

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

Issued by the Chief Inspector

Name of designated centre:	Swords Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Mount Ambrose, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	30 October 2025
Centre ID:	OSV-0000181
Fieldwork ID:	MON-0048697

About the designated centre

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

Swords Nursing Home is a purpose-built facility which can accommodate a maximum of 52 residents. The centre provides long-term residential, respite, convalescence, dementia and palliative care to a mixed gender of 18 years old and over. Care is provided to those of low, medium, high and maximum dependency. The main objective of Swords Nursing Home is to ensure the continued delivery of high-quality consistent person-centred care to all residents. Their philosophy is based around a quality of life and quality of care for residents. They use a multifaceted approach to care to achieve this. Accommodation available to residents includes eight twin and 36 single bedrooms, some of which have bathrooms en-suite. It is located in the countryside within 5km of Swords village.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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
Thursday 30 October 2025	08:45hrs to 16:55hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

From what the inspector observed and what the residents told them, residents were content living in Swords Nursing Home. The residents spoken with were very complimentary of the staff and the care they received. One resident told the inspector "The staff are marvellous, there's plenty to do and the food is good" . Other residents told the inspector, "I am well looked after here" and "the staff are all very pleasant". Visitors spoken with also expressed their satisfaction with the care provided. One visitor told the inspector that "You couldn't ask for nicer staff".

This was an unannounced inspection carried out with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. During the inspection, the inspector spoke with seven residents to gain insight into the residents' lived experience in the centre and also spoke with two visitors. The inspector also spent time observing interactions between staff and residents, as well as reviewing a range of documentation and speaking with staff and management.

The inspector arrived to the centre in the morning and walked around observing the morning routine for residents. Most residents were receiving morning care or having breakfast in their bedrooms. Other residents were seen mobilising around the centre or sitting and relaxing in the communal areas. The inspector observed that there were no call-bells in communal areas such as both sitting rooms, cinema room and the visitors room. Residents sitting in the visitors room were seen to be discreetly supervised by various staff passing by and staff were seen checking in.

The centre is laid out over one floor and is divided into different corridors. Residents' bedrooms were located on each corridor with facilities such as dining room, smoking room and reflection room located here also. Each corridor converged on the central circulation space which contained offices, a reception area, a visitors room and access to the cinema room. The corridors were each named after a Dublin street and were brightly decorated. The centre provides long-term care to residents, many of whom had a diagnosis of dementia. The inspector observed that many residents were walking up and down the corridors independently throughout the day. Directional signage was in place around the centre which facilitated residents to find their way around the home. The corridors had hand-rails on either side, facilitating residents to mobilise independently. Staff were observed to be kind and person-centred in their approach to residents and were busy attending to residents throughout the day. Residents who had specific communication needs had these facilitated by staff and were observed interacting with staff throughout the day.

There was an activities schedule on display in the centre outlining the weekly activities available to residents. The inspector saw that the programme was varied and included activities such as hand massage, reminiscence and ball games. The inspector observed residents engaging in Halloween baking and watching a movie in the afternoon. Residents received hand and nail care in the morning and most

residents attended Mass, said by a local priest in the centre, on the day of the inspection. Residents told the inspector they enjoyed the activities and had a choice to attend based on their preference. Residents spoken with also confirmed there was a residents' committee and that residents' meetings took place in the centre where they could raise any issues they had there, including feedback on activities and outings. Some residents told the inspector they had attended a horse racing event in recent weeks. Care staff were allocated to provide activities at the weekend in the centre and the inspector saw that there were robust arrangements in place for this to ensure the continuity of activities. There was a complaints procedure on display and details of advocacy services were available to residents.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted 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

This was an unannounced inspection with a focus on adult safeguarding and to review the measures the provider had in place to safeguard residents from all forms of abuse. This inspection found that there were management systems in place to protect residents and that there was mostly effective oversight of these systems. However, improved oversight was required to ensure that the premises was appropriate to meet the needs of the residents and that all safeguarding concerns were reported to the Chief Inspector of Social Services.

The registered provider of the centre is Mowlam Healthcare Services Unlimited Company. The provider is part of the Mowlam Healthcare Group who own and operate a number of nursing homes in Ireland. The inspector found that there was a clear governance and management structure in place in the centre. The person in charge was supported in their management of the centre by a healthcare manager and a clinical nurse manager (CNM). Other staff working in the centre included staff nurses, health care assistants, administrative, laundry, domestic and catering staff. On the day of the inspection, the inspector found that the number of staff was appropriate to maintain the safety of the residents.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training and development opportunities. There were records of staff inductions and supervision arrangements were in place for staff. All staff working in the centre had completed training on identifying, preventing, and reporting abuse. One staff member required refresher training. All staff had completed human-rights based approach training.

There were governance and management structures in place to maintain oversight of the centre. Regular meetings were seen to be taking place in the centre to

promote safeguarding and uphold residents' rights. Management meetings took place where key information relating to the service was discussed. Residents' meetings also took place in the centre on a quarterly basis and residents were encouraged to provide feedback. From a review of meeting minutes, residents' feedback on areas such as catering, activities and household issues was implemented following the meetings. A safeguarding presentation had taken place where safeguarding matters were discussed with residents living in the centre.

The registered provider had an audit schedule in place for 2025 and a range of tools were used to monitor and audit the quality of care delivered to the residents such as safeguarding, restrictive practices, care plans and falls. Quality improvement plans were used to drive improvement in areas identified as requiring improvement. Notwithstanding these systems in place, some areas of oversight required improvement as discussed further under Regulation 23: Governance and Management.

The registered provider had a complaints procedure and policy in place. The inspector reviewed a sample of complaints, incidents and accidents and found that an alleged safeguarding concern had not been reported to the Chief Inspector as required. Documents reviewed found that an investigation had taken place however, this had not been reported in line with the regulations.

Regulation 15: Staffing

The staffing levels and skill mix were sufficient to meet the assessed needs of the residents on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspector found staff members were up-to-date with mandatory trainings.

Judgment: Compliant

Regulation 23: Governance and management

While the management structure of Swords nursing home ensured that there were resources available, the governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- Further oversight of the notification of incidents was required to ensure that alleged safeguarding concerns were appropriately notified to the Chief Inspector as required.
- While there were health and safety audits carried out on the premises these did not include information on placement of call-bells and required review to ensure call-bells were available for residents in all rooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a review of the complaints log in the centre one alleged safeguarding concern was not notified to the Chief Inspector within the time frame specified in the regulation. This was sent retrospectively by the provider following the inspection.

Judgment: Not compliant

Quality and safety

The purpose of this inspection focused on adult safeguarding, was to review the quality of the service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. This inspection found that overall, the provider was proactive in their approach to safeguarding residents. Residents' rights and autonomy were promoted and there was a person-centred approach to residents' care.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents.

The provider had ensured all staff had training in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Detailed behaviour management care plans were in place for residents who displayed responsive behaviours and on the day, these appeared to be managed in

a way that kept residents, visitors and staff safe, while also having a minimal impact on the person exhibiting these behaviours. Referrals to external services such as geriatrician and psychiatry of later life were in place to provide a person-centred approach to care.

The registered provider had a safeguarding policy in place, which staff had good knowledge of. A sample of staff files reviewed contained all of the required documents including Garda (police) vetting. Residents with communication needs were facilitated to communicate freely. The person in charge had ensured any residents with specialist communication needs had a comprehensive care plan in place to guide staff on how best to communicate.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. However, the registered provider was required to action works with regard to the premises, in order to provide a safe living environment for all residents as discussed further under Regulation 17: Premises.

Residents' rights were promoted in the centre. Activities were observed to be provided throughout the day. Residents had access to various media and community resources. The provider had ensured that residents' rights were discussed at team meeting and there was a focus on ensuring residents' choice was at the centre of their care. There was access to advocacy services with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided and the inspector was assured that the residents' voice was being heard.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their well being, safety and health and that of other residents.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure compliance with Regulation 17 and the matters set out in Schedule 6 to ensure that the premises promoted a safe and comfortable environment for all residents. For example:

- Call-bells were not in place in every room used by residents such as the two sitting rooms, visitors room and cinema room. The registered provider had started to action this before the end of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person-centred and evidence-based interventions to meet the assessed needs of residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents' needs in relation to behavioural and psychological symptoms and signs of dementia were assessed, continuously reviewed and documented in the resident's care plan and supports were put in place to address identified needs.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. An Garda Síochána (police) vetting disclosures were in place. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to

participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Swords Nursing Home OSV-0000181

Inspection ID: MON-0048697

Date of inspection: 30/10/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• The Person in Charge (PIC) will ensure that all incidents and complaints are screened regularly and that all incidents that meet the criteria for notification will be submitted to the Chief Inspector within the required timeframe, in accordance with legislative requirements. The Healthcare Manager (HCM) will monitor compliance with this each week as part of regular management meetings with the PIC.• The PIC and HCM will continue to review complaints each month and will ensure that quality improvement plans are developed and implemented to address any learning outcomes identified.• Call bell audits will be completed to ensure that there is call bell access available in all required areas of the centre and that residents who require assistance are attended to in a timely manner. Where delays are identified the PIC will investigate the reasons and ensure that appropriate measures are implemented to enable staff to improve their response time.• The Health & Safety Committee will ensure that call bell checks are part of their audit checklist and will ensure that call bells are in place and are working. As part of regular safety checks, staff will ensure that call bells are within reach of residents and operational.• The Maintenance Person will ensure that all call bells are checked, that they are located in all bedrooms, bathrooms, communal areas and smoking facilities, and that they are fully operational as part of the routine daily, weekly and monthly premises checks.	
Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The PIC will ensure that all incidents and complaints are screened regularly and that all incidents that meet the criteria for notification to the Authority are submitted to the Chief Inspector within the required timeframe, in accordance with legislative requirements.
- The HCM will monitor compliance with this each week as part of regular management meetings with the PIC.
- The PIC and HCM will continue to review complaints monthly and will ensure that quality improvement plans are developed and implemented to address any learning outcomes identified.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The PIC will ensure that supervision arrangements and safety checks will include monitoring of residents' access to call bells in their own rooms, and that there is call bell access in day spaces, including visitors room, living rooms and the cinema room.
- Call bell audits will be completed to ensure that there is call bell access available in all required areas of the centre and that residents who require assistance are attended to in a timely manner. Where delays are identified the PIC will investigate the reasons and ensure that appropriate measures are implemented to enable staff to improve their response time.
- The Health & Safety Committee will ensure that call bell checks are part of their audit checklist and will ensure that call bells are in place wherever they are required and are working.
- The Maintenance Person will ensure that all call bells are checked, that they are located in all bedrooms, bathrooms, communal areas and smoking facilities, and that they are fully operational as part of the routine daily, weekly and monthly premises checks.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2025
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	31/01/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of	Not Compliant	Orange	31/12/2025

	the incident within 2 working days of its occurrence.			
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