



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Northwood Residential Home
Name of provider:	Bartra Opco (Northwood NH) Limited
Address of centre:	Old Ballymun Road, Northwood, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	17 February 2026
Centre ID:	OSV-0007785
Fieldwork ID:	MON-0048366

About the designated centre

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

Northwood Residential Home is located on the Ballymun Road, with the convenience of the M50 and M1 and is close to a variety of shops and restaurants. The centre can accommodate 112 residents, male and female over the age of 18 years. All bedrooms are single occupancy en suite. Northwood Residential Home aims to provide a person-centred, caring and safe alternative for older persons with varied care needs in a professional and empathetic manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	109
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How we inspect

To prepare for this inspection the inspector or 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 17 February 2026	15:15hrs to 20:15hrs	Catherine Furey	Lead
Wednesday 18 February 2026	07:00hrs to 14:45hrs	Catherine Furey	Lead
Tuesday 17 February 2026	15:15hrs to 20:15hrs	Bernadette McDonald	Support
Wednesday 18 February 2026	07:00hrs to 14:45hrs	Bernadette McDonald	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out by two inspectors over two days. The purpose of the inspection was to assess ongoing compliance with the regulations and standards, following an application by the registered provider to renew the registration of the centre.

Inspectors greeted and chatted with a number of residents and spoke in more detail to ten residents to identify their experiences of living in Northwood Residential Home. Overall, residents were very positive about how they spent their days in the centre, and were highly complimentary of the staff, the food and the premises. Residents reported feeling safe in the centre and expressed satisfaction at how the centre was run. Overall there was a sense of well-being in this busy but homely centre.

Inspectors were welcomed into the centre in the afternoon and noted that at that time, many residents were up and ambling about the main communal areas, and some relaxing on couches in the coffee dock on the ground floor. Staff were busy assisting residents, however inspectors noted that staff made time to chat with residents while also conducting their duties. On the second day, inspectors arrived when night staff were still on duty. Most residents were still in bed at this time, and when residents did want to rise early, they were assisted to do so. Each floor of the centre was equipped with a kitchenette and there were supplies of breakfast goods, snacks and drinks for residents should they want anything during the night. Some residents had their own fridges in their rooms.

During the initial walk around of the premises, inspectors observed a centre that was very clean, bright and airy. The ground floor was a hive of activity throughout both days, with residents from all floors attending activities in the large activity room. This area was decorated with residents' artwork and crafts and photographs of various outings and celebrations adorned the walls. The activities planner was displayed prominently outside the room. Overall, the centre was very well maintained with suitable furnishings, equipment and decorations. Residents' bedrooms were spacious and nicely decorated with personal belongings such as photographs and artwork. The centre was exceptionally clean and tidy in all areas. The corridors were wide with appropriate handrails fixed to the walls to assist residents to mobilise safely.

Inspectors saw many different small group activities ongoing on the upper floors during the day including sing-alongs to popular music DVD's, and residents chatting and reminiscing and enjoying a beer or glass of wine for "Happy Hour". The much-loved afternoon Bingo was a big hit with residents, with one remarking "there's nice prizes on offer, it gets very competitive". The second day of the inspection was Ash Wednesday and the local priest visited to administer ashes, assisted by a resident who was also a priest. The resident said that he appreciated being facilitated to

continue carrying out his clerical duties. A very engaging physiotherapy exercise session was well-attended by residents. The physiotherapist was assisted by two staff members to conduct gentle exercise, incorporating various mental exercises such as counting in different languages. Residents engaged fully in this session with one telling the inspectors "It keeps my brain and my body fit".

Inspectors observed that residents were consulted about what was happening in the centre. Regular satisfaction surveys were completed by residents which detailed their feedback on the service provided in relation to a number of areas, including food, activities, visits, bedroom accommodation, and staff. Residents meetings were held regularly and the views and opinions of residents were documented. Action plans following meetings were developed. For example, there had been a small number of concerns raised at a recent meeting about the laundry service, and the person in charge took immediate action to address this with the external laundry provider. Residents spoken with confirmed that their minor issues or concerns were dealt with quickly, and never reached the level of a formal complaint.

Visitors were observed coming in and out of the centre throughout the day. Inspectors spoke with six visitors who all said that they were happy and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues they felt confident to bring them to the attention of staff.

The following two sections of the report will describe how the governance arrangements in the centre impact upon the quality and safety of the care and services provided for the residents. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

The governance and management systems in the centre had improved since the last inspection, and were contributing to the delivery of good quality care. It was evident that the management and staff of the centre were working towards full compliance with the regulations.

The centre is owned and operated by Bartra Opco (Northwood NH) Limited who is the registered provider. There are two company directors, one of whom is engaged in the operations of the centre and visits the centre regularly. Further oversight of the delivery of services is provided by the company's Chief Risk Compliance and Services Officer who is very familiar with the centre and liaises with the management team on an ongoing basis.

The management team collect a range of weekly data in areas such as falls, medication errors, restraint use and antibiotic consumption, to analyse for trends and to identify where improvements in the service were required. Administrative

staff ensured that all requested records were well-maintained and made available to inspectors to review. Staff files showed that Garda Síochána (police) vetting disclosures were in place for all staff prior to commencing employment.

There were sufficient staff on duty, across all areas of the centre, to meet the assessed needs of the residents. The person in charge, assistant director of nursing and clinical nurse manager worked in a wholly supernumerary capacity, providing daily clinical and operational support to the staff. A clinical nurse manager also provided supernumerary support on night duty. Each of the five floors of the centre were independently staffed by a team of nurses and healthcare assistants. The staffing levels were reviewed based on occupancy and dependency levels. The dependency level of the ground floor had suddenly increased on the day of inspection due to changes in a resident's condition, and the management team were reviewing the staffing levels in this area.

The overall provision of staff training was good and included a blend of online and face-to-face training modules. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. A staff induction programme was in place with regular reviews to monitor staff performance and identify additional training needs.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the centre's registration within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the necessary experience and qualifications to fulfill the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 109 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and moving and handling were completed for staff. Staff were appropriately supervised by senior staff in their respective roles and there were appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 21: Records

Staff files contained the records outlined in schedules 2 of the regulations, for example evidence of references and photographic identification. These were stored securely in the centre and made available for inspectors to review.

Other records specified in Schedules 3 and 4 of the regulations, for example the incidents of restraint use and a copy of the duty roster were maintained.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected an annual contract of insurance against injury to residents and other risks.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-

resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care which included details of the allocated bedrooms, the services to be provided and the fees payable under the Nursing Home Support Scheme or otherwise.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It contained all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Quality and safety

Inspectors found that the rights of the residents living in Northwood Residential Home were promoted, and the residents, where possible, were encouraged to live their lives in an unrestricted manner, according to their own capabilities. The centre's statement of purpose outlines that the provider's overall aim is to enable each resident to maintain their independence and thrive while enjoying a fulfilled and engaged life. Inspectors observed that staff and management adopted this ethos and as a result, residents had a good quality of life in a centre that met their needs.

The layout of the centre was maximised to ensure that residents could safely walk around and access different communal areas. There were assistive handrails on each corridor. As there were a small number of residents displaying exit-seeking behaviour, access to the third floor of the centre was via a coded keypad. Residents who were safe to use the lift were provided with the code and observed to independently move between the floors of the building. There was unrestricted access to the outside garden, which had safe walkways which were accessible to wheelchair users.

There was evidence of good practice in relation to resident assessment and care planning. Residents needs were routinely and appropriately assessed and this information was incorporated into resident-specific care plans. Social assessments were completed for each resident and individual detail regarding a residents' past occupation, hobbies and interests were completed to a high level of personal detail. This detail informed individual social and activity care plans.

Residents were provided with a good level of evidence-based healthcare in the centre. There was good access to General Practitioners (GP) and other health and social care professionals including speech and language therapy and physiotherapy. There was appropriate delivery of evidence-based, preventative skin assessments and regular monitoring for pressure-related skin damage. Residents who were admitted with, or developed pressure ulcers or other wounds, were appropriately referred to specialist wound care nurses for additional expertise.

The provider had ensured that there were adequate arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which accurately recorded and monitored the use of restraint. The identified physical restraints, namely the five bedrails, were comprehensively risk assessed. Informed consent was sought and documented prior to the use of any restrictive practice. Environmental restraints such as locked doors were also included on the register.

Dedicated activity staff were responsible for delivering the schedule of activities in the centre and inspectors observed large and small group activities taking place in different areas of the centre in the morning and afternoon. Staff were trained and competent to provide one-to-one sensory activities to residents who could not participate in groups or whose needs were advanced. Residents enjoyed group exercises, bingo, movies and outings, and particularly enjoyed live music. Residents were happy with the choice and frequency of activities and told inspectors that staff go out of their way to facilitate their requests and needs.

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There was a programme of progressive, ongoing maintenance in place

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care plans were detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans. Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up-to-date changes.

Judgment: Compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals such as dietitian services and wound care nurses through a referral pathway. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were five of the 109 current residents using bedrails. A restraint register was maintained in the centre, in line with regulatory requirements, and there was evidence that restraints were checked frequently when in use. A small number of residents in the centre 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). These residents each had a care plan which identified their individual requirements to manage these behaviours and to minimise them recurring.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. For example;

- An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should there be an allegation of abuse made
- The person in charge investigated all allegations of abuse, making appropriate referral to external agencies where required.
- Prior to commencing employment in the centre, all staff were subject Garda Síochána (police) vetting.
- There were secure systems in place for the management of residents' personal finances. There was a nominated staff member who was the named pension agent for 13 residents. The agent arrangements were in line with the Department of Social Protection guidelines and residents' pensions were held in a separate account.
- The registered provider facilitated staff to attend regular training in safeguarding of vulnerable persons
When required, residents were supported to access independent advocacy services.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	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	Compliant