



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

## Issued by the Chief Inspector

|                            |                                  |
|----------------------------|----------------------------------|
| Name of designated centre: | Newpark Care Centre              |
| Name of provider:          | Newpark Care Centre Limited      |
| Address of centre:         | Newpark, The Ward,<br>Co. Dublin |
| Type of inspection:        | Unannounced                      |
| Date of inspection:        | 14 August 2025                   |
| Centre ID:                 | OSV-0000150                      |
| Fieldwork ID:              | MON-0047139                      |

## About the designated centre

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

The designated centre provides 24- hour nursing care to 72 residents, male and female who require long-term and short-term care. The purpose-built one storey facility is situated in a rural area. It is divided into three areas: Mayfield, Aisling and Papillon (a dementia specific unit). There are a variety of communal rooms and residents' bedroom accommodation is made up of 69 single and one three-bedded room all of which are en suite. The philosophy of care is that each resident will be viewed as a unique individual and respected and cared for by all members of the staff team.

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

|                                                |    |
|------------------------------------------------|----|
| Number of residents on the date of inspection: | 61 |
|------------------------------------------------|----|

## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                       | Times of Inspection     | Inspector     | Role |
|----------------------------|-------------------------|---------------|------|
| Thursday 14<br>August 2025 | 07:50hrs to<br>16:45hrs | Aislinn Kenny | Lead |

## What residents told us and what inspectors observed

From what the inspector observed and what the residents told them, residents were content living in Newpark Care Centre. The residents spoken with were complimentary of the staff and the care they received. One resident told the inspector "The staff are all kind and gentle, you couldn't get any better". Another resident said, "I am well looked after, staff are great". Visitors spoken with also expressed their satisfaction with the care provided. One visitor told the inspector "The staff will do anything you ask, it's never a problem".

This was an unannounced inspection carried out with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. During the inspection, the inspector spoke with seven residents to gain insight into the residents' lived experience in the centre and four visitors. The inspector also spent time observing interactions between staff and residents, as well as reviewing a range of documentation and speaking with staff and management.

The inspector arrived to the centre in the early morning and walked around observing the morning routine for residents. The inspector spoke with staff who had been on the night shift. Most residents were observed having breakfast in their bedrooms or in the large sitting room in Mayfield unit. In the Papillon unit residents were eating breakfast in their bedrooms or in the dining room. Other residents were seen mobilising around the centre or sitting and relaxing in the seating areas outside the sitting room. Shortly after breakfast, residents received morning care with staff observed knocking on doors before entering residents' bedrooms and announcing their arrival prior to entering.

The centre is laid out over one floor and is divided into three units Aisling, Papillon and Mayfield with accommodation provided in 69 single and one triple bedroom, all of which have en-suite facilities. The centre provides long-term care to residents, many of whom had a diagnosis of dementia. In particular, the Papillon unit was dedicated for residents' with dementia.

Many residents in the Papillon unit were observed walking up and down the unit independently throughout the day. Directional signage was in place around the centre which facilitated residents to find their way around the home. The corridors were wide with hand-rails on either side, facilitating residents to mobilise independently.

Staff were observed to be kind and person-centred in their approach to residents and were busy attending to residents throughout the day. In the Papillon unit the inspector observed that, at different times throughout the day, the supervision of residents required improvement to ensure the safety of all residents was maintained. For example, during the walk around the inspector observed a resident alone in a sluice room in the Papillon unit; the inspector raised this with the staff

nurse who gently re-directed the resident. Some of the residents living in the Papillon unit were observed to display some responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These were generally well-managed by staff however, during the dinner service in this unit there was a gap in supervision for some residents. During this time the inspector observed residents displaying responsive behaviours towards each other with no staff supervision in this area. The inspector raised this with the health care assistant, they returned to the area and maintained the supervision of the residents.

The centre was nicely decorated and mostly well-maintained. Residents' bedrooms were decorated in a homely manner unique to the resident's taste. Overall, the centre was well laid out with various doors on the ground floor opening out to the enclosed courtyard space, which was nicely decorated with shrubs and plants. There was a pathway around the grounds of the centre which provided nice views of the local area and residents were observed walking around the grounds with staff and visitors throughout the day.

There was a monthly activities schedule on display in the centre outlining the activities available for the month of August. The inspector saw that the programme was varied and included activities such as therapy dog visits and a men's club. There was live music in the centre on a Friday and many residents told the inspector they enjoyed this. Residents told the inspector they enjoyed some aspects of the activities and had a choice to attend based on their preferences. Residents spoken with confirmed there was a residents' committee and that residents' meetings took place in the centre where they could raise any issues they had. There was a complaints procedure on display and details of advocacy services were available to residents.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## **Capacity and capability**

This was an unannounced inspection with a focus on adult safeguarding and to review the measures the provider had in place to safeguard residents from all forms of abuse. This inspection found that there were management systems in place to protect residents and that there was effective oversight of these systems. However, improvement was required to ensure that residents were appropriately supervised at all times to ensure their safety.

The registered provider of the centre is Newpark Care Centre Limited. The provider is part of the Glas Care Group who own and operate a number of nursing homes in Ireland. The inspector found that there was a clear governance and management structure in place in the centre. The person in charge was supported in their management of the centre by a company director, a director of operations, assistant director of nursing and clinical nurse managers. Other staff working in the centre included health care, administrative, laundry, domestic and catering staff.

On the day of the inspection, the inspector found that the allocation of staff to the Papillon unit required review to ensure there was appropriate supervision in this area at all times to maintain the safety of all residents. This is discussed further under Regulation 15: Staffing.

Regular meetings were seen to be taking place in the centre to promote safeguarding and uphold residents' rights. Management meetings took place where key information relating to the service was discussed. Residents meetings took place in the centre every second week and residents were encouraged to provide feedback. From a review of meeting minutes, residents' feedback on areas such as food preferences, activities and premises was considered and implemented by the person in charge following the meeting. Safeguarding of residents was also discussed at these meetings, with an opportunity for residents to speak about their experience in the centre.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training and development opportunities. There were records of staff appraisals and ongoing formal supervision arrangements were in place for staff. All staff working in the centre had completed training on identifying, preventing, and reporting abuse. One staff member required refresher training which was booked.

A record of complaints was kept in the centre and appropriate action was taken to address these. However, from a review of a sample of complaints, improvement was required to ensure the review officer was offered to a complainant in line with the regulations.

The registered provider maintained a suite of written policies and procedures in line with the regulations, such as those relating to staff training and development, safeguarding residents from abuse and a complaints policy.

## Regulation 15: Staffing

The allocation and numbers of staff required review in the Papillon unit to ensure the numbers and skill-mix of staff was appropriate to meet the needs of the residents and taking into account the size and layout of the designated centre. This

is evidenced by:

- At times throughout the day the residents in the Papillon unit were left unsupervised for short periods of time. On two occasions the inspector called the staff to attend to re-direct residents to ensure their safety.
- It was identified by the provider in their monthly falls analysis that there had been 19 falls in the Papillon unit and 11 of these were unwitnessed falls. From a trending of notifications received by the Chief Inspector this unit also had a higher proportion of peer to peer incidents related to supervision.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspector found staff members were mostly up-to-date with mandatory training in fire safety, infection control, responsive behaviour, and safeguarding vulnerable adults from abuse. Where there were gaps identified there was a plan in place to address this.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems in place to ensure a safe, monitored and consistent service was provided, required some improvement.

- The systems in place to oversee the management of complaints required strengthening to ensure the registered provider's policy was followed at all times.
- The allocation of staff required review as discussed under Regulation 15: Staffing.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

From a review of the complaints log in the centre the inspector found that complaints were thoroughly investigated and prompt responses were provided to



the complainant. Notwithstanding;

- The details of the review officer and Office of the Ombudsman were not always provided to the complainant in the written response provided by the complaints officer.

Judgment: Substantially compliant

## Quality and safety

The purpose of this inspection focused on adult safeguarding, was to review the quality of the service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. This inspection found that overall, while the provider was proactive in their approach to safeguarding residents staffing allocation required review to ensure all measures were taken to protect residents from harm. Residents' rights and autonomy were promoted and there was a person-centred approach to residents' care.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents. Detailed behaviour management care plans were in place for residents with responsive behaviours.

The provider had ensured all staff had training in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were in place for residents who displayed responsive behaviours and on the day, these appeared to be managed in a way that kept residents, visitors and staff safe, while also having a minimal impact on the person exhibiting these behaviours. Referrals to external services such as a geriatrician and psychiatry of later life were in place to provide a person-centred approach to care.

The registered provider had systems in place to safeguard residents from abuse. The provider had a safeguarding policy to guide staff in recognising and responding to allegations of abuse. While there were no specific safeguarding care plans for the residents involved in peer to peer incidents, residents specific needs arising from these incidents were clearly recorded and outlined in other care plans.

Residents' rights were promoted in the centre. Activities were observed to be provided throughout the day. Arrangements were being made for residents to vote in the upcoming presidential elections. Residents had access to various media and community resources. There were opportunities for the residents to meet with the

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| management team and provide feedback on the quality of the service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Regulation 5: Individual assessment and care plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Judgment: Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Regulation 7: Managing behaviour that is challenging</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Residents' needs in relation to behavioural and psychological symptoms and signs of dementia were assessed, continuously reviewed and documented in the resident's care plan and supports were put in place to address identified needs.                                                                                                                                                                                                                                                                                                                                 |
| Judgment: Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Regulation 8: Protection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Systems were in place to safeguard residents and protect them from abuse. All staff and volunteers had An Garda Síochána (police) vetting disclosures on file. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. The registered provider was not a pension-agent for any residents living in the centre. Residents reported that they felt safe living in the centre. |
| Judgment: Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Regulation 9: Residents' rights</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| The provider had supplied 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. Residents had access to daily newspapers, radio, television and the Internet.                                                                                                                                                                                                                            |

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|------------------------------------------------------------------|
| There was an independent advocacy service available to residents |
| 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                |
|------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                       |                         |
| Regulation 15: Staffing                              | Substantially compliant |
| Regulation 16: Training and staff development        | Compliant               |
| Regulation 23: Governance and management             | Substantially compliant |
| Regulation 34: Complaints procedure                  | Substantially compliant |
| <b>Quality and safety</b>                            |                         |
| Regulation 5: Individual assessment and care plan    | Compliant               |
| Regulation 7: Managing behaviour that is challenging | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Compliant               |

# Compliance Plan for Newpark Care Centre OSV-0000150

Inspection ID: MON-0047139

Date of inspection: 14/08/2025

## 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 15: Staffing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:<br/>The existing staff allocations for Papillon have been reviewed and enhanced to ensure that there is consistent supervision in both day spaces of this area of the nursing home. This review focused on supervision and skill mix. The new system will be overseen by the senior nursing management team when the roster is made. The senior nursing team will ensure there are always senior HCAs working with junior HCAs and daily huddles will continue to address supervision needs of residents. Spot checks from senior management will be increased and there will be more audits focusing on supervision.</p> <p>We hope that the above will help to alleviate peer to peer incidents in Papillon.</p> |                         |
| Regulation 23: Governance and management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:<br/>The existing staff allocations for Papillon have been reviewed and enhanced to ensure that there is consistent supervision in both day spaces of this area of the nursing home. This review focused on supervision and skill mix. The new system will be overseen by the senior nursing management team when the roster is made. The senior nursing team will ensure there are always senior HCAs working with junior HCAs and daily huddles will continue to address supervision needs of residents. Spot checks from senior management will be increased and there will be more audits focusing on supervision.</p>                                                                         |                         |

Ombudsman details and the review officer details are displayed on the complaints procedure which is available in large print regularly throughout the nursing home. However, going forward, the complaints officer will ensure the details of the review officer and office of the ombudsman will be provided in a written response to complainants. This will be reviewed by senior management at monthly DON/RPR/PPIM meetings and at quarterly clinical governance meetings.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Ombudsman details and the review officer details are displayed on the complaints procedure which is available in large print regularly throughout the nursing home. However, going forward, the complaints officer will ensure the details of the review officer and office of the ombudsman will be provided in a written response to complainants. This will be reviewed by senior management at monthly DON/RPR/PPIM meetings and at quarterly clinical governance meetings.

## 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 15(1)    | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow      | 31/10/2025               |
| 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      | 31/10/2025               |
| Regulation 34(2)(c) | The registered provider shall ensure that the complaints procedure provides for the provision of                                                                                                                                              | Substantially Compliant | Yellow      | 31/10/2025               |



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|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|  | <p>a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.</p> |  |  |  |
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