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:	The Park Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Plassey Road, Castletroy, Limerick
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0000435
Fieldwork ID:	MON-0050975

About the designated centre

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

The Park Nursing Home is designated centre and is located within the suburban setting of Castletroy, Limerick city. It is registered to accommodate a maximum of 56 residents. It is a two-storey facility with a lift and four stairs to enable access to the upstairs accommodation. Bedroom accommodation comprises 52 single bedrooms (21 downstairs and 31 upstairs) and two twin bedrooms (upstairs) with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Downstairs, communal areas comprise a large day room, dining room and smoking room, and seating in the foyer and gardens. Upstairs there is a dining room with kitchenette, a separate kitchenette, family visiting room, hairdressing salon and a lounge seating area with balcony views of the main entrance. Residents have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery. The Park Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

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
Wednesday 8 July 2026	10:00hrs to 18:15hrs	Leanne Crowe	Lead
Wednesday 8 July 2026	10:00hrs to 18:15hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day.

Upon inspectors' arrival to the centre, they were greeted by the person in charge and the assistant director of nursing. Inspectors completed a walk around the centre, giving an opportunity to review the living environment and to meet with residents and staff. While the majority of residents spoken with were complimentary of staff and their experience of living in the centre, some residents and visitors expressed dissatisfaction regarding the management of complaints, the quality of care and the response times of staff to requests for assistance.

The Park Nursing Home is a purpose-built, two-storey centre which provides accommodation for 56 residents in 52 single bedrooms and two twin bedrooms, all of which have ensuite facilities. On the day of the inspection, there were 55 residents living in the designated centre. A number of communal areas were located across both floors of the centre, including day rooms and dining rooms. Residents also had unrestricted access to a large, enclosed garden and a courtyard. These were landscaped and contained lots of flowers, trees or shrubs. Suitable seating and shading was provided in both of these areas, and residents were observed spending time here throughout the day of the inspection. Bedrooms were nicely decorated and many of them had been personalised with residents' belongings, including plants, photographs and ornaments. A number of residents who spoke with inspectors said that they were happy with the size and layout of their room. While some residents said that their rooms were "kept spotless" by staff, some felt that the management and storage of laundry could be improved.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. Activities were facilitated by dedicated activity co-ordinators, who organised both group and one-to-one activities. Residents who spoke with inspectors felt that there was a good variety of activities, and that they could choose how to spend their day. Staff were observed supporting residents to actively participate in activities throughout the day of the inspection. A number of events were organised for the summer period, including an ice cream van attending the centre.

Residents reported that staff were generally responsive and attentive to their needs. However, a number of residents told inspectors that while staff were "doing the best they could", residents experienced some delays in receiving care or assistance, particularly at night time. Inspectors observed staff being kind and courteous towards residents, however, inspectors noted that some staff allocated to supervise communal areas did not always use these opportunities to converse or engage with residents.

While some residents who spoke to inspectors felt confident that if they had to make a complaint it would be dealt with effectively, a small number of visitors and residents said that they had previously raised verbal complaints with staff that had not been managed or responded to in a satisfactory manner.

Visitors attending the centre throughout the inspection were welcomed by staff. It was evident that flexible visiting arrangements were in place, and this was confirmed by residents who spoke with inspectors.

The following sections of this report detail the findings in relation to the capacity and capability of the registered provider, and how this impacted on the quality and safety of the service provided to residents.

Capacity and capability

This was a one day 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 inspectors followed up on solicited information received by the Chief Inspector since the last inspection.

Prior to this inspection, the Chief Inspector had been notified of three incidents whereby residents, who required supervision and support, left the centre unaccompanied in September 2025 and May 2026. These incidents were investigated by the registered provider, who committed to implementing systems to manage the risk of residents with complex care needs leaving the centre. The findings of this inspection was that the provider had not fully implemented this system. For example, safety checks in relation to residents with enhanced supervision needs were not consistently documented and the missing persons' policy had not been fully implemented. This posed a risk of further incidents occurring.

Additionally, inspectors found that the registered provider was not in full compliance with Regulation 23, Governance and Management, Regulation 16, Training and Development, and Regulation 5, Individual assessment and care plan.

Mowlam Healthcare Services Unlimited is the registered provider of The Park Nursing Home, which can accommodate a maximum of 56 residents. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The director of care services and a healthcare manager participated in the management of the centre.

The person in charge commenced working in the centre in May 2026. They worked full-time in their role and had the qualifications and experience that met the regulatory requirements. They were supported in their role by an assistant director

of nursing (ADON), a clinical nurse manager (CNM) and a team of nurses, health care assistants, catering, housekeeping, activities staff and maintenance staff.

The inspectors found that, since May 2026, the nursing management team had worked to identify risks and implement management systems to ensure that the service was safe, appropriate, consistent and effectively monitored. For example, a range of audits were completed by the nursing management team to identify key clinical risks such as significant weight loss, and the management of falls and skin integrity issues. At the time of this inspection, a number of action plans had already been developed and were being actively implemented to address these issues. While some deficits in care provision were identified on this inspection, there was evidence that these had also been identified by the nursing management team, and action plans were being put in place to address them.

There were systems of monitoring and oversight in the centre, which, for the most part, were found to be effective at the time of the inspection. While there was a programme of audits in place, inspectors were told that the nursing management team had identified that previous iterations of several clinical audits had failed to identify key areas of clinical risk in the centre, for example, unintentional weight loss and poor skin integrity. As stated above, since May 2026, additional audits in these areas had been carried out by the nursing management team to ensure that all clinical risks had been accurately identified and were being addressed through time-bound action plans. At the time of the inspection, the person in charge confirmed that all residents assessed as requiring a review in relation to unintentional weight loss had been reviewed. There was evidence that these residents' care plans also were being updated to reflect any new recommendations made.

Management meetings took place on a monthly basis, which informed the development of action plans. While a review of a sample of the meetings found that not all actions were completed as planned, the nursing management team were in the process of addressing this issue. A comprehensive quality improvement plan had been developed by the person in charge, which identified risk-assessed actions relating to both clinical and operational aspects of the service. Actions were allocated to specified members of the staff team for completion.

A review of staff training records evidenced that staff had completed mandatory training to support the provision of safe care to residents, including fire safety, manual handling and safeguarding of residents. The registered provider was in the process of providing specific training to staff, such as safeguarding and fire safety, as part of recent quality improvement plans that had been developed. Inspectors found that the registered provider had not always assessed the effectiveness of the training provided; while some staff could demonstrate that they were knowledgeable of the training that they had completed, a small number of staff could not accurately describe the fire safety procedures to follow in the event of an emergency.

On the day of the inspection, staffing levels in the centre were found to be sufficient for the number of residents and for the size and layout of the centre. As part of the compliance plan response to the previous inspection in July 2025, the registered

provider had increased hours allocated to healthcare staff by 12 hours each day. This was found to be maintained at the time of this inspection.

Inspectors found that the allocation and supervision of staff was not always adequate to meet the needs of the residents. For example, inspectors identified instances where care was not delivered in line with residents' personal preferences or assessed care needs.

The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints were actively being investigated and responded to, or had been resolved and closed.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They were a registered nurse and had the required experience in nursing management and nursing of older people.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, inspectors found that the staffing resources were adequate for the current residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was inadequate supervision to ensure that all care was delivered in line with each resident's care plan, for example, personal hygiene and enhanced supervision of residents with complex care needs.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a current insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the actions taken by the provider to improve the oversight of the centre, governance and management of the centre was not yet fully aligned with the requirements of the regulations:

- The management of risk was not in line with the centre's own policy. The mitigating measures outlined within the risk assessment for residents who require enhanced supervision and support were not being fully implemented
- Supervision of staff and oversight of staff practice was inadequate and did not ensure that staff were consistently completing specific safety checks of residents
- While a quality improvement plan was being implemented to address identified deficits regarding nursing documentation, on the day of the inspection, inspectors reviewed a number of care plans that were not based on up-to-date assessments of residents' needs or risks.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints records found that the complaints logged had been appropriately managed and responded to in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in the centre told inspectors that, overall, they enjoyed a good quality of life and that their individual care needs were met to a satisfactory standard. However, inspectors found that the review and implementation of care plans did not fully align with the requirements of the regulations.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These assessments were used to inform the development of care plans. A sample of residents' assessments and care plans were reviewed and found that, while all residents had a care plan in place, these plans were not always informed by a comprehensive or accurate assessment of their care needs. For example, care plans for a number of residents with complex care needs or experiencing unintentional weight loss had not been updated to reflect care interventions to ensure their wellbeing. Additionally, a number of care plans reviewed contained outdated information regarding care interventions that did not appropriately guide care.

Residents had access to a general practitioner (GP), as needed. At the time of the inspection, arrangements were in place for residents to access the expertise of health and social care professionals.

There were systems in place to protect residents from abuse. There was an up-to-date policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse.

Residents' civil, political and religious rights were promoted and respected by staff. A programme of activities was in place. These activities were aligned to residents' interests and capabilities. Residents were satisfied with the range of activities that were available to them.

Regulation 5: Individual assessment and care plan

Care plans were not always informed by a comprehensive assessment or updated when there was a change in a resident's condition. For example;

- A resident with complex care needs that required enhanced supervision did not have an assessment of need completed. Consequently, the resident's care plan did not outline the care interventions to appropriately guide staff, in order to ensure the resident's safety
- Several residents' nutritional care plans had not been updated to include specialist recommendations made in relation to the management of unintentional weight loss.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals 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

There were systems in place to safeguard residents and protect them from the risk of abuse. 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.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Residents had opportunities to participate in activities in accordance with their interests and capacities and they reported that they enjoyed the activities programme. Residents were also provided with unrestricted access to independent advocacy services.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Park Nursing Home OSV-0000435

Inspection ID: MON-0050975

Date of inspection: 08/07/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The Person in Charge (PIC) has completed a review of all staff training records. • The PIC will ensure that staff have a thorough understanding of how to apply theoretical learning to practice, especially in relation to caring for residents with complex care needs. • The PIC, with the support of the ADON, will ensure that there is sufficient oversight of the delivery of residents' care needs, in accordance with the individual care plans and expressed preferences of the residents. • The supervision of residents with complex care needs will be discussed at daily handover and safety pause, weekly as part of the KPI monitoring and monthly as part of the management team meeting. • The PIC will ensure any deficits in supervision of care needs of residents are escalated promptly to the Healthcare Manager (HCM) and They will review contributory factors and agree recommendations to be implemented to ensure that all care delivered is in line with the residents' plan of care.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The PIC will ensure that the management of risk is implemented in accordance with the	

centre's risk management policy and all environmental risks will be recorded within the centre's risk register. The risks will be reviewed as part of the weekly management meeting and will be discussed as part of the monthly team meetings.
• The PIC will ensure that risks rated as high will have mitigations initiated to reduce the associated risk and staff will be made aware of these at daily handovers and safety pause meetings. The PIC will ensure that all staff are aware of all the risks within the centre and the controls in place to reduce the level of risk.
• The PIC, supported by the ADON, will continue to monitor and oversee practice in the centre to ensure that management and staff are aware of the importance of completing specific safety checks of residents where indicated.
• The PIC, supported by the ADON, will provide supervision and oversight of all staff and ensure that all residents' assessed care needs can be met safely and effectively.
• The PIC will ensure that the safety checks are discussed daily at handover and safety pauses, and any areas requiring improvement are completed without delay.
• The PIC will complete a weekly audit of clinical documentation to ensure that residents have accurate, up to date assessments of needs and risk and these are updated within the residents careplan.
• Findings and recommended improvements from auditing will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated as they occur.
• The HCM will work with the PIC to ensure that recommendations and quality improvements are implemented in accordance with Quality improvement plans.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The PIC, supported by the ADON, has conducted a review of all residents' care plans and updated the care plans to include specialist recommendations.
• The PIC will ensure that residents' nutritional needs are assessed and monitored in line with guidelines. Guidance on the management of weights will be outlined within the residents' care plans.
• The PIC will ensure that residents' nutritional needs and weight management are discussed daily at handover and safety pause. Residents requiring input from MDT will be referred without delay and an assessment of needs completed.
• The assessed needs will be outlined within the residents' care plan, identifying and directing the care interventions to guide staff and ensure resident safety .The PIC will ensure that any changes to a resident's condition will be updated and reflected within the resident care plan.
• The PIC, supported by the ADON, will ensure that all residents with complex needs will have a comprehensive assessment of their needs completed. The careplan will outline

interventions to guile staff on how to care for residents needs.
• The PIC and ADON will ensure that regular auditing of the residents' assessed needs will be undertaken to ensure the care guidelines are reflective of the resident current care needs assessment.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	31/10/2026

	that resident's family.			