



**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:	Newtownpark House
Name of provider:	Nursing & Caring Services Limited
Address of centre:	Newtownpark Avenue, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 September 2025
Centre ID:	OSV-0000075
Fieldwork ID:	MON-0048146

About the designated centre

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

Newtownpark House is a nursing home, located in Blackrock, Co. Dublin and can accommodate 62 residents, male and female over the age of 18. The centre provides 24-hour nursing care to long term residents with low, medium, high and maximum dependency levels. With the support of individual nursing care, each resident is encouraged to reach and maintain their full potential in terms of independence, ability and quality of life.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Tuesday 23 September 2025	07:30hrs to 15:30hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The inspector was assured that the provider had adequate resources, policies, procedures and supervision in place in the centre to ensure that residents were safeguarded in their home.

The inspector met with many residents during the inspection, and spoke with 10 residents and two relatives in more detail, to elicit their experiences of life in Newtownpark House. Overall, residents confirmed that they were supported to live comfortably in the centre. They said that they were adequately cared for by staff who were attentive to their needs for assistance, and were aware of their needs and personal preferences.

The atmosphere in the centre was quiet and calm. The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner.

The centre provided a homely environment for residents. The corridors were clutter-free and fire exits were kept clear. Overall, the premises was found to be clean and well-maintained, with some wear and tear observed on interior walls. There was a painting schedule in place, with one recently vacated bedroom being painted on the day of inspection.

Resident bedrooms were neat and organised. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items.

There was an activity schedule in place that reflected the activities taking place while the inspector was present. The inspector observed two group activities during the inspection, which the residents appeared to enjoy; however, there was a lack of meaningful activities for some residents, especially those living with dementia. The inspector noted that there were long periods of time where some residents remained in their bedrooms, with minimal opportunities for engagement and activation.

When asked about their food, all residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of-hours. The tables in the dining rooms were

beautifully laid out in white linen tablecloths, with cutlery and condiments for the residents to access easily.

Residents confirmed that they had no complaints about the service, and said that they would not hesitate to speak with a staff member if they had any complaints or concerns.

Residents and relatives spoken with informed the inspector that they were happy with visiting arrangements in the nursing home. Relatives said they were welcome to the home at any time. Visitors informed the inspector that they were happy with the care provided and felt it was a good place for their relative to live.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect 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

Overall, this inspection found that the management team were striving to improve practices and services. However, there was opportunity for further improvement in relation to individualised assessment and care planning, managing behaviour that is challenging and residents' rights, and will be detailed further under the relevant regulations.

This was an unannounced inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults.

The registered provider is Nursing & Caring Services Limited. A senior management team was in place to provide managerial support. The person-in-charge was responsible for the day-to-day operations in the centre and was the designated safeguarding officer in the centre. They were supported in the role by the assistant director of nursing (ADON). The person-in-charge and ADON were present on the day of inspection and both demonstrated a good understanding of their roles, including their responsibilities in respect of protecting the residents from abuse. At the time of inspection, the ADON was expanding their knowledge and responsibilities within the centre.

There was good evidence on the day of inspection that residents were receiving good care and attention. The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of residents.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of training records indicated that all staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Residents and their families knew who to complain to if they needed to.

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse. There was appropriate clinical supervision in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents and safeguard them from any forms of abuse.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were effectively safeguarded, received a good standard of service and that their health care needs were met. However, some action was required to further strengthen the quality and ensure the ongoing safety of the service as outlined further in the report.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals. However, residents' individual assessments and care planning required further improvement to ensure that they were accurate, up-to-date and provided personalised information for staff to follow when providing care.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which largely reflected trigger factors, if identified, for individual residents. However, they did not always reflect de-escalation techniques that staff should use to prevent the behaviour escalating and effectively support the resident.

The use of restraints was monitored within the restraint register. Residents had individual risk assessments in place to reflect the restraint in use, however they did not include the required level of detail to enable staff to provide an optimum level of care to the resident.

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. The inspector reviewed a sample of staff files and all files reviewed showed that staff had obtained Garda vetting prior to commencing employment.

Residents had access to a range of media including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. However, the inspector found that not all residents in the centre had adequate arrangements in place to support their recreational needs and will be discussed under Regulation 9: Residents' rights. The inspector heard that management had identified that an improved activity schedule was required and were exploring options to promote and ensure a rights-based service for all residents.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the care plans were of a good standard, however the following gaps were identified:

- Some residents' care plans contained historical information which was no longer relevant and could lead to confusion regarding the most relevant plan of care.
- Some residents' care plans lacked detailed information and knowledge about residents to reflect each of their individual needs, therefore the inspector was not ensured that all residents were receiving person-centred care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required to ensure that each resident experienced care that supports their physical, behavioural and psychological wellbeing, as evidenced by;

- A review of a sample of care plans found that de-escalation techniques and ways to effectively respond to behaviours were not always fully outlined to adequately guide staff practice to safely interact with residents and to support them during these episodes and on how to prevent re-occurrence of further responsive episodes.
- Residents who had restraint in use had an individualised risk assessment in place and a signed consent prior to restraint being used; however, there was no documented evidence that the risks of using that restraint had been explained to the resident or their representative prior to use.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required in relation to supporting residents' rights to meaningful occupation and social engagement.

- Residents living with dementia had limited access to meaningful activity opportunities in accordance to their assessed needs, interests and capacities. For example, there were limited activities on the activity schedule that had a dementia-care focus, despite approximately 70% of the residents having a diagnosis of dementia.
- As per the activity schedule, there were limited activities planned for the weekends. For example, there was no activity planned for the entire Saturday morning until 3pm, or the Sunday afternoon.

Judgment: Substantially 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 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Newtownpark House OSV-0000075

Inspection ID: MON-0048146

Date of inspection: 23/09/2025

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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Review and Update:</p> <ul style="list-style-type: none">• The gaps identified in care planning during the inspection have been reviewed and addressed, with all care plans updated to include current and relevant information.• A full review of all care plans is underway to ensure each plan is comprehensive, up to date, and free from outdated or historical information. Each care plan will clearly reflect the resident's individual preferences, daily routines, communication needs, and identified risks, ensuring that care provided is both accurate and person-centred. <p>Accountability:</p> <ul style="list-style-type: none">• Key nurses will be responsible for maintaining accurate and person-centred care plans. <p>Training and Education:</p> <ul style="list-style-type: none">• Staff will receive refresher training on person-centred care principles and effective documentation practices. Toolbox talks will be delivered to reinforce understanding and consistency in care planning. <p>Audit and Oversight:</p> <ul style="list-style-type: none">• Regular audits of care plans will continue, with feedback provided to staff to promote continuous improvement.• Nurse managers will provide increased oversight of all care plans particularly for new residents and those whose conditions have changed to ensure accuracy and compliance with best practice standards.	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Comprehensive Review of Care Plans:</p> <ul style="list-style-type: none"> • All care plans for residents who present with responsive behaviours will be reviewed and updated to include clear, detailed, and individualised de-escalation techniques, proactive strategies, and staff guidance for safe intervention. <p>Staff Training and Education:</p> <ul style="list-style-type: none"> • All staff will receive refresher training on positive behaviour support, de-escalation techniques, and person-centred responses to behaviours that challenge. <p>Training will include practical guidance on documenting behavioural support strategies within care plans.</p> <p>Restraint Risk Communication and Documentation:</p> <ul style="list-style-type: none"> • For all residents where restraint is in use, documentation will include evidence that the risks, benefits, and alternatives have been fully discussed with the resident and/or their representative, and this is documented in the careplan. <p>A consent form template is in place to record that this discussion has occurred, and a review of all consents are in progress.</p> <p>Audit and Oversight:</p> <ul style="list-style-type: none"> • Nurse managers will carry out monthly audits of behavioural support care plans and restraint documentation to ensure completeness, accuracy, and compliance. • Any gaps identified will be addressed promptly, and findings will be discussed in staff meetings to promote continuous improvement. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Review and Enhancement of the Activity Programme</p> <ul style="list-style-type: none"> • The current activity schedule has been reviewed and updated following meetings with the activity team to ensure a balanced, person-centred programme that offers meaningful group and one-to-one engagement opportunities. • The updated calendar now includes a wider range of activities, outings, and dementia-focused sessions. • Weekend activities have been increased to include daily planned events and outings to promote social interaction and engagement throughout the week. <p>Individualised Activity Assessment and Resident Involvement</p> <ul style="list-style-type: none"> • Discussions have been held with residents to identify their individual preferences, interests, and capabilities. • The activity calendar will continue to be reviewed and amended to reflect residents' wishes and choices. • Each resident's care plan will be updated to include their preferred activities and engagement needs. 	

Specialised Dementia-Focused Programming

- One member of the activity staff is now Sonas-trained and will be delivering regular Sonas sessions to support residents living with dementia through sensory and cognitive stimulation.
- Dementia-specific activities will be incorporated into the schedule to ensure inclusion, enjoyment, and therapeutic benefit.

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	17/01/2026
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/11/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of	Substantially Compliant	Yellow	30/01/2026

	Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/11/2025