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:	19 August 2026
Centre ID:	OSV-0000075
Fieldwork ID:	MON-0051172

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:	59

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 19 August 2026	08:00hrs to 15:45hrs	Sinead Lynch	Lead
Wednesday 19 August 2026	08:00hrs to 15:45hrs	Ellie Duggan	Support

What residents told us and what inspectors observed

This was an unannounced inspection during which inspectors met with seventeen residents and five visitors to gain insight into their lived experience at Newtownpark House. The feedback was overall positive. The residents provided very positive feedback on the staff and their 'kindness' and the food, which was described as 'excellent'. Visitors informed inspectors that they were very satisfied with the care delivered to their relatives and that they felt 'welcomed' at all times.

On the morning of the inspection many residents were still in their bedroom being assisted with breakfast and later, personal hygiene needs. Staff attended to residents in a discreet manner and addressed residents respectfully.

The centre was divided between two buildings called house one and house two. One of these buildings was having external renovations at the time of the inspection, however, this work did not impact the residents. There were well-maintained grounds around the centre, which residents were observed enjoying throughout the day. However, the access to the secured garden was restricted with a keypad in place, which meant that those spaces were not available to the residents at all times. The provider assured inspectors that this would be reviewed to ensure residents' rights to independently access the outdoor spaces were not impacted.

Overall, the premises was warm and very clean. A lift was available for the residents and visitors to access the second floor, however, the inspectors observed that this lift was very small and the space within was very tight. Although residents could freely access this lift, the concern was that, in the case of an emergency, the use of a stretcher could not be accommodated in this space. This posed a risk, that emergency services would not be able to transfer the residents safely from the top floor. The provider confirmed that they would review this.

In House one there were sun rooms/conservatories at the end of each corridor. The inspectors observed that the access to these spaces was restricted with key pads in place. This meant that communal spaces registered as part of the designated centre were not available to the residents at all times.

Residents were provided with an array of activities. On the day of inspection residents were seen enjoying a game of bingo in the communal reception. There was great banter between the staff and residents and all residents that attended appeared to enjoy this.

Meals served were to a high standard. There was ample choice available to residents at each meal time. Residents spoke very highly about the standard of the food and the portion sizes. Residents were provided with a choice of juices at each meal time.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in some of the communal spaces available throughout the centre. Visitors confirmed they were welcomed in to the home at any time. They all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns and all were very complimentary about the service.

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

Overall, this was a well-governed centre with effective management systems to monitor the quality of care provided to the residents. The provider sustained good levels of care and oversight of service across all regulations reviewed, with some further improvement required in respect of premises and residents' rights, as further detailed in the report.

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).

The registered provider is Nursing & Caring Services Limited, part of the larger CareChoice group who own and operate a number of nursing homes nationwide. 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. They were supported in their role by the assistant director of nursing (ADON) and a team of nurses, care staff and household and domestic staff. The person in charge and ADON were present on the day of inspection and both demonstrated a good understanding of their roles and responsibilities.

There were good management systems in place to monitor the quality and safety of the service provided. Since the last inspection of 23 of September 2025, the provider had implemented a new auditing system. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

On the day of the inspection, there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills and competencies to fulfil their roles and responsibilities.

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 a sample of 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 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

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Although a working lift was present in each of the buildings, the size of the lift was not adequate to ensure that a resident could be safely transferred from the first floor to the ground floor via stretcher or trolley. The inspectors found that the measures the provider had in place were not sufficient to ensure a safe and dignified transfer would be possible in the event of an unexpected incident or event.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre. This was displayed in the centre and contained all required information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

It was observed that through ongoing comprehensive assessment residents' health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

Residents were facilitated to communicate freely and their voices were listened to. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. The inspectors 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, Internet 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 inspectors found that residents in the centre were restricted from entering the communal sun room and conservatory in house one, as these had keypads in place. There were also restrictions to access the outdoor garden spaces that were also secured with keypads.

A risk management policy and risk register was available and reviewed regularly. The inspectors saw that systems were in place to manage risks associated with the quality of care and the safety of the residents.

Notwithstanding that the centre was found to be cleaned and very well-maintained, there were some issues identified with the premises which are detailed further under Regulation 17: Premises.

Regulation 17: Premises

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

- The floor covering in the conservatory and sun room of House one was not safe. This floor was not level and may pose a risk of falls to residents.
- There was inappropriate storage in an assisted shower room where a hoist and two shower chairs was being stored.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: 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

The inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. While there was restricted access to gardens and communal spaces as outlined under Regulation 9: Residents' Rights, the use of restraints was minimal and where deemed appropriate, the rationale was reflected on individualised risk assessments.

Judgment: Compliant

Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

The provider was not a pension-agent for residents living in the centre at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents' rights to exercise choice in respect of accessing outdoor and communal spaces was upheld at all times. For example:

- Residents could not freely access a sun room or a conservatory due to a key pad in place restricting access. This was a registered communal area that should be available to residents as outlined in the statement of purpose and floor plans that the centre is registered on.

• The residents did not have independent access to the secure garden space from House one due to key pads being in place.
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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Newtownpark House OSV-0000075

Inspection ID: MON-0051172

Date of inspection: 19/08/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The registered provider acknowledges the finding regarding the limitations of the existing passenger lift for the transfer of a resident who requires a stretcher or ambulance trolley from the upper floors of the centre, including where an urgent or unplanned transfer to an ambulance is required. Newtownpark House is a three-storey historic building dating from the pre-1900 period, with protected status applying to the front of the building. The age, existing configuration and protected nature of the building present significant structural and planning constraints in relation to substantial alterations, including the potential reconfiguration or enlargement of the existing lift. Notwithstanding these constraints, the registered provider recognises the importance of ensuring that a safe, dignified and effective means of transferring residents from the upper floors is available, including where a resident cannot safely use the existing lift or where the lift cannot accommodate the equipment required by ambulance personnel. • The provider will therefore commission a multidisciplinary review of the current arrangements. This will include assessment by an Occupational Therapist and a suitably qualified fire safety consultant, together with any other specialist expertise considered necessary, including, where appropriate, input from a lift specialist, structural engineer and/or other competent professional. The review will assess the existing lift, stairways, transfer routes and building constraints and will identify practicable solutions for the safe transfer of residents from the upper floors to ground level and onward to an ambulance. This assessment will include consideration of specialist stair evacuation and transfer equipment such as tracked evacuation chairs, evacuation mattresses, evacuation sledges and any other specialist equipment considered appropriate. Consideration will be given to residents who cannot tolerate a seated transfer or who, because of their clinical condition, mobility or level of dependency, require transfer in a lying or otherwise supported position. • A specific clinical emergency transfer pathway will be developed for circumstances where a resident requires urgent or unplanned transfer to hospital and the existing lift cannot accommodate an ambulance stretcher or trolley. The pathway will provide for the resident to be safely and appropriately transferred from the upper floor,	

using the specialist equipment identified through the multidisciplinary assessment, to a designated ground-floor transfer point where safe transfer onto the ambulance service's stretcher/trolley and onward transfer to the ambulance can take place.
• As part of the review, the provider will seek appropriate specialist and, where practicable, ambulance service input regarding the interface between the centre's internal transfer arrangements and transfer onto the ambulance stretcher/trolley. This will ensure that the proposed pathway considers not only evacuation from the upper floors but also the safe and dignified transfer of the resident from their room through to the ambulance.
• Each resident accommodated above ground-floor level will have their individual mobility, transfer and evacuation requirements reviewed. The outcome will inform the resident's Personal Emergency Evacuation Plan (PEEP) and relevant care documentation, including the appropriate equipment, route, number of staff and level of assistance required.
• Following completion of the specialist assessments, the provider will implement the recommended equipment and/or other reasonably practicable measures required to provide a safe and dignified alternative means of transfer where the existing lift cannot accommodate a stretcher or ambulance trolley.
• All relevant staff will receive practical, competency-based training in the use of any specialist equipment introduced. Simulated exercises will subsequently be undertaken to test the arrangements, including scenarios involving residents with differing levels of dependency, circumstances where the lift is unavailable or unsuitable, and a simulated urgent transfer of a non-ambulant resident from an upper floor to the designated ground-floor ambulance transfer point.
• The effectiveness of these arrangements will be evaluated through practical drills and documented review. The centre's emergency procedures, individual PEEPs, relevant care plans and risk assessments will be updated to reflect the final arrangements.
• The registered provider is committed to working with the appropriate clinical, fire safety, engineering and other specialist professionals to identify and implement a practicable solution which appropriately addresses the limitations associated with this historic building while ensuring that residents can be safely and respectfully transferred from the upper floors to ground level and, where required, onwards to an ambulance in a safe, timely and dignified manner.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• In relation to the House 1 conservatory flooring, arrangements have been made with the flooring contractor to address the uneven floor covering and install suitable flooring. The works have been scheduled for completion within the agreed timeframe to ensure the area is safe and suitable for residents' use.
• Excess equipment has been removed from the assisted shower room in House 1, and

the area has been reviewed to ensure that equipment is appropriately stored and that the room remains safe, accessible and suitable for its intended use.
• The Clinical Management Team will oversee and monitor this, with the IPC Link Nurse conducting daily checks to ensure that equipment and other items are stored only in designated areas.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The keypad restricting access to the conservatory in House 2 has been disabled, ensuring residents can freely access this registered communal area.
• The keypad restricting access to the enclosed garden from House 1 has also been disabled, providing residents with independent access to the secure outdoor space.
• The Clinical Management Team will have overall oversight of resident access, with the Centre Management Team responsible for ensuring that registered communal and outdoor areas remain accessible in accordance with residents' assessed needs, preferences and choices and the centre's Statement of Purpose and floor plans.
• Access arrangements will be routinely checked as part of daily management oversight. Staff are aware of their responsibility to escalate any restriction, obstruction or failure affecting resident access to the Clinical Management Team promptly, with corrective actions taken to restore access promptly. Any recurring or unresolved access issues will be escalated through the appropriate governance arrangements and monitored to completion.

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	30/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	04/12/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does	Substantially Compliant	Yellow	15/09/2026

	not interfere with the rights of other residents.			