Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Greenpark Nursing Home
Name of provider:	Green Park Nursing Home Limited
Address of centre:	Tullinadaly Road, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	16 April 2026
Centre ID:	OSV-0000344
Fieldwork ID:	MON-0050297

About the designated centre

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

Greenpark Nursing Home is a purpose built nursing home which was rebuilt in 2011, which can accommodate a maximum of 51 residents. It is a mixed gender facility catering for dependent persons aged over 18 years and over, providing long-term residential care, respite, dementia and palliative care needs. Care for persons with learning, physical and psychological needs can also be met within the unit. The centre is a modern two storey over basement structure with 41 single and five twin bedrooms. All bedrooms have en-suite toilet and showers. There are two day rooms, a dining room, a multi-purpose room, an chapel, and a smoking room. The centre has a large maintained enclosed garden and bedrooms overlook this area. It is situated in the town of Tuam in Co. Galway close to the Cathedral of the Assumption and St. Mary's Church of Ireland Cathedral.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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 16 April 2026	10:15hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

This inspection found that Greenpark Nursing Home was a well-run service and that residents' needs were met to a good standard. Residents and visitors provided positive feedback regarding the care provided.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by a member of the senior management team. Following an introductory meeting with the person in charge, the inspector completed a walk around the centre. There was a busy atmosphere in the centre during the morning. Many residents were seated in the various communal rooms or were being assisted by staff as they got ready for the day ahead. During this time, the inspector met with a number of residents in order to learn about their experience of living in the centre. Residents who spoke with the inspector described the staff as "diamonds"; saying "they help me with anything that I need" and "they always have time for me".

Greenpark Nursing Home provides accommodation for 51 residents in 41 single bedrooms and five twin bedrooms, all of which contain ensuite facilities. Residents' bedrooms were spacious, tidy and appropriately furnished. On the day of the inspection, the centre was observed to be bright and visibly clean throughout. There are a number of communal areas available to residents throughout the centre, as well as a large, enclosed garden. Many residents were observed relaxing or socialising with others in these areas during the inspection.

A programme of activities was available to residents. On the day of the inspection, several activities were scheduled, including a sensory session and mass. A staff member was allocated to the provision of activities, and while they were on leave on the day of inspection, additional staff had been allocated to ensure activities were available to residents. Residents confirmed that they participated in various activities as they wished, including bingo and music. Residents who spoke with the inspector felt that they was a good choice of activities available to them.

Residents told the inspector that they choose how to spend their day. A number of residents described their individual routines and confirmed that staff facilitate these. A small number of residents described how they enjoy visiting the local town of Tuam to have a coffee, to do some shopping or to go for a walk.

The inspector observed a meal service during the day of the inspection. The food served to residents was freshly prepared, and it was apparent that residents enjoyed their meals. Residents spoken with confirmed that they were offered a choice of meals and that meals were served according to their individual preferences and dietary requirements. Residents described the food and snacks served to them as "delicious", "absolutely fabulous" and "I couldn't say enough good things about it". Several residents required assistance with their meals, and this was provided in a

discreet manner. A number of residents received their meals in their bedrooms, as was their choice.

Relatives and friends were supported to visit residents, many of whom were observed attending the centre throughout the day of the inspection. Visitors told the inspector that they were satisfied with the care received by their relatives and that they felt they could speak with management if they had any concerns.

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

Capacity and capability

This was an unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspection took place over one day. The inspector followed up on solicited information received by the Chief Inspector since the last inspection. The inspector's findings were that contracts of care and maintenance of records were not fully aligned to the requirements of the regulations.

Green Park Nursing Home Limited is the registered provider of the designated centre. There was a clearly defined management structure in place, and the management team were aware of their individual roles and responsibilities. All three directors of the company work full-time in the centre as members of the senior management team and were responsible for the day-to-day operation of the centre. The person in charge worked full-time in the centre and was well established in their role. Two clinical nurse managers (CNMs) supported the person in charge to monitor the quality and safety of the service. The remainder of the staff team was comprised of nurses, health care assistants, catering, housekeeping, activity, administrative and maintenance staff.

The overall management systems in place ensured that, or the most part, the service was safe, appropriate, consistent and effectively monitored. Key aspects of the service that included resident assessments and care planning, restrictive practices, nutrition and resident falls were monitored and audited regularly to identify areas for quality improvement. There was evidence that regular meetings occurred between the senior management team to review key clinical and operational aspects of the service. Minutes of these meetings were available for review and demonstrated that time-bound action plans were developed as needed. However, the systems in place to maintain records in relation to the assessment,

monitoring and review of residents' health status were not fully effective. This is discussed under Regulation 21, Records.

On the days of the inspection, the staffing levels and skill-mix were observed to be appropriate to meet the assessed health and social care needs of the residents accommodated in the centre. Rosters were available for review and reflected the configuration of staff on duty on the days of the inspection.

All staff were facilitated to attend training appropriate to their role, such as fire safety, moving and handling procedures and safeguarding of vulnerable people. Additional training was also provided in areas such as cardiopulmonary resuscitation (CPR). Staff were knowledgeable regarding the training they had completed to date. The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and registration with the Nursing and Midwifery Board of Ireland (NMBI).

The centre had a complaints policy and procedure, which described the process of raising a complaint or a concern. A summary of the complaints' procedure was also displayed prominently. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. There was evidence that any quality improvement measures were implemented, where necessary.

A sample of residents' contracts of care were reviewed. Each resident's contract outlined the terms and conditions of the accommodation, including the fees to be paid by each resident. Each contract was signed by the resident, or their representative. However, contracts of care were not in place for some residents residing in the centre on a short-term basis.

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, on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training records demonstrated that all staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse.

Other training was made available to staff, including falls prevention, first aid and catheter care.

Staff were appropriately supervised to ensure that the care needs of residents were met, in line with their assessed needs.

Judgment: Compliant

Regulation 21: Records

Records relating to resident care were not appropriately maintained, in line with Schedule 3 of the regulations:

- Details of specialist treatment and nursing care provided to a resident were not appropriately maintained in line with the requirements of Schedule 3. A care plan that directed increased monitoring of a resident's clinical observations due to a known underlying medical condition had not been updated to reflect changes to the resident's care. Additionally, clinical observations recorded in relation to this resident were not maintained in line with health professional recommendations.
- An up-to-date falls assessment had not been completed for a resident following a number of falls, which was not in line with the centre's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were not in place of some residents availing of short-term care in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre's complaints management policy met the requirements of the regulations. Records of complaints were well-maintained and clearly demonstrated that complaints were investigated and closed in a timely manner, with action plans in place where necessary.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in the centre were supported to live a good quality of life by a team of staff committed to meeting their needs. Residents had good access to health and social care services, and regular opportunities for social engagement. Notwithstanding these positive findings, protection and did not meet regulatory requirements.

A review of a sample of residents' care records on the computerised care record system evidenced that residents' needs were assessed using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident, which addressed the residents' abilities and assessed needs. There was evidence that the person-centred information contained within the care plans was gathered through consultation with the residents. Daily progress notes demonstrated good monitoring of residents' care needs.

A review of residents' records found that residents had access to a general practitioner (GP), as requested or required. There was a referral system in place to a range of allied health professionals, including physiotherapists, occupational therapists, and palliative care services.

The centre promoted a restraint-free environment, whereby there was appropriate oversight and monitoring of restrictive practices. A review of records demonstrated that restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the resident or their nominated representative, where applicable. There was evidence that the use of restrictive practices was reviewed regularly.

There were systems in place to support residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express physical discomfort, or discomfort with their social or physical environment). These care plans were person-centred and provided guidance to staff on how to support residents who exhibited such behaviours. Staff spoken with on the day of

inspection demonstrated knowledge residents' individual triggers and de-escalation strategies.

There were systems in place to safeguard residents and protect residents from the risk of abuse. Staff were trained to recognise and respond to allegations of abuse. A safeguarding policy and procedure was in place to safeguard residents from the risk of abuse. However, the inspector found that safeguarding policies and procedures were not consistently implemented, in relation to the completion of preliminary screening assessments for an unexplained injury sustained by a resident.

Residents had access to adequate quantities of nutritious food and drink, including a safe supply of drinking water. A choice of meals was available to all residents at each meal, as well as a variety of snacks throughout the day. Residents were encouraged to eat independently, but there were also sufficient staff available to support residents who required assistance.

The provider had taken action to ensure that residents' rights were upheld within the centre. There was an activity schedule in place, which ensured that residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacities and capabilities.

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the nursing care documentation found that all residents had an assessment of their health and social care needs completed and a care plan was in place to address the needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had appropriate assessments completed, which informed the developed of person-centred care plans.

Judgment: Compliant

Regulation 8: Protection

The registered provider did not ensure that all appropriate and effective safeguarding measures were in place. For example, safeguarding measures were not consistently implemented to ensure that preliminary screening assessments were completed in response to an unexplained injury.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services, if they so wished.

The provider ensured that residents were supported to exercise choice in relation to their care and daily routines. There were arrangements in place to ensure that residents' privacy and dignity was maintained at all times.

Residents' civil, political and religious rights were promoted in the centre by staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenpark Nursing Home OSV-0000344

Inspection ID: MON-0050297

Date of inspection: 16/04/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Nursing staff have been reminded about the importance of documenting and following through on all instructions from specialist services. This will continue to be monitored by Person in Charge. It is our policy that falls assessments are carried out following a fall. On the day of inspection, this was not carried out. Falls are discussed at the Quality Management Systems (QMS) meetings and all falls and assessments will be checked weekly.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contract for the provision of services for Residents in short-term care has now been put in place. Copy of same included for inspection.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

We have reviewed our Safeguarding polices and procedures. We are confident that these are robust. However, as the Resident in question has a continuing, deteriorating condition, and has frequent falls, we did not follow our own procedures in this instance. This was an oversight on our part and will not happen again.
This issue of Safeguarding will now be brought up in connection to all falls at our QMS 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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	20/04/2026
Regulation 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.	Substantially Compliant	Yellow	03/07/2026

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	20/04/2026