchtime was observed to be a sociable and relaxed experience. Residents told the inspectors that the food was always 'great'. The inspectors observed that there was a good choice of food on offer, and residents

confirmed that they could have alternatives to the menu if they wished. Staff provided discreet and respectful assistance to residents who required support.

Inspectors heard that the centre recently won an award for Residential Centre Home/Nursing Home of the Year (Private), 2025. Residents said the reward was in recognition for the high standard of care they received from the dedicated management and staff.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were no open complaints at the time of inspection and residents spoken with said they had no complaints.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that residents in the centre benefited from a well-managed and resourced service that was responsive to their wishes and suggestions for improvement. There were robust governance and management arrangements in place, which ensured a high level of regulatory compliance across all regulations inspected against. The management team was proactively working to enhance the quality of life for the residents and had implemented many improvements for the benefit of the residents, such as reducing the prescribing and use of psychotropic medication and reducing the number of physical restraint in use, such as bed rails.

Improvements were required in relation to Regulation 21: Records. The storage of residents records was not in line with the regulations. The registered provider was storing deceased and discharged residents' files and staff records in a unit outside, which was not part of the designated centre.

This was an unannounced inspection to assess the providers level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The provider had submitted an application to renew the registration of the centre.

Hamilton Park Care Facility Limited is the registered provider of Hamilton Park Care Facility. There was a clearly defined management structure with identified lines of accountability and responsibility. The person in charge had recently commenced in their role and was supported by the Clinical liaison service manager, Director of Operations and a team of support service managers. The clinical management team consisted of the person in charge, one assistant director of nursing and three nurse managers. The management team was found to be knowledgeable about individual

resident's needs, wishes, and life stories. Other staff members included nurses, health care assistants, activity coordinators, domestic, catering administrative and maintenance staff.

A review of the duty roster and observations on the day of inspection, indicated that adequate staffing levels were maintained to ensure residents' safety and well-being at all times. The staff were visible within the nursing home, tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. There were 27 residents receiving one-to-one care to meet their identified care needs while living in the centre.

The complaints policy and procedure were reviewed. Complaints were managed as per the policy and at the time of inspection, there were no open complaints. There had been one complaint received since the last inspection and the investigation completed by management following this complaint was found to be very detailed and comprehensive.

Training records were maintained and provided assurance that all staff working with residents in the centre had completed the required mandatory training, including safeguarding vulnerable persons.

A number of documents were reviewed, including a sample of staff files to include the Garda Vetting and references, and were found to be compliant with the legislative requirements.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner and were under review at the time of inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse and worked full-time in the centre. They were active in the governance and overall day-to-day management of the centre.

Judgment: Compliant

Regulation 21: Records

Although current residents' records were available to review, the registered provider had not ensured that all records set out in Schedule 2 and 3 were retained in the designated centre for a period of not less than seven years.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. Management systems were effectively monitoring quality and safety in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were written policies and procedures prepared and implemented as per Schedule 5. These policies were made available to staff.

Judgment: Compliant

Regulation 15: Staffing

A sample of staff duty rotas was reviewed and in conjunction with communication with staff, residents and visitors, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

The provider had made many improvements since the last inspection. The premises was observed to have improved in relation to new flooring and wardrobes, the communal bathrooms were fully re-fitted with new flooring, tiles and all new sanitary wear. The inspectors also followed up on the compliance plan in relation to fire precautions. The provider had implemented all the improvements and completed any necessary works that were required. However, inspectors observed that not all areas of the designated centre were used in line with its statement of purpose, as the provider has converted a vacant bedroom into a clinical room. This is detailed further under Regulation 17: Premises.

The management team had implemented many improvements in relation to clinical care since the last inspection. The Clinical liaison service manager had completed a full review of the uses of psychotropic medication which resulted in over 30% of residents cease the use and reliance on these medications. There was a also a reduction in the use and reliance on physical restraints such as bed rails, which formed part of the centre' improvement plan.

All reasonable measures were in place to protect vulnerable residents from harm. Staff files reviewed contained the required documentation, providing assurance that residents were safeguarded through robust and safe recruitment practices. For example, all staff files reviewed showed that staff had An Garda Síochána vetting in place prior to commencing employment.

Residents were supported to make informed choices, with advocacy support offered where required. Activities were tailored to meet residents' needs and they had input into planning their schedule, including trips out of the centre. Regular resident meetings occurred with an advocate supporting residents at these meetings to raise any concerns or to provide suggestions they might have.

Regulation 17: Premises

The registered provider did not ensure that premises were in accordance with the centre's registered statement of purpose. For example; one registered bedroom had been converted into a clinical store room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and provided suitable fire fighting equipment, suitable building services and suitable bedding and furnishings.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse, and staff were clear on the steps to take should they witness or suspect abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise.

The provider was a pension-agent for 38 residents. There were clear and transparent records made available to inspectors ensuring residents' finances were safeguarded and protected.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to meaningful activities. The activity schedule was displayed around the centre. Residents were observed participating in group activities and person-centred activities throughout the day.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 15: Staffing	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hamilton Park Care Facility OSV-0000139

Inspection ID: MON-0047138

Date of inspection: 26/11/2025

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: As part of this initiative, this will enhance record security, improve accessibility, and ensure full compliance with HIQA standards under Regulation 21.</p> <p>1) Hamilton Park has partnered with DSM (Data Storage Management) to strengthen compliance with Regulation 21: Records.</p> <p>2) Digital Accessibility: Each file will be scanned and converted into a searchable digital record, ensuring instant availability for download when required.</p> <p>3) Rapid Physical Retrieval: Any original physical record can be delivered back to Hamilton Park Care Facility within 24 hours upon request.</p> <p>4) Recent Records Onsite: Records created within the last three months will remain onsite at the designated centre to support day-to-day operational needs.</p> <p>Person (s) Responsible: The management team of Hamilton Park. Time Frame of Completion: March 31, 2026</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: However, inspectors observed that not all areas of the designated centre were used in line with its statement of purpose, as the provider has converted a vacant bedroom into a clinical room. This is detailed further under Regulation 17: Premises.</p>	

In 2024, Hamilton Park was going through a period of major refurbishment plan of residents' bedrooms, communal bathrooms, and kitchenettes. New built-in wardrobes were put in place, removing wallpaper and re-painting. These were ongoing refurbishment works carried out in 2025 to improve the centre's premises. These were highlighted in the December 2024 HIQA inspection report. To allow us to carry out the tasks efficiently and facilitate a reduced disruption and impact on our vulnerable residents, we provisionally dedicated other rooms for specific purposes. Room 16 in the Dementia Focus Unit was temporarily allocated as a clinical room, and Room 34 in the Continuing Care Unit as a temporary visiting room for the residents.

- The Statement of Purpose will be updated to detail the provisional arrangement in place. The floor plans will be updated to reflect the short-term purposes of the 2 rooms.

Person (s) Responsible: The management team of Hamilton Park.

Time Frame of Completion: December 23, 2025

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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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	23/12/2025