

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:	12 February 2025
Centre ID:	OSV-0000181
Fieldwork ID:	MON-0043107

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:	51
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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
Wednesday 12 February 2025	09:40hrs to 17:45hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Swords Nursing Home was a nice place to live. There was a friendly, warm and welcoming atmosphere in the centre, and staff were observed to be kind, helpful and respectful towards residents. The inspector spoke with residents to gain insight on their experience of living in the centre. The feedback was positive and residents commented on the kindness of staff.

On the morning of the inspection the inspector walked around the centre and observed the morning routine for the residents. The majority of the residents were taking part in activities in the cinema room and other residents were seen welcoming visitors or were walking around the centre accompanied by staff or alone. Some residents were in their bedrooms and were resting in bed.

There was an activities schedule on display in the centre and a pictorial activities board was on display close to the residents' dining room. A 'Hall of Fame' displayed photographs of residents engaging in activities and special days near the reception area.

The centre was laid out on one floor. There was an open central circulation area and residents' bedrooms and communal areas were located on different corridors from this central area. Each corridor was named after a street in Dublin and was decorated in a cityscape style. There were a variety of communal spaces available for residents' use, including a sensory room, a cinema room, sitting room, dining room, visitors' room and prayer room. These were seen to be nicely decorated and were observed in use on the day of the inspection. Residents had access to an enclosed outdoor garden. A smoking room was situated within the centre. It was equipped with a call-bell, trays for cigarette butts, fire fighting equipment, and a fire apron available for resident's safety.

Overall, the centre was cleaned to a good standard. The centre had an ongoing issue with a malodour which was identified on previous inspections. On this inspection a malodour was present in a resident's en-suite bathroom due to an issue with the toilet, this had been identified and was scheduled to be repaired. Generally, while the malodour was still present in a shared bathroom and sluice room it had reduced since the previous inspection. The inspector reviewed documents relating to the management of the malodour and the use of a new cleaning agent appeared to have reduced the malodour, and the provider continued to proactively review this.

While the inspector observed that the centre was generally well-maintained there was wear and tear observed on some of the doors in the centre where they had been scuffed or damaged from using equipment. A bathroom, registered for use by residents, was seen to have had the bath removed and was being used to store mattresses and commodes. The external grounds of the centre contained an old laundry room no longer in use, bin storage and some external storage units. The

inspector observed that a pipe that was connected to an external water tank was wrapped in foil and had green vegetation growing underneath the foil.

Residents were observed engaging in activities throughout the day. There was a schedule of activities in place and residents were looking forward to an upcoming evening activity that had been planned to a local pub. A hairdresser visited the centre regularly and Mass took place most weeks in the centre. The inspector observed a residents' toilet adjacent to the cinema room did not have a lock fitted.

The inspector observed the dining experience for residents. This was seen to be a relaxed and social occasion. Most residents had chosen to eat in the main dining room and some preferred to eat their meal in their bedrooms. The food served looked nutritious and wholesome and residents spoken with were complimentary of the food. A variety of drinks were seen to be offered at mealtimes.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents were supported and encouraged to have a good quality of life in the nursing home. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services. However, some further action was required to bring the designated centre into compliance, specifically in respect of strengthening the governance and management systems for oversight of premises and the management of records in line with the regulations as outlined further in the report.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The registered provider is Mowlam Healthcare Services Unlimited Company which is part of the Mowlam group. There was a senior management team in place, who visited the centre regularly. The person in charge was supported in their role by a clinical nurse manager (CNM) and a team of nurses, health care assistants, an activity coordinator, maintenance, administration, housekeeping and catering staff.

On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was at least one registered nurse on duty at all times.

Staff had access to appropriate training and development to support them in their respective roles, and where gaps were identified there was a training schedule in place to address this.

There were systems in place to monitor the quality and safety of care delivered to residents through a range of audits. These included audits in the areas of falls management and infection control. Incident reviews were conducted to identify what measures should be put in place to minimise the risk of recurrence. There was regular input and meetings held with staff and residents had actions and recommendations arising from these which were implemented.

While there was an archive room in place in the centre, this inspection found that not all residents records were kept on site in the designated centre as they had been archived in an external location. This resulted in some Schedule 3 records not being available on the day of inspection. The centre was implementing an electronic records database however, some residents' records as requested by the inspector were not available on the day of the inspection. This is further discussed under Regulation 21: Records.

Records of complaints were available for review. Complaints received were acknowledged, investigated and the complainant was informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements and residents knew who to complain to if they needed to.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They had the necessary experience and qualifications as required by the regulations. They demonstrated good knowledge regarding their role and responsibility and their regulatory remit.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the number and skill-mix of staff was appropriate to the assessed needs of residents, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was maintained in the centre, there was evidence of an ongoing training schedule for training according to staff roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

Records to be kept in the designated centre in respect of each resident were in place for the current residents. However, records for the residents who had ceased to reside in the centre were not maintained within the centre for a period of 7 years, as they were held externally. This resulted in some Schedule 3 records not being readily available for inspection as they were not kept in the designated centre.

- Pension-agent forms for three current residents were not available on the day of the inspection.
- A pension-agent form nominated a named staff member who was no longer employed in the centre; this required updating to ensure up-to-date and relevant information was recorded

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were systems in place to support the provision of a safe and appropriate service to residents some areas required strengthening to ensure appropriate oversight. For example;

- The management of records required review to ensure all records were maintained within the designated centre.
- Areas of the premises required attention to ensure they were appropriately maintained.
- The registered provider had failed to engage with the Chief inspector of Social Services in advance of making changes to the use of an assisted bathroom, as required by their condition of registration. This meant that the registered provider did not ensure that all areas of the registered designated centre were used in line with their designated purpose as stated in the statement of purpose.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the complaints officer and outlined the complaints process. It also included an internal and external appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents in the centre received quality of care from a dedicated team of staff. Residents told the inspector that they felt safe living in the centre. Their social care needs were incorporated into their daily care, and there was a focus on group activities and individual activities which they appeared to enjoy.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Staff spoken with were clear about their role in protecting residents from abuse. Observation of staff interaction identified that staff communicated respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. However, further oversight from the registered provider was required to ensure there was adequate storage arrangements in place both internally and externally in the centre and while there was still a bath in place in the centre, one bath had been removed. These will be discussed further under Regulation 17: Premises.

Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*. Staff were observed engaging in regular hand hygiene. The clinical nurse manager was the IPC link person for the centre with another senior staff nurse nominated to attend the training also.

Care planning documentation was available for each resident in the centre. The care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans.

Residents were provided with appropriate and timely access to general practitioner (GP) services. The GP visited the centre on a regular basis and reviewed residents as necessary. There were arrangements in place to ensure that residents were referred to allied health and social care professionals as needed, such as speech and language and physiotherapy services.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. External activities providers attended the centre to provide entertainment for the residents. Residents' meetings took place on regular basis and there was a separate activities meeting that took place to identify areas of interest to residents. The inspector found the privacy of residents was not consistently protected at all times as there was no lock on the toilet door adjacent to the cinema room which meant residents privacy could not be ensured.

Regulation 17: Premises

The use of one room in the designated centre was not in accordance with the statement of purpose. For example:

- An assisted bathroom registered for use by residents on Jervis Street was being used to store commodes and mattresses and had been re purposed as a store room, removing the bath that had been there. This meant that a registered communal facility was not available for residents' to use.

Further action was required to ensure all areas of premises complied with Schedule 6 requirements.

Some areas required attention to ensure they were in a state of good repair internally and externally. For example;

- Some store room and bathroom doors were showing signs of wear and tear and required repainting or repair
- The pipe from the external water tank required review or replacement.

<ul style="list-style-type: none"> Storage arrangements in place in external containers required review and repair to ensure they were suitable, safe and could be effectively cleaned.
Judgment: Substantially compliant
Regulation 27: Infection control
The provider generally met the requirements the <i>National Standards for infection prevention and control in community services (2018)</i>
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Of the sample of care plans reviewed, all were person-centred and were reviewed at a minimum of a four-monthly basis and when the residents' needs and wishes changed.
Judgment: Compliant
Regulation 6: Health care
Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professional services and inspectors saw evidence that these practitioners were involved in caring for the residents.
Judgment: Compliant
Regulation 8: Protection
All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Training records indicated that all staff had completed safeguarding training. The nursing home was pension-agent for six residents and a separate client account was in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

A toilet for residents' use in the Cinema Room had no lock available on the door, this did not ensure privacy for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Swords Nursing Home OSV-0000181

Inspection ID: MON-0043107

Date of inspection: 12/02/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none">• We will ensure that all records are appropriately and safely stored and retained in line with legislative requirements.• The pension-agent forms for the three identified residents have now been put in place and are available for inspection.• The pension-agent form identified on the day of inspection has been updated with the relevant information required.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• We will ensure that all records are appropriately and safely stored and retained in line with legislative requirements.• A review will be undertaken by the PIC and the Facilities Manager to ensure that the areas of the premises identified on the day of inspection, will have the necessary actions taken to upgrade to a satisfactory standard.• The Statement of Purpose and Floor Plans have been updated and submitted to the Authority to advise of the change of use of the assisted bathroom to a storage facility. We are aware that no changes can be made without previous agreement of the Chief Inspector and we have submitted an application to vary Condition 1 of the registration of	

the centre to reflect the change. We will ensure in future to submit the application to vary the registration before any changes have been made.	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Statement of Purpose and Floor Plans have been updated and submitted to the Authority to advise of the change of use of the assisted bathroom. We are aware that no changes can be made without previous agreement of the Chief Inspector and we have submitted an application to vary Condition 1 of the registration of the centre to reflect the change. We will ensure in future to submit the application to vary the registration before any changes have been made. • A review will be undertaken by the PIC and the Facilities Manager to ensure that the areas of the premises identified on the day of inspection, will have the necessary actions taken to upgrade to a satisfactory standard. Bathroom and storage room doors will be painted and/or repaired as required. The pipe from the external water tank will be replaced. Storage arrangements in external containers will be reviewed and will be maintained in a safe, suitable and clean condition. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • A new lock has been installed on the residents' toilet in the Cinema Room. 	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/04/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	30/04/2025

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	30/06/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(c)	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	30/09/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2025