



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

## Issued by the Chief Inspector

Name of designated centre:	Parke House Nursing Home
Name of provider:	Parke House Nursing Home Limited
Address of centre:	Boycetown, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	04 March 2026
Centre ID:	OSV-0000083
Fieldwork ID:	MON-0049838

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	141
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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 4 March 2026	20:20hrs to 22:15hrs	Aislinn Kenny	Lead
Thursday 5 March 2026	08:10hrs to 15:50hrs	Aislinn Kenny	Lead
Thursday 5 March 2026	08:10hrs to 15:50hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

This was an unannounced inspection conducted over one evening and one day by two inspectors of social services. Residents living in Parke House Nursing Home told inspectors that they were content living in the centre, and they felt supported by the staff and management team. The inspectors greeted several residents on both days of inspection and spoke with 20 in more detail about their lived experience in the centre. Feedback was extremely positive, one resident spoke about the staff working in the centre and said "they give us the very best of attention here", while another said they couldn't ask for much better and that the staff were excellent. Residents said their rights were upheld and they felt safe and secure living in the centre. Those spoken with said they were always treated with dignity and respect by staff.

On the evening of the inspection the inspector observed the night time routine for residents and spoke with staff and residents. The atmosphere was calm and quiet, some residents were in bed and those spoken with confirmed that this was their choice. Other residents were sitting in the communal areas watching television and having a cup of tea or were seen spending time in their bedrooms before going to bed. Staff were observed providing night medications and assistance to residents in their bedrooms. During a walk around the centre the inspector observed work being carried out on bedroom doors and new bedroom doors which had been installed as part of the fire upgrade works. The inspector also saw that an assisted bathroom on the Liffey unit was being used to temporarily store maintenance equipment for this upgrade work, and inspectors were informed by the registered provider that this would be returned to use following the completion of the works.

The inspectors arrived to the centre early the next morning and walked around the centre to observe the morning routine for residents. Most residents were still in bed having their breakfast or relaxing in their bedrooms. An activities schedule was on display in all units outlining the activities of the day. Dining areas throughout the centre were nicely decorated with appropriately laid tables and menus were displayed to facilitate residents' choice of meal. The inspectors observed kind and courteous interactions between staff and residents, staff appeared to know residents well.

Visitors spoken with told inspectors "we are very happy with the place, nothing is ever a problem" and another visitor told inspectors "you can't fault the place."

The centre was well laid out to meet the number and needs of the residents. There were a variety of communal and private areas available for residents including accessible outdoor secure courtyards. Residents confirmed they had plenty of choice of activities and they were given a choice as to how to spend their day. The premises was clean, tidy, bright and airy. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleaning.

Residents were involved in how the centre was run and said that they felt their voice was heard. They confirmed that they had residents' meetings every two months and any issues they had were addressed promptly. Inspectors observed advocacy services contact details on display throughout the centre. The complaints procedure on display required review as discussed further in the report.

Residents said their clothes were laundered for them. They were returned promptly, and 'well minded'. Residents' wardrobes were observed to be neat with ample space for their clothing. Residents had access to a lockable space to safeguard their personal items if they wished.

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 inspection found that Parke House Nursing Home was a good centre with a strong management structure and that residents received a good standard of person-centred, safe care. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards.

This inspection was carried out over two days to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended) and to follow up on information received since the previous inspection. The provider had applied to renew their registration of the centre.

Inspectors followed up on the compliance plan from the most recent inspection, walked the centre with the registered provider and acknowledged the positive changes, including the vast amount of work completed in relation to fire precautions. It was evident that the provider had taken significant actions since the previous inspection to improve fire safety within the centre and to strengthen infection control practices. Fire safety work included replacing fire doors in the centre and compartment work to corridors. The provider had addressed or was progressing the items identified in their compliance plan alongside a schedule of upgrade works for the centre.

Parke House Nursing Home Limited is the registered provider for Parke House Nursing Home. There are three company directors, one of whom is actively involved in the daily running of the centre, and was present throughout the inspection. The person in charge was supported in their role by the registered provider. The person in charge worked full-time in the centre and were supported operationally by an assistant director of nursing (ADON), clinical nurse managers and staff including

nursing and care staff, activities, housekeeping, catering, administrative and maintenance staff.

There were adequate resources available on the day of inspection to ensure that residents' needs were met in a timely manner. There was evidence of consistent governance and oversight in the centre. There was an annual review completed for 2024 where the provider had identified areas for service improvement and there was a clear action plan established to ensure improvements were implemented. The centre had established management systems in place to monitor information on adverse incidents involving residents, falls analysis, weight loss, nutrition, and other significant care indicators. There were regular meetings at local and management level, with records of these being made available for review.

On the day of the inspection, the centre had sufficient staffing resources to ensure effective delivery of care and support to residents. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, activities, catering and maintenance staff in place. Staff had access to education and training appropriate to their role and a training schedule was in place. Staff had completed training such as fire safety, safeguarding vulnerable people and manual handling techniques. A training matrix was maintained to monitor staff attendance at training provided.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were submitted to the Chief Inspector of Social Services within the required time-frame.

Inspectors found that the complaints procedure on display in the centre did not concisely describe the steps to take to make a complaint and included a number of steps that were not in line with the regulation. There was a nominated complaints officer in the centre and a nominated review officer had been appointed. A sample of complaints reviewed found that complaints were not always responded to appropriately as outlined further under Regulation 34: Complaints Procedures.

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include, the room to be occupied and number of other occupants in that room and details of any additional fees to be charged.

#### Registration Regulation 4: Application for registration or renewal of registration

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

Judgment: Compliant

## Regulation 15: Staffing

There was adequate staffing available to meet the needs of the current residents, taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities and administration staff.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to inform their practice, such as infection prevention and control, and training in the management of responsive behaviours.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had ensured that there was sufficient resources available to ensure the effective delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and accountability. Management systems were in place to ensure that the service provided to residents was safe.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Contracts of care were agreed in writing with each resident on their admission to the centre. Contracts detailed the services to be provided, the fees to be charged for such services, and the terms relating to the bedroom to be provided to the resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that incidents and reports as set out in Schedule 4 of the regulations were submitted in writing to the Office of the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured a complaints procedure was on display in the centre however, this procedure included a number of steps preceding the formal procedure which included assessing the validity of the complaints and steps to be taken by the review officer to resolve the complaint which was not in line with the requirements of the regulations.

While there was evidence that complaints were being investigated from a sample of complaints reviewed inspectors found they were not always responded to in line with the providers policy or the regulations. For example:

- A complaint where the complainant was not satisfied had been closed without evidence that the complainant was offered the details of the review process.
- Two written complaints were responded to verbally without evidence of an acknowledgement letter or outcome letter provided to the complainant advising of the complaints process which was not in line with the complaints policy.

Judgment: Substantially compliant

## Quality and safety

The registered provider had ensured that residents were receiving a high-quality, safe service from an experienced staff team.

The inspectors reviewed a sample of residents' care plans and assessments. There was evidence that they were completed within 48 hours of admission and reviewed at four monthly intervals or sooner if required. Safeguarding and end-of-life care plans were in place and they were person-centred and guided care.

Residents had access to an activities schedule and their choice whether to attend or not was respected. There was an activities team on site that were aware of residents' requests and abilities ensuring their preferences were respected.

The environment was very clean and tidy on the day of the inspection. The inspectors observed good practices in relation to standard precautions to reduce the spread of infection. Staff were observed to have good hand hygiene practices. The inspectors observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately. Residents with urinary catheters in place had comprehensive care plans in place to guide staff in the management of these. Staff had been recently attended up-to-date training on catheter care.

Inspectors found that through ongoing comprehensive assessment resident's health and well-being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. The General Practitioner (GP) visited the centre twice a week. There were two physiotherapists who both worked full-time in the centre.

A comprehensive centre-specific policy was in place to guide nurses and carers on the safe management of medications. This policy was up-to-date and was based on evidence-based practice. Through observation, the inspectors could see medicines were administered in accordance with the prescribers instructions and in a timely manner. Medicines were stored securely in the centre and returned to the pharmacy when no longer required as per the centre's guidelines. Records showed that controlled drug balances were checked at each shift change.

The centre was nicely decorated and well-maintained to high standard with systems in place to ensure maintenance schedules were adhered to. The registered provider had taken a pro-active approach to fire safety management. Inspectors found that there was a plan in place to address the findings of the last inspection and significant fire safety upgrade works had taken place and were continuing. The inspectors saw evidence that all staff had garda vetting in place prior to commencing employment in the centre. There was a safeguarding policy in place, which staff had a good knowledge of. The processes for management of residents' finances were robust and reflected the centre's policy. Staff had completed

safeguarding training and were aware of what to do if they suspected any form of abuse. There was one safeguarding incident since the last inspection which was very well managed.

There was a rights-based approach to care in this centre. Residents' rights and choices were respected. Resident feedback was sought concerning aspects of care provision, including healthcare, food and activities. Records showed that items raised at resident meetings were addressed by the management team. Minutes from these meetings were reviewed by the inspectors and there was a large attendance by residents. Residents were facilitated to communicate freely. They had access to radio, television, newspapers, Internet and other media outlets. There was an active voting register in place which was updated when required.

### Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions.

Judgment: Compliant

### Regulation 13: End of life

Where a resident is approaching the end of his or her life, there was an appropriate care plan in place to guide staff. This included the residents wishes in relation to their religious and cultural preferences.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the premises was suitable to the number and needs of the residents living there. Communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Outdoor space was accessible and safe for all residents living in the centre.

Judgment: Compliant

## Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the *National Standards for Infection prevention and control in community services* (2018) were implemented by staff.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had undertaken a programme of works to upgrade fire systems throughout the centre which was regularly reviewed. There were systems in place to protect residents from the risk of fire, including servicing of fire safety equipment. Staff completed training in fire safety on an annual basis. Unannounced night time fire drills were taking place also.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Care plans were updated within a four month period, or more frequently where required and were sufficiently detailed to guide the residents care.

Judgment: Compliant

## Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Parke House Nursing Home OSV-0000083

Inspection ID: MON-0049838

Date of inspection: 05/03/2026

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Parke House Nursing Home has a culture of openness and transparency that welcomes the residents, their family members and visitors voicing complaints, conflicts or differences of opinion in relation to the care and service provided. Residents, and their family members, shall be made to feel confident that making a complaint will not jeopardise the quality of care provided to the residents in any way.</p> <ol style="list-style-type: none"> <li>1. A full review of RR-017 Responding to Complaints and the Complaints procedure on display throughout Parke House Nursing Home was completed and updated as required. Completed 15th April 2026.</li> <li>2. Parke House Nursing Home Management shall ensure that all Complaints are managed and responded to in line with RR-017 Responding to Complaints, including but not limited to: <ul style="list-style-type: none"> <li>• Issuing written acknowledgement of written complaints within the required timeframe</li> <li>• Providing a written outcome of the complaint</li> <li>• Evidence that complainants are informed of their right to a review where they are dissatisfied.</li> </ul> </li> </ol> <p>Commenced and Ongoing</p>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	15/04/2026