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:	Alzheimer's Care Centre
Name of provider:	Sparantus Limited
Address of centre:	Highfield Healthcare, Swords Road, Whitehall, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	22 April 2026
Centre ID:	OSV-0000113
Fieldwork ID:	MON-0050164

About the designated centre

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

Alzheimer Care Centre is a 77 bed centre providing residential services to males and females with a formal diagnosis of dementia over the age of 18 years. The centre also contains a unit specific to meeting the needs of people with a diagnosis of enduring mental illness. The centre is located on the Swords Road at Whitehall in Dublin within easy reach of local amenities including shopping centres, restaurants, libraries and coffee shops. The centre comprises of an original single storey building and a large extension over three floors which was opened in 2012. Accommodation for residents is across three units. These units consist of single bedrooms with fully accessible shower and toilet en suites, dining and sitting rooms and access to safe outdoor garden areas. The centre also contains a large oratory for prayers and religious services, activity rooms, hairdressing salons, coffee dock, several private visitors rooms and designated smoking areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	69

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 22 April 2026	07:00hrs to 16:20hrs	Niamh Moore	Lead
Wednesday 22 April 2026	07:00hrs to 16:20hrs	Sarah Armstrong	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day, by two inspectors of social services. The inspectors met with many of the residents, staff and one visitor during the inspection who all gave positive feedback about their experience of Alzheimer's Care Centre.

Inspectors arrived to the centre at 7:00am and commenced a walk around of the premises. Following the morning walkabout, an introductory meeting was held with the person in charge and three members of management, where the purpose of the inspection was set out.

The designated centre is registered for 77 residents, following recently de-registering the use of the Grattan unit as accommodation for residents, however this unit remained registered until outstanding fire safety works were completed. The registered provider was in the process of tendering for the premises works during this inspection, with the hopes that the required works would be completed by the end of this year.

There was 69 residents living in the centre on the day of the inspection in three units referred to as Delville/Lindsay, Coghill/Daneswell and Drishogue. During the walk around, the inspectors saw a small number of residents up and dressed, some of which were walking freely about the premises, while others were seated in communal rooms watching television or waiting on their breakfast. Other residents who wished to sleep or rest later into the morning were observed to be doing so.

Each unit functioned as a self-contained unit with day and dining spaces available. Inspectors observed some areas of wear of tear in the Coghill/Daneswell units where the assisted bathrooms had the wallpaper lifting. One of the assisted bathrooms in the Drishogue unit was not freely available to residents as this was locked due to previous incidents of flooding, and resident's required staff to access this area. Inspectors were told that management had committed to trialling the removal of this restriction. In addition, residents had access to other communal spaces outside their individual units such as a coffee shop, visiting rooms and a chapel.

Residents of the Delville/Lindsay and Drishogue units had access to outdoor space available on the units. However, inspectors noted that the outdoor area in Drishogue required maintenance as wear and tear was noted, including boards lifting in one area of decking which was unsafe for residents to use. Inspectors saw evidence that this had been identified by the provider and a plan to address this was in progress. Residents of the Coghill/Daneswell units were seen to be supported by activity staff to go for walks around the external premises, two residents reported to enjoy this on the day.

Residents' bedroom facilities were all single bedrooms with en-suite facilities. Bedrooms viewed were seen to be clean, and inspectors saw that many residents had personalised their bedrooms spaces with their individual belongings such as ornaments, photographs and flowers. Since the last inspection, the registered provider had put a privacy film on to the glass of the bedrooms doors to ensure that residents' privacy was upheld.

There was a calm and relaxed atmosphere in the centre throughout the day of inspection. Staff were observed to be attentive to residents' needs and when residents rang their call bells, inspectors observed staff to respond to residents' promptly.

Feedback from residents often referenced how happy residents were with the staff that supported them, the types of activities available, and the food provided in the centre. Interactions between staff and residents was observed to be polite and respectful. Residents appeared familiar and comfortable around staff, and residents were observed referring to staff members by name. Residents told inspectors that staff were kind to them. One resident said "they are very good, it's like we're all one big family here". Another resident told the inspectors "they're quick to help me, they do a great job". Throughout the day, staff were generally seen to have a good knowledge of the residents' individual needs and preferences and were often observed engaging in general conversation with residents and offering residents snacks and refreshments in between meal times. When asked about the food options available in the centre, one resident told the inspectors "there's plenty of choice and the food is always hot". Another resident told inspectors "the food is very good, I'm happy with it anyway".

Inspectors observed the mealtime experience for residents and found this to be a social occasion. Residents had a choice of three options for their main meal including baked cod, chicken curry or chickpea tagine, followed by a choice of dessert which included semolina with jam sauce or jelly and ice-cream. The majority of residents chose to dine in the social environment of the communal dining spaces, while others received tray service to their bedrooms at lunch time, as per their requests. Some residents required full assistance from staff to take their meal. Inspectors observed that where this was required, staff were seated next to the resident and were assisting them in a respectful and dignified manner. Although some residents were unable to engage in conversation with the staff assisting them, inspectors observed examples where the staff members took the opportunity to chat to the residents, which demonstrated a person-centred approach to care and contributed to a positive meal time experience for residents.

There was a schedule of activities prominently displayed on each unit in the centre. Activities listed were found to be appropriate to the needs and preferences of the residents living on the individual units. On the day of inspection, residents had access to arts and crafts, bingo, walks and exercises, poetry group and one to one activities including manicures and hand massage. Other activities available in the centre included dog therapy, baking group, shopping trips, sensory games, music therapy, movie nights and reminiscence. Residents' artwork was observed to be

displayed throughout the centre and residents told inspectors that they were happy with the type and frequency of activities available to them.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, findings of this inspection were that residents received a good standard of care and quality of life. There was a robust governance and management system in place which ensured strong oversight of the day-to-day operations of the centre and services provided to residents. The registered provider had fully actioned all commitments made through their compliance plan following the previous inspection and positive changes were found to have been implemented in the centre, particularly in the areas of residents' rights, staffing, and oversight systems.

The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the compliance plan received from the previous inspection which was held in September 2025, statutory notifications submitted by the provider, and unsolicited information received about the centre since the last inspection.

Sparantus Limited is the registered provider for Alzheimer's Care Centre. There are eight company directors with one of these directors actively involved in the management of the designated centre. In addition, the registered provider had appointed two senior managers as persons participating in management of the centre. Since the last inspection, the governance structure had increased with the addition of a Director of Quality and Clinical Governance. These senior employees supported the person in charge in their role. The person in charge was responsible for the clinical care of the residents, and the oversight and supervision of staff.

The person in charge was further supported by a clinical nurse manager (grade 3) and three clinical nurse managers (grade 2). Staff nurses, health care assistants, activity therapists, and administrative, catering and domestic personnel completed the complement of staff supporting residents in the centre. Inspectors found that there was sufficient staff available to meet residents assessed needs. Residents also had access to support from on-site allied health services such as physiotherapy, tissue viability nursing, occupational therapy, a social worker, chaplain and a music therapist.

Inspectors followed up on the arrangements for clinical supervision and found there were improvements in place, particularly relating to the oversight of the use of

hoists and manual handling of residents. In addition, where further training or support was required, inspectors saw there was a process with examples of performance improvement plans in place.

The quality and safety of care was monitored through oversight systems such as audits, committees and meetings. Key information used to support the monitoring of clinical care practices in areas such as falls, incidents, infection, wounds, restraint and incidents were discussed through these forums. Where improvements were required, there were associated action plans to address any deficits. For example, a number of service policies had been identified for review and were in draft format during this inspection.This included the safeguarding policy to clearly outline referrals to external services such as the Health Service Executive safeguarding team. In addition, the person in charge was in the process of reviewing the care plan auditing template to provide a more efficient process for auditing care records.

An annual review of the quality and safety of care delivered to residents in the centre for the period of April 2025 to March 2026 was in draft format at the time of the inspection to ensure that care was delivered in accordance with the national standards.

The inspectors reviewed a sample of four residents' contracts for the provision of services and found that the contracts were appropriately signed, accurately described the services provided to residents and detailed the charges associated with the service.

Regulation 15: Staffing

Sufficient staffing levels were observed throughout the day in the centre. There was an appropriate skill-mix of staff in each unit to provide a safe and quality service to residents.

Judgment: Compliant

Regulation 16: Training and staff development

Supervision arrangements were in place for staff, including a supernumery clinical nurse manager (grade 2) available Monday to Sunday and sufficient supervision at night time.

Judgment: Compliant

Regulation 23: Governance and management

Overall there was a number of comprehensive management systems established, however some systems were not effectively monitored or in place to ensure the quality and safety of the service provided to residents. For example:

- The oversight systems in place to ensure that residents received the care documented in their care plans had not identified that some care plans had not been fully put into practice.
    - This included two nutritional care plans which evidenced due to the resident's assessed risk of malnutrition, weekly weights should occur. However documentation reviewed recorded one resident's last weight was 17 days prior to the inspection, and another resident's was 16 days prior to the inspection.
    - Inspectors reviewed documentation which evidenced some practices that did not align with a human rights approach to care or uphold the resident's rights to dignity and privacy.
- Additionally, not all assessments and care plans were completed in full with the correct information. For example, a falls prevention care plan had not been updated to reflect the resident's current FRASE (Falls Risk Assessment Scale for the Elderly) score.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of four residents' contracts for the provision of services and found that contracts contained all information as is required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

This regulation was not fully reviewed on this inspection; however inspectors followed up on the provider's compliance plan and saw evidence that staff involved in the handling of complaints undertook training.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents' rights were being promoted by a team of dedicated staff. Residents' feedback was positive and there was evidence seen that residents were supported to enjoy a good quality of life living in Alzheimer's Care Centre. Residents' had their needs assessed using validated assessment tools and these needs were being met through good access to medical and health care services.

Inspectors reviewed a sample of care records in each of the three residential units, and found that regulatory time frames for completing an assessment and developing a care plan for a resident following admission to the centre had been met. In addition, all care plans reviewed had been updated within the last 4 months, as is required by the regulations, or more often in response to changes in residents' needs. There was evidence that residents or their families where appropriate, were involved in the care planning process. However, it was particularly noted in one out of three units, that not all care plans reviewed sufficiently guided care. For example, some care plans were not updated or reviewed following medical review or a change in assessments. This is further outlined under Regulation 5: Individual assessment and care plan.

Residents were afforded opportunities for social engagement and activities provided were meaningful and appropriate to residents' interests and capacities.

Residents' meetings were taking place on a quarterly basis in the centre. A review of the records of resident meetings demonstrated that residents were supported and encouraged to speak up about all aspects of the service provided, and where residents made requests or raised concerns during these meetings, a clear action plan was established which ensured all matters were appropriately addressed. Residents also had access to television, radio and newspapers to keep up-to-date on current affairs and had access to religious services appropriate to their needs and beliefs. Information on independent advocacy services was also prominently displayed on notice boards throughout the centre and inspectors saw evidence that a number of residents had been supported to access these advocacy services. Another area where residents were observed to be offered choice and had their rights promoted was at meal times. Inspectors observed three residents on two units to be receiving a lunch meal not available on the daily menu. Staff told inspectors that these residents had requested alternative meal options, which included chips, pasta and a sandwich. Residents were also observed to have their independence promoted at meal times through the provision of assistive equipment such as plate guards. This allowed the resident to dine independently, without the need for assistance from staff and promoted a rights-based approach to care.

All laundry, including linens and residents' clothing was outsourced to an external laundry service. From speaking with residents and staff, and from a review of residents' meeting minutes, inspectors learnt that there had previously been issues

identified with this service, including delays in clothing items being returned and items being lost or damaged. The registered provider had taken action with the external laundry provider to address these issues and the laundry service was now regular and reliable. Residents confirmed this in their speaking with inspectors. Residents' bedrooms were seen to be furnished with their own belongings, and residents said that they liked their bedrooms.

Some residents wished to keep small amounts of cash and other valuable items in their rooms. To support this, residents were provided with secure, lockable storage in their bedrooms to keep their belongings safe. Residents were also supported to retain control over their personal finances. Bank statements were provided to all residents at three monthly intervals, or more often upon request. Staff and residents who spoke to the inspectors confirmed that staff took the time to explain residents' bank statements and to discuss financial transactions with the residents. There was a robust system in place in the centre to ensure residents had access to cash seven days per week. Cash withdrawals were signed off by the resident and by two members of staff. Inspectors reviewed a sample of eight records of cash withdrawals made by residents and found that these were managed in line with the centre's policy and receipts for items purchased were retained on file. There was also a system for monthly auditing and reconciliation of residents' finances.

Residents had access to food and drinks throughout the day. There were drinks stations located in communal spaces on each unit which provided a choice of juice and water to residents at all times. Meals were served to residents at suitable times and snacks were available and observed to be offered to residents outside of the set meal times. The daily menu was prominently displayed for residents which outlined the different choices available at each meal. Each unit had its own servery. Meals were transported from a main kitchen to the individual units in a heated trolley. Meals were pre-plated by the kitchen staff and were labelled with the residents' names. Additional sauces and gravy were available for residents should they wish. The inspectors observed the provision of meals to residents and observed that the food was hot, well presented and looked appealing to eat. Residents who required modified texture foods and fluids were observed to be receiving meals aligned to their assessed needs and care plans. Inspectors spoke to catering staff who confirmed that there was a robust system in place to ensure that residents dietary needs were communicated to the kitchen each day, to ensure residents' received meals aligned to their current assessed needs.

Regulation 12: Personal possessions

Residents were supported to access and retain control over their own personal property and finances. Residents' clothes were laundered regularly and returned to them in a timely manner. Residents had adequate space to store their clothing and personal possessions.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water, refreshments and snacks throughout the day. Residents had a choice of menu at meal times and adequate quantities of nutritious food. Residents' dietary needs were met. There was an adequate number of staff available to assist residents at meal times.

Judgment: Compliant

Regulation 26: Risk management

The organisational risk management policy dated December 2025 had been updated to include all specified risks as required by the regulations. In addition, it referred to the arrangements for the investigation and implementation of learnings from serious incidents involving residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of 12 care plans, and found that some had not been updated to reflect the current assessed needs of residents, and therefore did not sufficiently guide staff in providing good quality care. For example:

- One residents records contained two safeguarding care plans, and while they had an identified safeguarding need, neither care plans outlined the safeguarding risk posed to the resident or the specific steps staff needed to take to protect the resident.
- One nutritional care plan contained historical information in relation to speech and language input. For example, the care plan referenced the resident being on level 2 thickened fluids and then also level 0 thin fluids. This created a risk that the resident would receive inappropriate care due to inconsistent guidance in their care plan, thus increasing the risk of choking or aspiration.
- A resident's care plan on decision-making while recently reviewed, did not have an update following an assessment which occurred nine months prior to the inspection. Therefore it was unclear on what the current arrangements were relating to this resident's decision-making.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had completed all actions committed to as part of their compliance plan following the previous inspection. Residents were supported to participate in a variety of activities suited to their individual capacities and interests. Residents' choices were promoted and there was evidence that residents were consulted with in relation to the organisation of the centre.

Newspapers, television and radio were available to all residents. Residents had access to independent advocacy services and there was evidence that some residents had been facilitated to access the support of an advocate.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Alzheimer's Care Centre OSV-0000113

Inspection ID: MON-0050164

Date of inspection: 22/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• All assessment and care plans have been updated following reassessment.
• A revised care plan audit tool has been implemented and will be further reviewed to ensure it identifies the gaps between assessed needs and care delivered.
• Weekly checks of care records are being conducted by unit managers, including weekly weights.
• A single structured holistic care plan will be introduced for each resident, replacing the current system of multiple care plans.
• The holistic care plan and audit process will be piloted for a few residents to test effectiveness of governance systems in practice.
• Staff training will be provided on:
1.Care plan implementation
2.Audit processes
• Care practices will be monitored to ensure they align with residents' dignity, privacy, and rights.

Timeframe
Immediate actions completed
Pilot and training : 6 -8 weeks

Evaluation : within 8-12 weeks

Ongoing monitoring there after

Person Responsible: Person In Charge /CNM3/Unit managers

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• All care plans have been audited, reviewed and updated in line with current assessments.

3. All care plans were cross-checked against latest assessments to ensure accuracy and consistency.
4. Safeguarding care plans were reviewed to ensure clear identification of risks, control measures and staff responsibilities.
5. A revised care plan audit tool has been introduced, and it will be further evaluated to ensure it identifies gaps identified during the inspection.
6. A single structured holistic care plan will be introduced for each resident, replacing the current system of multiple care plans. The holistic care plan will be piloted for a few residents to evaluate effectiveness, usability and identify any required improvements prior to full implementation.
7. Feedback from the pilot will be used to refine the care plan and audit process before Centre wide roll-out.
8. Staff training will be provided on the new care plan format and expectations for updating care plans following assessments.
9. On going quarterly audits of care plans will be conducted to ensure compliance and consistency.

Timeframe

Immediate actions completed
Pilot implementation: 6 weeks
Implementation and refinement: within 8 weeks
Full roll out : within 12 weeks

Ongoing monitoring there after .

Responsible person: Person In Charge /CNM3 and Unit managers

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 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	17/08/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	17/08/2026