



**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:	Beech Park Nursing Home
Name of provider:	Dunmurry West Care Homes Ltd.
Address of centre:	Dunmurry East, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0048661

About the designated centre

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

Beech Park Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated in a rural setting outside Kildare town. The centre provides accommodation for a maximum of 47 male and female residents aged over 18 years of age. Residents accommodation is provided in 33 single bedrooms, 12 of which have full en suite facilities and 21 have en suite toilet and wash basin facilities and seven twin bedrooms. Full en suite facilities are provided in four of the twin bedrooms and a wash basin is available in the other three twin bedrooms. Toilets and showers are located within close proximity to bedrooms and communal sitting and dining areas. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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 21 April 2026	18:00hrs to 21:45hrs	Sinead Lynch	Lead
Wednesday 22 April 2026	09:10hrs to 15:45hrs	Sinead Lynch	Lead
Wednesday 22 April 2026	09:10hrs to 15:45hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were mostly content living in Beech Park nursing home. Notwithstanding the positive feedback provided to inspectors from residents and relatives, inspectors observed gaps in relation to the management and oversight of premises and assessments and care plans. These are discussed in more detail further in this report. Inspectors followed up on the compliance plans from the most recent inspection and acknowledged the positive changes, including the improvement works in relation to fire safety.

This inspection was completed over two days. Day 1 was a late evening inspection to ensure sufficient staffing and practices were in place on both day and night-time hours. This inspection identified that over both days of the inspection there were sufficient staff to meet the needs of the residents and appropriate supervision was in place.

Residents and their relatives said the care provided was good and that staff were attentive to residents' needs. They said they felt listened to and that when they brought any issues to the attention of staff, these issues were addressed promptly.

Residents had access to a full schedule of activities which ran over seven days a week. On the afternoon of the inspection residents were observed actively taking part in a live music event. They appeared to be enjoying the variety of music being sung. Residents said they went out on a regular basis and the activities co-ordinator explained how four residents had been out the day before for tea, coffee and scones.

Relatives spoken with said that the residents' bedrooms were kept clean and to their knowledge they were cleaned every day. Nevertheless, inspectors' observations on the day were that there was poor upkeep of the premises, particularly some poorly maintained bedroom walls, unsafe floor covering and missing privacy locks.

The inspectors spoke with some residents after their main lunch time meal. Residents expressed satisfaction with the range and quality of food. The menu was clearly displayed and residents appeared happy with the portions and timings of each meal. They said that they got plenty to eat, lots of choice of food available and had access to food at all times. Residents were also able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms. Adequate numbers of staff were available and observed offering encouragement and assistance to residents when required or requested.

Residents praised the laundry service, stating that their dirty laundry was returned clean, folded and ironed and there was never an issue with items going missing as they were all labeled.

Call-bells were responded to promptly and staff were observed being kind and courteous to residents. Staff knocked the bedroom doors before entering and then called out to the residents to inform them of who they were.

Information regarding advocacy services was displayed in the centre, and inspectors were informed that residents were supported to access this service if required.

The following two sections of the report outline how the governance and management arrangements of the registered provider determine the quality and safety of care provided and the specific findings are later outlined under individual regulations.

Capacity and capability

Overall, this inspection found that the management team were striving to improve practices and services, however, there was insufficient oversight in relation to the management of the premises as outlined under Regulation 17: Premises.

This was an unannounced two day inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The inspectors followed up on the compliance plan responses the provider had submitted to the Chief Inspector of Social Services following an inspection in June 2025.

Improvements in compliance levels in relation to fire precautions and infection control were identified on this inspection. However, further improvements were required in relation to premises and individual assessment and care plan. These are discussed further in this report.

Dunmurry West Care Homes Ltd is the registered provider for Beech Park Nursing Home. This centre is a part of the Beechfield Group which has a number of nursing homes throughout Ireland. The local management team consisted of the person in charge and one assistant director of nursing and each were aware of their role and responsibilities. There was also support from senior managers such as the group quality and care manager.

There were sufficient staff on duty on the day of the inspection to support the needs of the residents. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices.

The complaints policy and procedure were reviewed. Complaints were well-managed as per policy and on the day of inspection there was one open complaint. Investigations were reviewed and found to be detailed and comprehensive.

Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements and an incident and accident log was maintained in the centre.

There were regular management team meetings which included reviews of any accidents or incidents, complaints or premises concerns to name a few. Minutes of these meetings were provided to the inspector. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review.

Regulation 15: Staffing

A sample of staff duty rotas were reviewed and in conjunction with communication with residents and visitors, the inspectors found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised during day-time and night-time.

Training records were well-maintained and made available to the inspector. The inspectors were assured that staff had completed all the mandatory training and had access to other relevant training to support them in their role.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding that management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, further action was required to be fully compliant. This was evidenced by the following

- The management and oversight of premises was not appropriate. In particular, a more proactive approach to responding to maintenance issues as they arose was required. This was a repeated compliance issue and the provider had failed to complete the required works within the time-frame specified on the compliance plan from the inspection of June 2025. Further details are outlined under Regulation 17: Premises.
- There were gaps in the management systems overseeing the quality of individual assessment and care planning to ensure assessments consistently informed the care provided to the residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as set out in Schedule 5. These policies were reviewed every three years or more frequently, if required.

Judgment: Compliant

Quality and safety

The inspectors were assured that residents living in the centre were receiving a good standard of care. There were adequate resources, policies, procedures and supervision to ensure that residents were safeguarded in their home.

The inspectors found that appropriate staffing levels and effective systems of governance and management impacted positively on the quality and safety of consistent person-centred care to residents. Nevertheless, the provider's failure to maintain and upkeep the premises in a timely manner impacted the quality of the lived environment as detailed under Regulation 17: Premises.

The inspectors reviewed a sample of residents' 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 monthly intervals. Care plans place were person-centred however, the sample reviewed were not comprehensive enough to guide care and, they did not reflect the residents' preferences or wishes.

There was a low level of restraint in use within the centre. A number of 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) at times had a care plan in place which reflected trigger factors and de-escalation techniques that staff could use to prevent the behaviour escalating, however they did not always refer to the Antecedent-Behavior-Consequence (ABC) chart in use for these residents. This is a validated assessment tool to inform the care interventions required.

Residents had access to a full multi-disciplinary team. There was no delay in referring residents to members of the team and, as outlined under Regulation 6: Healthcare, the recommendations made by various disciplines were implemented in practice.

The premises ensured the safety of residents. Residents had independent access to the enclosed garden which they enjoyed using independently and some under the supervision of staff. There was significant wear-and-tear in some occupied bedrooms as outlined under Regulation 17: Premises.

Residents were facilitated to lock their bedroom door and staff respected their right to privacy and maintained their dignity during this inspection. However, a large number of en-suite bathrooms had no privacy locks in place.

There was access to advocacy services with contact details displayed in the centre. There were resident meetings held to discuss key issues relating to the service provided, which were addressed promptly by the management team. The residents had appointed their own representative, a resident. Residents were facilitated to communicate freely. They had access to radio, television, newspapers, internet and

other media outlets. Their religious needs were met by attending Mass, which was celebrated in the centre each week and all residents were registered to vote.

Residents had access to an activities schedule and their choice whether to attend or not was respected. Care staff and external staff facilitated the implementation of the activities schedule.

A transfer document was in place and was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Regulation 17: Premises

Significant internal improvements were required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. There were repeated non-compliance issues in relation to these premises. The provider had failed to complete the required work as stated in their compliance plan from the inspection completed in June 2025. For example:

- Damaged paintwork on walls, and damaged areas of ceilings as a result of previous water leaks which had been fixed.
- Damaged flooring in many areas, some of which was on a schedule for replacement, however, these were not completed as assured by the registered provider.

Further issues identified included:

- Some residents' bedrooms were not in a good state of repair; for example, there were large sections of some bedroom walls patched with poly-fill and left unpainted. This looked unsightly and did not provide a homely environment.
- The walls of the oratory were scuffed and appeared unclean.
- Some bedrooms had uneven flooring such as, bedroom 5.
- A number of en-suites contained wooden shelving which could not be cleaned as it had not been varnished or painted.
- A number of bedroom windows were visibly dirty on the outside.
- A number of ceilings had water stains in place, for example in bedroom 10 and 13.

- The screening around the bed in one twin bedroom did not ensure the privacy of one resident could be maintained.
- A number of en-suite bathrooms did not have privacy locks in-situ.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The centre was using the National Transfer document on their computerised care planning system. These forms had a section to document a resident's infection status. A sample of transfer forms where residents were transferred to the acute care were viewed by the inspectors, these forms were fully completed to support the sharing of information within and between services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of pre-admission assessments, comprehensive assessments, risk assessments and care plans in place for residents. Improvements were required to ensure that all residents were receiving person-centred care informed by individualised care plans . For example:

- Some care plans did not give sufficient information to direct the care the resident required. For example, for one resident who had a pressure ulcer, the care plan did not state how frequently the resident was to be repositioned at night when in bed and did not identify the type of pressure relieving mattress being used by the resident.
- Some care plans of those 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) contained conflicting information about how frequently the location of the resident was to be checked. For example, in one section it stated every 20 minutes while in another it stated every 30 minutes. Records reviewed showed the resident's location was recorded every hour. The same resident had a security bracelet in place, which was not referred to in their care plan.
- Some care plans of those residents who displayed responsive behaviours did not refer to the Antecedent-Behavior-Consequence (ABC) chart in use for these residents.

Judgment: Substantially compliant

Regulation 6: Health care

Members of the multi-disciplinary team were accessible to residents and inspectors were assured that their recommendations were implemented in practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills appropriate to their role, to respond to and manage behaviour that is challenging.

The use of restraint was minimal, and where restraint was used it was only used in line with the national policy.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

The processes for management of residents' finances were robust and reflected the centre's policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Residents had access to meaningful activities. The activity schedule was on display and residents were involved in person-centred activities throughout the day.

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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
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 Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0048661

Date of inspection: 22/04/2026

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has undertaken a full review of governance and oversight systems in relation to premises management and care planning oversight following this inspection. A comprehensive premises audit has been completed by the provider, with all identified works now incorporated into a detailed action tracker with assigned responsibility, target completion dates, and oversight by the Person in Charge, Group Maintenance Manager and senior operations team. Progress against this action plan will be reviewed weekly at local management level and monitored through provider oversight visits and governance meetings to ensure works are progressed and completed within agreed timeframes. To strengthen oversight of clinical documentation, a focused audit of resident assessments and care plans has been completed following inspection, with corrective actions implemented immediately. Care plan audits will continue monthly by the Person in Charge and local management team, with oversight by the Group Quality and Care Manager through group governance systems to ensure care plans consistently reflect resident needs, assessed risks and care interventions. The provider has strengthened monitoring arrangements to ensure that identified actions are tracked to completion, repeat findings are escalated promptly, and governance systems provide effective assurance regarding regulatory compliance and quality improvement.	

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A full premises audit has been completed by the registered provider following inspection and all identified issues have been incorporated into a detailed premises action plan. An external painting contractor has been engaged and a comprehensive painting programme will commence on 02 June 2026, including repair and painting of damaged walls, ceilings affected by previous leaks, bedroom wall repairs, the oratory and other affected internal areas to improve the overall environment and presentation of the centre. A new flooring contractor has been appointed and works have been scheduled to address the remaining agreed damaged flooring identified throughout the centre, including bedroom 5. These works will be completed by 31 October 2026. Additional remedial works identified during inspection are also being progressed, including: • replacement/installation of privacy locks in en-suite bathrooms • review and repair of privacy screening in twin rooms • replacement or treatment of unsuitable shelving in en-suite bathrooms • cleaning of external bedroom windows • repair/redecoration of areas affected by historic water staining • ongoing review of maintenance issues through local and provider oversight systems Progress will be monitored weekly by the Person in Charge and maintenance team, with provider oversight through governance meetings and operational visits by the Group SMT to ensure completion within agreed timelines.	
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: Following the inspection, a comprehensive review of resident assessments and care plans has been completed to ensure documentation accurately reflects residents' assessed needs, risks, preferences and required interventions. Care plans for residents requiring pressure area management have been individually reviewed and updated to identify the specific pressure-relieving mattress in use, including automatic settings where applicable, and to clearly document repositioning requirements, including night-time frequency where required. Care plans for residents who display responsive behaviours have been reviewed and revised to ensure consistency in documentation regarding frequency of checks, behavioural supports and monitoring arrangements. Where care interventions or equipment are no longer required, care plans have been updated accordingly. Antecedent-Behaviour-Consequence (ABC) chart information has now been incorporated	

into relevant responsive behaviour care plans to ensure care interventions are informed by assessment findings and provide clear guidance to staff.

Training on care planning and documentation has been arranged for registered nursing staff, and ongoing monthly care plan audits will continue through local and group governance systems to monitor documentation quality, consistency and sustained compliance.

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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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	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.	Not Compliant	Orange	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	Substantially Compliant	Yellow	26/05/2026

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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