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:	Parke House Nursing Home
Name of provider:	Parke House Nursing Home Limited
Address of centre:	Boycetown, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	16 July 2025
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0047708

About the designated centre

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

Parke House Nursing Home provides accommodation for a maximum of 145 residents. It is set in a rural area with accessible town services. It offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of the Liffey, Rye and Blackwater Units, in addition to a unit called Boyne and Barrow. The Boyne and Barrow is a dementia-friendly, more serene space and has a quieter atmosphere than that of the other units. Within the Boyne and Barrow, there is a reminiscence town streetscape where residents can enjoy a walk and recall memories. Residents and visitors can make use of sitting rooms, dining rooms, gardens and a cafeteria, which opens daily in the Liffey Unit. In addition, there is a bright and airy sunroom that has full Internet access available to residents. The Liffey Unit also includes a range of hairdressing, beauty and spa services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	139

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 16 July 2025	09:00hrs to 17:00hrs	Frank Barrett	Lead

What residents told us and what inspectors observed

Parke house Nursing Home is a large centre which can cater for up to 145 residents on the outskirts of Kilcock co Kildare. The entire residential area of the centre is laid out on the ground floor, with a small ancillary building of two stories used for storage and laundry services. The centre is provided with good access to main roadways leading to the town of Kilcock, and to the M4 roadway close by. Residents spoken with throughout the inspection complimented the staff and the facilities at the Parke House Nursing Home. Residents were observed particpating in activities of various types throughout the day. Some of these activities were taking place within the enclosed garden spaces which include a putting green and remembrance garden. Other activities were music and cinema. The centre was equipped with a very comfortable cinema room which was used by residents.

The external areas of the centre which included the enclosed gardens, were well kept, neat and tidy. There was a peaceful remembrance garden accessible to the side of the centre with assistance by staff, and an area planted with fruit trees that were laden with fruit. One resident spoke of their delight at attending to the plants in the garden but stopped short of taking the credit for the amount of fruit noted on the trees. Another area of the centre was decorated to resemble a streetscape, and on entering this area, the detail painted onto the wall, as well as streetlamps and benches were used to great effect. No residents were observed using this area during the day, however, staff said that because the day was very hot, they were asking residents to remain inside if possible out of the sun, which seemed to be a reasonable precaution to take.

There were separate spaces available to residents to relax in, or take part in religious services. There was a café available for residents and visitors which was tastefully decorated and well equipped with drinks and snacks for visitors to enjoy with their families and friend. However, one room which was noted on the floor plans as a lounge available to residents was used as a store. Further areas of the centre layout differed from the floor plans, which lead to some difficulty in navigating the large footprint of the centre. This is discussed further under regulation 17; Premises.

The bedroom areas of the centre are laid out in four separate units connected by corridors. Each unit is named after local waterways, the Liffey, The Rye, Blackwater and The Boynes & Barrow. The Liffey and the Rye units were older parts of the centre built in the early 2000's, with the remaining two units more recent constructions. Every bedroom in the centre has an en-suite facility, and there is one bedroom which is specifically set up to cater for palliative care with facilities for family and friends. In some areas, the number of residents accommodated resulted in long corridors of bedrooms, which were sub-divided for fire safety purposes to provide compartments. However, this inspection revealed that one set of corridor doors were not in place which meant that one of the compartments was substantially larger than the plans indicated, or than the staff were aware of. This is

discussed further under Regulation 23 Governance & Management, and Regulation 28 Fire Precautions.

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

Capacity and capability

Overall, this inspection found that the provider of Parke House Nursing home was ensuring that residents were provided with opportunity to live in comfort and dignity at the centre. Some significant findings were noted in respect of fire precautions, however, the provider, present on the day, gave assurances that these issues would be investigated and resolved without delay.

This was an unannounced inspection to monitor ongoing regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection focused on reviewing regulation 17: Premises and Regulation 28: Fire Precautions. The inspection also focused on how management could improve these arrangements through regulation 23: Governance & Management.

The registered provider of this nursing home is Parke House Nursing Home Limited. This is a family owned company and there are three directors, one of whom is the registered provider representative. This director takes an active role in the day-to-day running of the centre, and was present throughout the inspection. The person in charge was supported in their role by the registered provider. The person in charge worked full-time in the centre and were supported in this role by an assistant director of nursing (ADON), clinical nurse managers and staff including nursing and care staff, activities, housekeeping, catering, administrative and maintenance staff.

Staff were fully up-to-date in their fire safety training, and were conducting practice fire drills on a monthly basis. Management at the centre had in place a fire safety policy and emergency procedure which was reviewed annually and available to all staff. This fire safety policy reflected best practice guidelines including the "Fire Safety Handbook - A guide for providers and staff of designated centres" published by HIQA. The centre was equipped with an up-to-date fire detection and alarm system to "L1 standard", which provided assurance that detection and alarm was available in all areas of the centre in the event of a fire.

Routine audits of escape routes and fire doors as well as the services in place to manage fire safety in the centre were up to date. However, some issues identified with a small number of fire doors in the centre were not reflected in the weekly fire

door audits. Another management related concern identified that policy and procedure for fire evacuation, did not take account of the largest compartment in the centre. This was because one section was not constructed in accordance with the fire cert and had a compartment of 12 residents. This was contrary to the understanding of management and staff at the centre who had believed the largest compartment to be of eight residents. While action was taken on this in the days following the inspection, to provide assurances that available staff would be able to evacuate residents according to their dependencies, further action was required to reduce the risk associated with this large compartment. Risk management system did not identify fire safety concerns including compartmentation issues. However the provider committed to getting a full fire safety risk assessment by a competent person to identify fire safety concerns and set out an action plan to resolve them. This is discussed further under regulation 23 Governance and management.

The management of the premises was mostly ensuring that the centre was a comfortable and safe place for the residents to live. The centre was provided with an appropriately sized back up power generator which was routinely checked to ensure it was in working order if required. Audits of the environment, the external and internal areas and maintenance were being retained in records at the centre. However, a review of the areas assigned to residents was required to ensure that it is fully reflected in the registered plans and Statement of Purpose at the centre. This is discussed further under regulation 17: Premises, and the management of this is mentioned under regulation 23: Governance and Management.

Regulation 23: Governance and management

While the registered provider had management systems in place to monitor the quality of the service provided, some actions were required to ensure that these systems and processes were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The registered providers' systems of risk had not identified the issues outlined under Regulation 28; fire precautions. For example action was required in order to ensure that the centre was in compliance with its own approved fire certificate. Large bedroom compartments were present at the centre which management and staff were not aware of. The provider committed to having a fire safety risk assessment completed on the entire centre to review in depth each area and provide a timebound action plan to remediate identified issues.
- A management review was required in order to ensure that all areas of the centre were being utilised in line with the statement of purpose as discussed under regulation 17: Premises.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that improvements were required to ensure that measures in place to protect residents from fire were adequate and that the premises was maintained for residents living at the centre. While the large footprint of this centre ensured that most areas were providing safe and comfortable living space for residents, some fundamental issues were found which required action within the whole centre.

The action items relating to fire safety from the previous inspections at the centres, had identified issues with fire doors. The provider had given an undertaking to review the fire doors and to engage an external competent fire representative to ensure resident, staff and visitor safety, however, during this inspection, it was not clear that this action had been taken. The provider did engage with a fire consultant following this inspection, to review the layout and provided assurance that a missing fire door would be installed. However, as identified on inspection and confirmed in fire floor plans sent following the inspection, some of the compartment doors were not providing full compartment level protection of 60 minutes fire rating. This meant that some of the compartments which include sub-compartments were much larger than anticipated. As the centre policy relied on progressive horizontal evacuation in the event of an emergency, compartment doors providing a place of relative safety during an evacuation is vital. Some locations indicated compartment doors which were not actually full compartment doors. This would result in larger compartments, and longer travel distances in the event of a fire evacuation, and was not reflected in the drills completed at the centre nor was it reflected in the policy and procedure. This was not the case in all areas of the centre, as some of the older units had smaller compartments fitted with full compartment doors. The floor plans posted on the walls throughout the centre did not show compartment lines to indicate places of relative safety during evacuation. Other containment issues were also noted on this inspection including some fire doors which were in need of repair, non fire-rated attic hatches and services penetrating compartment lines that were not sealed. These are discussed further under regulation 28: Fire Precautions

While the premises was found to be mostly well maintained, clean and warm, some issues persisted which impacted on the compliance with the requirements of regulations. The registration floor plans presented for inspection, did not fully reflect the layout of the centre accurately and some areas were not used in line with these floor plans and the statement of purpose. Some areas of the centre were showing signs of wear and tear, however, a maintenance schedule was generally ensuring that all areas were well maintained. These issues are discussed further under regulation 17: Premises

Regulation 17: Premises

Overall, the premises of Parke House Nursing home was well maintained and presented.

Improvements were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

- A room labelled as a lounge area in the Rye unit, was used as a storage space. The room was divided into two spaces one was a linen and equipment store, the other was a general store. While there were sufficient remaining communal spaces available, this room had been designated as a residents lounge space and was not used for that purpose.
- Floor plans required review to ensure that they accurately reflected the centre and included all rooms acurately. For example, the layout in some areas were not as set out on the plans including the area around the reception, and the location of several corridor doors throughout the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some areas of fire safety required significant improvements to align with the requirements of the regulations and to provide residents with appropriate protection from the risk of fire.

Improvement was required by the registered provider to take adequate precautions against the risk of fire and to provide suitable fire fighting equipment. For example:

- Hoists were being stored in designated spaces along hallways that allowed sufficient space for evacuation, however, these hoists were being charged in the same space which introduced an increased risk of fire to the escape route.
- Flammable items such as aerosols and alcohol gels were not separated from combustible items such as cardboard in storage spaces increasing the risk of fire within storage rooms.
- A communications control unit was fitted within a treatment room where moisture might be present. This increases the risk of electrical fires.
- A fire extinguisher was required at an external smoking area. This was put in place before the end of the inspection

Improvement was required from the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the

centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- While monthly fire drills were being completed at the centre, there was no drill reflecting the largest compartment including the dependency level of the residents in that compartment. Following the inspection, a fire drill was completed by staff at the centre reflecting a compartment of 12 with the lowest staffing numbers. This fire drill indicated that all residents were moved to an adjoining compartment and were placed on chairs in the hallway before moving to the day room. The use of chairs for this purpose in the hallway would introduce an obstruction on the escape corridor at a time of a fire evacuation. Furthermore, fire plans received with the fire drill exercise identified the compartment door, however, during inspection, it was noted that this was not a compartment door. This could mean that residents were not moved to a place of relative safety that staff had expected.

The registered provider did not make adequate arrangements for containing fires. For example:

- A review of compartment size of the blackwater unit was required to ensure that compartment sizes are manageable, and that evacuation of residents can be completed according to resident dependency. This was evidenced further in fire related floor plans which indicated 60 minute compartment zones that did not appear to be in place at the centre, resulting in large compartments comprising one side of the Blackwater unit. In the interim additional mitigation measures are required.
- On a sample of doors reviewed, some large gaps were noted, some had painted over smoke seals and some had no door closers. This would reduce the doors effectiveness at preventing the spread of fire smoke and fumes during a fire incident.
- Assurance was required re fire rating of linen cupboard on the hallway of the Rye unit as it appeared that it was was not constructed of fire rated materials..
- An electrical distribution panel was built into the wall on the Rye unit. Assurance that the surrounding materials would contain fires to the required standard for the protected hallway could not be identified.

Judgment: Not 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0047708

Date of inspection: 16/07/2025

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Parke House Nursing Home will ensure, so far as is reasonably practicable, that the risk from fire will be managed in compliance with the appropriate fire safety legislation, guidance and best practice standards. Management of fire risks will be undertaken in such a way as to prevent injury or ill- health to residents, their representatives, staff, visitors or contractors.

- Parke House Nursing Home has taken measures to ensure the centre is compliant with its fire certificate. Immediate action included the installation of one set of fire doors on a section of corridor which were identified as missing on the day of inspection, resulting in one large compartment. The installation of the doors was immediately actioned subsequently reducing the compartment size by 50%.
Completed 11/08/2025

- Parke House Nursing Home engaged external fire professionals to complete a comprehensive Fire Safety Risk Assessment. This was carried out on September 5th 2025. The resulting Fire Safety Risk Report has been received and details a timebound list of actions required.
The report has been reviewed by the Provider Nominee and the Management Team and was immediately actioned to mitigate against any risks identified and reduce these risks to an acceptable level.
The recommendations have been assigned to specialist service providers who will carry out and certify the works. This forms part of the Fire Safety Management Programme.
To be completed 31/12/2025

- A full review of Parke House Nursing Home floor plans has been completed. The revised floor plans include general building layout and accurately reflect each room. All relevant

documentation including but not limited to the Statement of Purpose shall be updated to reflect same.
To be completed: 30/10/2025.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Parke House Nursing Home is committed to ensuring the location, design and layout of the centre is appropriate to the number and needs of the residents in accordance with Parke House Nursing Home's Statement of Purpose.

- As per Regulation 23: Governance and Management.
A full review of Parke House Nursing Home floor plans has been completed highlighting small anomalies in the registered plans.
Corrections to the plans are in progress and on completion will accurately reflect each room, the location of all corridor doors and the layout of the centre.
All relevant documentation including but not limited to the Statement of Purpose shall be updated to reflect same
To be completed: 30/10/2025

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
As per Regulation 23: Governance and Management and Regulation 17: Premises.

- The practice of charging hoists on corridors / escape routes has ceased. Charging stations have been set up in designated spaces protected by fire doors and away from escape routes. The safe charging of batteries will remain under review.
Completed and ongoing.

- A review of storage was completed and flammable items such as aerosols and alcohol gels are now seperated from combustible items. This shall be monitored on a weekly basis with quality walkabouts. A more indepth review of storage has taken place in line with fire safety and improvements are ongoing.
Completed and ongoing.

- Treatment rooms have been reviewed to improve fire safety with ongoing monitoring in place.
To be completed by 30/09/2025.

- An external smoking area in the courtyard has been upgraded to include call bell, signage, fire fighting equipment and other safety measures to mitigate the risks associated with smoking.
Completed: 31/08/25

- A review of the Fire Drill Programme has been completed as part of the Fire Safety Risk Assessment. Fire drills will form part of staff fire training and will be carried out periodically. Fire training is fully up to date. Evacuations will continue with continuous development and improvement.
Completed and ongoing

- Compartment size review was completed as part of the Fire Safety Risk Assessment. One set of fire doors on a corridor were identified as missing on the day of inspection resulting in a larger compartment than displayed on the floor plan & fire drawings. The fire doors were installed restoring the compartment to its correct size in line with drawings and Fire Certificate.
Completed 11/8/2025

- A comprehensive Fire Door Audit was carried out from 01/09/2025-05/09/2025. Each door in the building was inspected by an external specialist. An action plan has been received and associated improvement works have commenced. Specialist works will be carried out and certified by an external service provider.
To be completed 30/11/2025

- A small general store cupboard identified in the Rye Unit on the day of inspection has been fully decommissioned and removed from use.
Completed

- Electrical distribution units have been inspected as part of the Fire Safety Risk Assessment. The recommended fire stopping has been assigned to an external specialist company who will carry out and certify the works.
To be completed 30/11/2025

- Floor plans posted around the centre will be updated to show compartment lines to assist with evacuations.
To be completed 31/10/2025

- Fire rated attic hatches are being installed throughout the building.
To be completed 31/10/2025

- Agendas for periodic residents meetings have been updated to include fire safety awareness, so in as far as is practicible, residents will be aware of the procedure to be followed in the event of a fire.
To be completed 31/10/2025

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/09/2025
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	31/12/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	30/11/2025

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2025