



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

Issued by the Chief Inspector

Name of designated centre:	The Residence Santry
Name of provider:	TLC Spectrum Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0000184
Fieldwork ID:	MON-0048614

About the designated centre

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

TLC Centre Santry is a designated centre located in north Dublin, registered to provide care for 94 men and women over the age of 18 years in single and twin bedrooms across four storeys. The ethos of TLC Santry is to promote an individualised person-centred approach to care for residents and their families who choose to live in the designated centre. TLC Centre Santry aim to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment. All staff encourage residents to maximise their independence, achieve their potential and maintain interests. We support residents to develop new friendships and participate in activities appropriate to their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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
Tuesday 25 November 2025	08:00hrs to 16:15hrs	Sheila McKeivitt	Lead
Tuesday 25 November 2025	08:00hrs to 16:15hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

On the day of inspection 12 residents and three visitors provided verbal feedback about life in the centre, it was mostly positive. 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 and were complimentary of the staff. The provider had put appropriate measures in place to ensure that residents were safeguarded against all forms of potential abuse.

There was a calm and relaxed atmosphere within the centre, as evidenced by residents moving freely and unrestricted around each of the floors in which they lived. It was evident that management and staff on each floor knew the residents well and were familiar with each resident's daily routine and preferences. During a walk around the centre the inspectors observed that the third floor was a building site. There were no residents living there and no builders were observed in this area, which was closed off to access. Inspectors were informed by the provider that the phased building work to upgrade and refurbish the premises had temporarily stopped since the builders identified a number of issues with the building on the third floor which impacted on fire safety in that area of the building.

Residents were accommodated in bedrooms on the ground, first and second floors some of which had been refurbished. Other bedrooms on each of the floors were closed off and not in use, with signage in place to indicate this.

Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner. Residents identified as displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) from time to time were engaged in activities or supervised by staff.

The inspectors arrived to the centre early in the morning and observed that some residents were enjoying the breakfast club which took place every morning. Residents were provided with a cooked breakfast and were seen to be chatting with each other and staff while enjoying their breakfast. Newspapers were also available for the residents to read if they preferred.

Residents and relatives spoken with all commented on the wide variety of activities available to them and a number said that their choice not to attend was always respected. One resident said there was a great variety of activities. Another said that they liked the way residents were encouraged to attend activities and to interact with other residents, which helped them settle into the centre. During the

day the inspectors observed the residents enjoying a tea-party and a sing-along in the newly refurbished activities room on the ground floor.

Visitors were observed to be welcomed by staff at the main reception. It was evident that staff knew visitors by name and actively engaged with them. One visitor complimented the quality of care provided by staff, who they described as approachable, attentive and respectful. They also said that the communication between them and the nursing staff was good overall.

There was unrestricted access to the secure gardens from the ground floor. This had been tidied-up with new furniture in-place since the last inspection. Residents who wished to smoke were supported to smoke in the designated smoking area located to the rear of the building. Residents were observed walking independently throughout the centre and accessing the outdoor spaces. Access to the centre was facilitated by a receptionist who was positioned just inside the front door.

Residents and relatives said that the centre provided a safe and secure space in which their rights were upheld.

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.

Capacity and capability

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. In addition, the findings of this inspection informed a decision on the provider's application to renew registration of the centre which had been received, reviewed and was being progressed at the time of this inspection.

The provider was TLC Spectrum Limited. The senior management team was made up of a regional operations manager and person in charge who reported to the provider on a regular basis via governance meetings. The person in charge and two assistant directors of nursing worked full-time in the centre and on any given day, one of them was nominated to provide out-of-hours on-call support if needed.

While the provider had sustained a good regulatory history of compliance, this inspection found some significant concerns in respect of fire safety arrangements that may pose a potential risk to the safety of the residents living in this designated centre.

Residents were receiving a good standard of care where their individual social, religious and healthcare needs were being met. Notwithstanding the registered providers history of good regulatory compliance the findings of this inspection were

that parts of the building did not comply with regulation 28 and could pose a threat to the safety of the residents living in this designated centre.

Inspectors were concerned that issues which may have posed a risk to residents when they arose during the refurbishment of the third floor had not been communicated to the Chief Inspector in an open, transparent and timely manner. The building contractor identified deficits in a number of areas where the as built structure at third floor did not comply with the granted fire safety certificate. These findings were of such concern that inspectors made an urgent referral to the local fire authority and a warning meeting was held with the registered provider following the inspection. Assurance was sought that the building in its current format was safe for the residents living in the centre. This assurance was obtained and a notice of proposed decision to register the centre for a reduced number of residents and with additional restrictive conditions was issued to the provider. The decision was taken also on foot of a prolonged history of engagement with the registered provider in respect of the planned refurbishment works dating back to 2022, since the time of the previous registration. While some of the works had been completed, the progress was slow and the chief inspector had not been formally informed of delays which significantly impacted the agreed plans and timeframes.

Notwithstanding this issue, the level of compliance with the key regulations which underpin the quality of resident care in this centre continued to be good. The governance and management arrangements remained stable. The statement of purpose described the current management structure of the designated centre. This structure ensured that arrangements were in place which contributed to residents experiencing a quality service, where they were safeguarded as far as possible from all incidents of abuse.

There was evidence to indicate that the centre was well-resourced. There were sufficient numbers of staff on duty at the time of the inspection. Mandatory and relevant training was provided and completed by all staff and staff demonstrated a good knowledge of what constituted abuse and what procedure they would follow if they witnessed any form of abuse.

There was 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 incidents, assessments and care plans, falls and medication management.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration had been received together with all the required documents.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff rostered on duty to ensure the care needs of the 48 residents were met in a prompt and safe manner. The staffing levels were adjusted according to the number and assessed needs of residents on each unit.

There was one qualified nurse on duty on each of the units at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Training records were maintained and updated and the inspectors were assured that all staff working with residents in the centre had completed all the required mandatory training on safeguarding vulnerable residents. Staff had completed all four modules training on a human rights-based approach to care.

Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the findings of this inspection in respect of the good quality of care and service provided to the residents, significant fire safety concerns which had not been communicated to the chief inspector resulted in an urgent referral to the local fire authority and a warning meeting. The inspectors were not assured satisfied that the systems in place for the management of fire safety in all areas of the designated centre were effective.

Following further engagement with the provider immediately after the inspection the required assurance was provided and inspectors were satisfied that adequate fire safety management systems were put in place to ensure the safety of the residents until such time that all identified areas of risk in the designated centre were fully addressed. The provider committed to a timebound action plan to address all the fire safety deficits identified within the building and ensure the third floor remained unoccupied until the chief inspector was satisfied that the premises was safe.

In addition, the registered provider had failed to meet the timeframes for the refurbishment of the designated centre, which had been formally agreed with the Chief Inspector in February 2024.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose had been submitted to support the application to renew registration. It included all the required information, however some minor changes were required to ensure it reflected the current status of the centre.

Judgment: Substantially compliant

Quality and safety

This inspection found that residents residing in the centre were safeguarded from abuse and were living in a respectful and supportive environment. It was evident that their right to dignity and privacy was upheld in their daily life and care decisions. However, inspectors were not assured that the measures taken by the provider fully ensured the safety of the residents living in the centre as discussed further under Regulation 17: Premises and Regulation 28: Fire Precautions. In addition, some improvements were required in the standard of residents' assessments and care plans to ensure that they accurately reflected the residents' care needs.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. The inspectors saw evidence that residents had access to general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services. Some residents' care plans required further review to ensure that they were detailed and accurately reflected the care needs of residents as discussed further in the report.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents and de-escalation techniques. Staff spoken with were aware of each residents' individual needs and had supports in place to help them to respond appropriately. The registered provider had a restrictive practice register in place and staff had received training in this area. Residents who had restrictions in

place did not always have fully completed corresponding assessments in place, which was a repeat finding from the previous inspection.

Inspectors were aware of the provider's project to alter the layout of some bedrooms, however on the day of inspection, the third floor was a construction site. The construction activity had stopped since September 2025 as the contractor had identified deficits in a number of areas where the as built structure at third floor did not comply with the granted fire safety certificate. This is further discussed under Regulation 28: Fire Precautions.

Overall, where residents bedrooms had been refurbished they were appropriate, clean and well-maintained. However, there were numerous areas of the premises which had not yet been refurbished.

Various bedrooms were closed off awaiting refurbishment and some areas which were currently in use by residents required maintenance attention as outlined in Regulation 17: Premises.

There were systems in place to allow residents to communicate freely. Individual resident's communication needs and personal preferences were outlined in clear and comprehensive care plans. The registered provider had ensured that accessible communication methods were available for residents, including voice activated call-bell systems and electronic tablet devices.

Residents' rights were upheld in the centre and there were regular meetings taking place where residents could voice their concerns or feedback in relation to the service. A varied activities schedule was in place and on display throughout the centre. Residents' were also facilitated to attend day-trips and a photo collage of these trips out was available in the activities room. Feedback from residents regarding these trips was implemented and shorter, more local trips were arranged. Advocacy services contact details were on display in the centre.

Regulation 10: Communication difficulties

The registered provider had ensured that residents with communication difficulties were facilitated to communicate freely in accordance with their individual needs and abilities. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the fact that the building was well-maintained externally, further work internally remained outstanding and required review including the following:

- A number of unoccupied bedrooms on the first and second floor were in need of refurbishment.
- The refurbishment of the laundry in the basement and the planned works to the kitchen had not been completed.
- The refurbishment of the unoccupied third floor had been stalled due to an unexpected issue in relation to fire safety that had been highlighted by the builders.

Some areas of the centre required maintenance and repair to be fully compliant with Schedule 6 requirements. For example:

- Curtains in residents' bedrooms required attention as some were uneven, hanging off the curtain pole and one resident's bedrooms contained paper style curtains which were not appropriate to support a homely environment.
- Areas of the floor covering in some residents' bedrooms were marked out with tape where the floor covering had lifted. Carpet on the refurbished ground floor corridor appeared unclean in a number of places.
- Maintenance was required to ensure that wear and tear was addressed in some areas of the centre. For example; the doors into the main dining room on the ground floor were damaged and three lights on the first floor corridors required replacement.

Judgment: Not compliant

Regulation 28: Fire precautions

Considering the deficits identified at third floor during the scoping works, there are significant concerns in respect of the fire containment arrangements in the building. In particular some of the issues identified referred to:

- a lack of assurance that the external compartment walls on the third floor provide adequate protection in line with required standards and certification
- lack of assurance in respect of the constructed ceiling above the third floor
- a lack of assurance in respect of fire stopping arrangements as services penetrated the compartment floors.

Given the risks found and the fact that the third floor was a construction site at the time of inspection, the inspectors requested urgent assurances that residents could be safely evacuated in the event of a fire and a referral was made to the local fire authority. Satisfactory assurances were subsequently received.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The majority of care plans reviewed were person-centered, some gaps were identified which required action, for example:

- There were inconsistencies between information present in some residents' care plans and the care being delivered. For example, one resident had a care plan still in place for a specific medication despite no longer requiring the medication.
- Some records contained conflicting information in respect of residents' care needs, which could lead to confusion for care givers. For example, daily notes recorded for one resident referred to details for a different resident.
- A sample of end of life care plans reviewed found that some were vague and did not specifically outline the residents' wishes.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

From a sample reviewed, inspectors found that residents with restrictive practices in place did not always have a fully completed risk assessment. Some residents had a 'restraint assessment tool' and those assessments reviewed were not fully completed and did not clearly reflect the restrictive practice in place or the alternatives that were trialled prior to the restrictive practice being used. Inspectors acknowledge the alternatives trialled were separately identified on the restraint risk register.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all measures to safeguard residents living in the centre. All staff had safeguarding training and garda vetting in place prior to commencement of their role.

The person in charge investigated all allegations of abuse and referred residents to the appropriate supports when required or requested.

The provider was a pension-agent for a number of residents. There was clear and transparent documentation in place ensuring residents' finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were consulted about and could participate in the organisation of the centre through residents' meetings.

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	
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	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Residence Santry OSV-0000184

Inspection ID: MON-0048614

Date of inspection: 25/11/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An updated fire risk assessment was completed in relation to fire safety on 11th December 2025. An action plan has been developed in response to the findings. Progress on actions and controls will be reviewed during monthly Clinical Governance meetings to follow up. Daily walkabouts are ongoing to identify any new risks in the centre- complete and ongoing. The provider will keep the regulator up to date with any further changes to the completion date for the current refurbishment works- complete and ongoing</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose was revised and updated on 15th December 2025- complete</p>	
Regulation 17: Premises	Not Compliant

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

Refurbishment works were scheduled for the bedrooms on the first and second floor. All works on the first floor are complete as of 16th January 2026.

As part of the refurbishment plans, second floor will commence early February 2026 in conjunction with the works on the third floor and will be completed by 30th June 2026.

Planned kitchen, catering changing area improvements and laundry refurbishment will be fully completed by 30th September 2026.

From 1st January 2026, a process has been established to ensure that the registered provider will update the Chief Inspector of any new fire risks identified in the centre and any unscheduled changes to the timeframe of the building works.

All curtains in residents' rooms were reviewed to ensure they are appropriate and in good condition- complete and ongoing

The identified areas of flooring and lighting has been repaired/addressed- complete

From 1st January 2026, the environmental audit is being completed on a monthly basis to promptly identify any concerns related to wear and tear across the centre. The auditor will receive coaching to ensure audit identifies works required.

The ground floor dining room door will be repaired by 28th February 2026

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Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

An updated fire risk assessment was completed in relation to fire safety on 11th December 2025. An action plan has been developed in response to the findings. Progress on actions and controls will be reviewed during monthly Clinical Governance meetings to follow up. Daily walkabouts are ongoing to identify any new risks in the centre- complete and ongoing.

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Regulation 5: Individual assessment and care plan

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care planning training has been scheduled for all staff nurses to be completed by 31.03.26</p> <p>A safety pause meeting was conducted with all staff nurses to ensure they are documenting accurately in progress notes- complete</p> <p>All end-of-life care plans will be reviewed as part of the care planning review tracker to ensure they reflect each residents' wishes and preferences. End of Life Committee is in place to steer this improvement. This is overseen by the PIC and the review will be completed by 31.01.2026</p> <p>]</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A risk assessment is in place for all residents who are currently using restraints. The risk assessment and care plans outline the alternatives trailed- complete</p> <p>A quarterly restrictive practice audit is in place to ensure this is consistently maintained in the centre- complete and ongoing</p> <p>A monthly restraints committee meeting is place to oversee all practices are in line with policy and regulations- complete and ongoing</p> <p>]</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).

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.	Not Compliant	Orange	30/09/2026
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.	Not Compliant	Orange	30/09/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	31/01/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/01/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/03/2026
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	31/01/2026

	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.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/01/2026