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:	Newpark Care Centre
Name of provider:	Newpark Care Centre Limited
Address of centre:	Newpark, The Ward, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 August 2026
Centre ID:	OSV-0000150
Fieldwork ID:	MON-0046763

About the designated centre

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

The designated centre provides 24- hour nursing care to 72 residents, male and female who require long-term and short-term care. The purpose-built one storey facility is situated in a rural area. It is divided into three areas: Mayfield, Aisling and Papillon (a dementia specific unit). There are a variety of communal rooms and residents' bedroom accommodation is made up of 69 single and one three-bedded room all of which are en suite. The philosophy of care is that each resident will be viewed as a unique individual and respected and cared for by all members of the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68

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 12 August 2026	06:50hrs to 15:05hrs	Sinead Lynch	Lead
Wednesday 12 August 2026	06:50hrs to 15:05hrs	Ellie Duggan	Support

What residents told us and what inspectors observed

The inspectors spoke with eleven residents in greater depth to gain insight into their experience of living in Newpark care centre. The majority of feedback was overwhelmingly positive where residents expressed high levels of satisfaction with the staff and their approach to providing care. While feedback was largely positive, some residents commented on aspects of the catering service, describing the food as "average" and saying that the menu could offer greater variety and choice. These comments indicated opportunities for further enhancement of the dining experience to better meet residents' preferences and expectations.

Inspectors also received positive feedback from visitors regarding residents' well being and satisfaction with the care provided. The inspectors spoke with four relatives. One family member stated that their mother was "very happy here", expressing confidence in the care and support available in the centre.

Notwithstanding the positive feedback from residents and visitors there were improvements required in relation to the premises and infection control. These are discussed further in this report.

This was an unannounced inspection during which inspectors spoke with a eleven residents and four family members to gain feedback on their experience of living in the designated centre. Overall, the feedback received was positive, with residents describing staff as kind, thoughtful and approachable. One resident commented that staff were "obliging and thoughtful", reflecting the respectful and supportive relationships that were evident throughout the inspection. Another resident spoke positively about life in the centre, stating that they enjoyed spending time outdoors and knew all of the staff, indicating a sense of familiarity, community and belonging within the service.

Inspectors also spent time observing interactions between staff and residents. The inspectors observed staff attending to residents' requests for assistance in a timely manner and staff who spoke with the inspectors were knowledgeable about the residents they cared for and what their needs were. Residents appeared to be very comfortable with the staff in place and the majority of residents knew the staff by first name.

There were many residents living with dementia or cognitive impairment, and staff showed ability and knowledge to manage their behaviours and de-escalate situations before they progressed.

The centre was tastefully decorated, well-maintained with a calm and friendly atmosphere observed. The environment was bright, clean and homely throughout. Directional signage was well placed to facilitate residents' movement throughout the centre. Key-pad door locks had the code displayed to allow free access around the

centre. Most residents' bedrooms were personalised with items that were important to them including their family photographs and souvenirs. There was sufficient private and communal space for residents to relax in. There were enclosed outdoor courtyards available from each unit. These were found to have well-maintained water features in each courtyard. Residents were observed sitting in these courtyards enjoying the tranquility of each feature.

Residents were invited to meetings every two months to discuss their opinions on the centre and any changes they would like. Minutes from these meetings were reviewed and action plans were put in place to ensure residents requests where possible, were put in place.

There was a schedule of activities for residents to participate if they wished, such as, dog therapy and arts and crafts. Residents informed inspectors that they enjoyed the activities and if they did not want to attend that staff respected their wishes.

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

Capacity and capability

On the day of inspection, the inspectors observed that residents in the centre were well cared for in a supporting, caring and well-resourced way. There was good leadership evident from the management team.

This was an unannounced 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).

Newpark Care Centre Limited is the registered provider for Newpark Care Centre. There are three company directors, with one of these directors actively present in the management of the designated centre and present during this inspection. The person in charge was supported in their role by an assistant director of nursing, two clinical nurse managers, staff nurses, health care assistants, activity staff, catering, household, maintenance and administration staff.

The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care. There were regular management team meetings which included discussion around any accidents or incidents that had occurred in the centre, complaints or premises concerns to name a few. Minutes of these meetings were provided to the inspectors. 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.

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. There was appropriate clinical supervision in place, with supernumerary management staff available to oversee practices during the day. Call-bells were answered promptly, and residents' needs were attended to in a timely manner.

Records of received complaints were available for review. Complaints were listened to and investigated. The complaints policy was reviewed by the inspectors. On the day of inspection there was one open complaint. This complaint was being managed in line with the centre's policy.

Records as set out in Schedule 2, 3 and 4 of the regulations were available to the inspectors on the day of the inspection. These were stored safely and easily accessible when requested. Inspectors reviewed a sample of Schedule 2 records for three staff members. These files were seen to contain the relevant information as required by the regulations, such as, a full employment history and two written references, including a reference from the person's most recent employer.

Regulation 15: Staffing

The inspectors 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 the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements and was made available when requested.

Judgment: Compliant

Regulation 21: Records

Records were found to be stored in a safe and accessible format on the day of inspection. Staff files reviewed contained all the required documents as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a current certificate of insurance which indicated that cover was in place against injury to residents, staff and visitors.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. There was a proactive management approach in the centre which was evident by the ongoing audits and subsequent action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints procedure in place. This procedure was in line with the requirements of the regulations. There was one open complaint on the day of the inspection, which was being managed in line with process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had a suite of policies as per Schedule 5 of the regulations. These were updated regularly and copies were made available to staff.

Judgment: Compliant

Quality and safety

Overall, inspectors found that there was a high standard of service provided to residents in the centre and residents were in receipt of good quality care. Residents' health and social care needs were being met through good access to health care services and opportunities for meaningful social activities that were appropriate to their interests and capacities.

The layout of the premises promoted a good quality of life for residents. Residents had access to internal secure courtyards that were landscaped with decorative water features which were well-maintained and contained appropriate safe seating for the residents. The registered provider had support with maintenance and an ongoing repair programme was in place to ensure the premises was kept in a good state of repair internally and externally. However, some action was required to ensure all areas of the premises conformed to the matters set out in Schedule 6. This is further discussed under Regulation 17: Premises.

The premises were clean, tidy, bright and airy. Notwithstanding the good practices observed, some improvements were required in relation to standard precautions and this is discussed further under Regulation 27: Infection control.

Residents had access to a general practitioner (GP) who attended the centre regularly. There was a robust referral system for health and social care practitioners, such as dietitians, speech and language therapists and tissue viability nurses, for when such services were required. There were regular visits and assessments by the community geriatrician. The person in charge informed the inspectors that this had been very positive in reducing hospital admissions.

Where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), there were care plans in place. There were good records of ABC (Antecedent Behaviour Consequence) behaviour tracker charts which were well-maintained for each incident. Restrictive practices were implemented in line with the centre's local policy and guided by the national guidance. Where alternative less restrictive practices were trialled, this was detailed in the resident's restrictive practice risk assessment.

Regulation 17: Premises

The following issues required review to ensure the premises fully complied with the requirements of Schedule 6:

- Call-bells were not accessible to residents in all areas of the centre, for example; the quiet room and a resident's toilet did not have a call-bell in place.
- There was a door left unlocked into the kitchenette. This contained a hot water boiler that may cause a risk of burns to residents or visitors.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the *National Standards for Infection prevention and control in community services* (2018) were implemented by staff. For example;

- Residents individual used laundry bags were left on the floor outside their bedroom doors. This may pose an infection risks to other residents.
- There were single use dressings opened in the dressing trolley. This practice may pose a safety risk to the residents as the dressings would no longer be sterile and could pose a cross-contamination risk.
- The sluice room was found to have clean items stored there such as a commode and a shower chair.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments had been completed for residents on their admission to the centre and inspectors found that these assessments were incorporated into residents' care plans. Residents' care plans were prepared within 48 hours of admission to the centre and there was clear evidence of consultation with residents and their families in the development of care plans. Care plans were regularly reviewed and promptly updated where there were changes to residents' needs.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and other health and social care professionals and were supported to access a GP of their choice. Recommendations from medical

and other health and social care professionals were accurately incorporated into residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices were implemented in line with the centre's local policy and guided by the national guidance. Where alternative less restrictive practices were trialled this was detailed in the resident's restrictive practice risk assessment. There was a multi-disciplinary team approach to the use of restrictive practice. The resident and, with their consent, their next-of-kin were communicated with prior to any form of restrictive practice was implemented.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Newpark Care Centre OSV-0000150

Inspection ID: MON-0046763

Date of inspection: 12/08/2026

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.

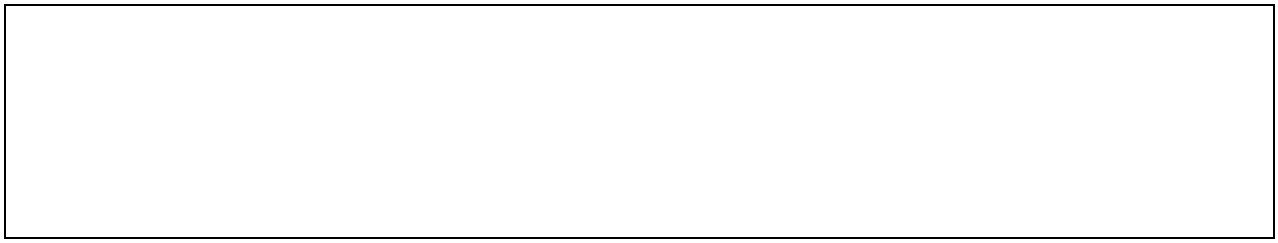
- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: An order has been placed to install call-bells in the quiet room and resident toilet. Installation is provisionally scheduled for the week commencing 5th October 2026. All staff have been reminded of the importance of ensuring the kitchenette door remains locked at all times, given the risk of scald/burn injury from the hot water boiler. As an additional control measure, a key-pad lock is being installed on the door to prevent accidental or unauthorised access. Checking that the kitchenette door is locked has now been added to the nurse in charge's twice-daily checks	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The use of single-use dressings has been discussed with staff at staff nurse meetings and during individual nurse 1:1 appraisals, reinforcing that dressings must only be opened at the point of use and must not be stored once opened. An independent IPC audit, carried out by the IPC Link Nurse from the local hospital, is scheduled for October 2026 to provide further assurance on infection prevention and control practices. Staff have been reminded at staff meetings of the requirement not to leave laundry bags on the floor outside bedroom doors. Checks for this have been incorporated into the management audit schedule going forward. Clean items, such as commodes and shower chairs, are no longer stored in the sluice room. These are now stored in a clean bathroom once cleaned, ensuring clear separation between clean and dirty areas.	



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.	Substantially Compliant	Yellow	31/10/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2026