



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Malahide
Name of provider:	CareChoice Malahide Road Ltd.
Address of centre:	Mayne River Street, Northern Cross, Malahide Road, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	18 November 2025
Centre ID:	OSV-0005205
Fieldwork ID:	MON-0048057

About the designated centre

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

Carechoice Malahide Road Limited operates Carechoice Malahide a modern purpose-built centre situated in north Dublin. The centre is located close to amenities such as restaurants, a hotel and a nearby shopping centre. General nursing care is provided for long-term residents, also respite and convalescence care for people aged 18 years and over. Registered general nurses lead a team of healthcare assistants and support staff to provide all aspects of care. Palliative and dementia care can also be provided and there is access to a specialist geriatrician, psychiatry and a physiotherapist. The centre can accommodate up to 165 residents, and has both single and twin en-suite double bedrooms available on all floors except the fifth floor which is a recreation and training space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	155
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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 18 November 2025	07:45hrs to 15:45hrs	Sheila McKeivitt	Lead
Tuesday 18 November 2025	07:45hrs to 15:45hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

The inspectors met with many residents and visitors during the inspection to gain insight into their experience of living in CareChoice Malahide. The feedback from all of the residents and visitors spoken with was overwhelmingly positive. Residents described the centre as a safe place to live. They assured inspectors the centre was a wonderful home, where their rights were upheld, they were treated with respect and their independence was promoted.

All of the residents and visitors were complimentary of the staff. One resident told the inspectors that they were 'marvellous' and another stated that they were 'a wonderful bunch'. Residents said they felt well cared for by staff, describing staff as 'passionate' and 'always willing to help'. The overall sentiment was that the residents valued staff relationships and described the atmosphere in the centre as 'friendly' and 'homely'. During the inspection many positive meaningful interactions were observed between staff and residents. Both parties were seen chatting and laughing together, care delivery was observed to be person-centred as residents went about their chosen daily routine. They said that staff included residents in all decisions about their care, not just their healthcare but social care too. Residents were involved in all aspects of the running of the centre and praised the management and the staff across all disciplines.

There was a wide and varied programme of activities available to residents seven days a week, facilitated by a team of activity staff, with a separate programme of activities for the residents living with dementia. Inspectors were informed that residents had formed their own choir and together with staff were putting on a performance for fellow residents, staff, family and friends in the coming week in a hotel located near the nursing home. Inspectors were invited to attend a rehearsal in the afternoon and were silenced by the wonderful display of talent from both residents and staff.

Inspectors were left in no doubt about the creativity and resourcefulness of and the way they worked to ensure all residents were included in a schedule of meaningful activities. The Mens' shed met weekly and inspectors attended a meeting which took place on the inspection day, where residents had assembled a kitchen cabinet, and were in the process of plumbing the sink and tiling around the unit. This was facilitated by the general services manager under the watchful eye of retired carpenters. The gentlemen in attendance were extremely proud of their work.

Inspectors observed that the design and layout of the centre enhanced the quality of residents' lives. It was found to be warm, bright, modern, well ventilated and was maintained to a good standard both internally and externally. Residents were seen to spend time in their bedrooms, communal areas and the reception area throughout the inspection. However, inspectors also observed some inappropriate

practices such as the use of foot stools to hold open fire doors, as further discussed under Regulation 28: Fire precautions.

Residents had access to a large enclosed garden. The garden was maintained to a high standard with a safe paved walkway, and seating provided so that residents and their families could sit and enjoy the outdoor area.

The inspectors heard that CareChoice Malahide had recently celebrated its milestone 10 year anniversary since opening its doors as a nursing home. On the morning of the inspection, residents and staff came together and planted a tree as a timeless tribute to mark the occasion. The residents informed inspectors that they would look forward to watching the tree grow and bloom for years to come.

Residents told inspectors about a beautiful Remembrance Mass that was recently held in the centre to honour the memory of residents who had passed away. Each family member was given a candle to light in memory of their loved one.

Residents were supported to enjoy a good quality life in the centre. Newspapers were delivered daily to the centre. The centre's hairdresser was in attendance on the day of inspection. The hairdressing room was well-equipped and residents were seen enjoying this social occasion.

When asked about their food, all residents who spoke with the inspectors said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of hours.

Patient Advocacy Services had recently visited the centre and residents said they enjoyed learning about the valuable support that was available to them, all while enjoying a tea or coffee and a sweet treat. Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. Relatives said the communication between staff and families was excellent; staff called them and reported any issues, in a prompt manner. All relatives expressed satisfaction with the high standard of safe care provided to resident.

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 affects 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 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.

This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Residents were receiving a high standard of care where their individual social, religious and healthcare needs were being met in a safe and secure environment.

The level of compliance 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.

The provider of CareChoice Malahide is CareChoice Malahide Rd Ltd. The provider, person in charge, assistant directors of nursing and persons participating in management attended the closing meeting and demonstrated a willingness to address the one area for improvement identified on this inspection. They demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

There was evidence to indicate that the centre was well-resourced. The centre was clean, warm and well-furnished. 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. An annual review had been completed for 2024 and it included feedback from residents and a quality improvement plan.

Regulation 15: Staffing

The skill-mix and number of staff on duty were adequate to ensure that residents needs were met.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised on the day of the inspection. Training records were maintained and updated and the inspectors were assured that all staff working in the centre had completed all the required mandatory training on safeguarding vulnerable residents. Staff had completed both online and face to face safeguarding vulnerable residents training.

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

Judgment: Compliant

Regulation 23: Governance and management

The governance of this centre was good. The person in charge, the provider representative and the senior management team met on a quarterly basis and minutes of these meetings were available for review. The agenda and minutes showed that all areas of governing the centre were discussed and where necessary appropriate actions taken to address issues.

An audit schedule for the year and a review of a sample of audits completed in 2025 assured the inspectors that continuous auditing practices ensured residents were safeguarded by robust and effective management processes.

Judgment: Compliant

Regulation 30: Volunteers

The small number of volunteers coming into the centre had garda vetting in place and had their roles and responsibilities outlined to them.

Judgment: Compliant

Quality and safety

The inspectors found that sufficient staffing levels and overall effective systems of governance and management had a positive impact on the quality, safety, consistence and person-centred care provided to residents.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote residents' safety and respond to incidents reported.

The inspectors saw evidence that all staff had garda vetting in place prior to commencing employment in the centre. There was a safeguarding policy in place, which staff had a good knowledge of. Staff files reviewed contained all the required documents and this assured the inspectors that residents were safeguarded through a robust human resources policy that was in-line with legislative requirements and implemented in practice.

Although restraint was used in the centre, its use was at a low level. When and where in use, the residents had a restraint assessment which reflected what alternatives had been used prior to restraint being applied. Each resident also had a restraint care plan in place. 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, if identified, for individual residents and de-escalation techniques that staff could use to prevent the behaviour escalating.

The inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals. Communication, safeguarding and social care plans were in place and they were person-centred and reflected a person-centred approach to safeguarding residents and upholding their rights.

There was access to advocacy services with contact details displayed in the centre. There were monthly resident meetings to discuss key issues relating to the service provided. Any issues raised were promptly addressed, hence the residents' voice and feedback was being heard and meaningfully acted on.

The premises met the needs of the existing residents in its layout, and design. The design was homely and residents said they found it comfortable. Notwithstanding the assurances that inspectors received on the day of inspection in relation to the ongoing upgrading of the magnetic system on fire doors, the inspectors did see a number of bedroom doors being held open with furniture. These practices required review as further discussed under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents. The centre was well-maintained, spacious, warm and welcoming.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that met the legislative requirements. The risk register included actual risks, such as, the risk associated with holding doors open with furniture and the need to replace the magnetic systems on these doors.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding improvements made in relation to fire safety since the last inspection, there were further areas that required action to ensure residents' safety. For example:

- There were five bedrooms and one communal room door observed on the day of inspection held open with a chair or footstool. This would affect containment of a fire as the doors would not automatically close in the event of an emergency. This is a repeat finding.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person-centred and outlined the residents' wishes and preferences. Each resident's comprehensive care plan had a section in relation to maintaining a safe environment or maintaining the residents' safety.

The assessments and care plans reviewed were developed within 48 hours of admission and were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning reviews.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The policy on managing behaviour that is challenging was available for review. A number of residents who exhibited responsive behaviours had person-centred care plans in place to support the management of their behaviours. These care plans described the behaviours, known triggers and de-escalation techniques used by staff to ensure safe care delivery. Antecedent, Behaviour and Consequence charts (ABC charts) were maintained.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to ensure residents were protected from abuse. All staff had completed the mandatory training in safeguarding vulnerable adults and displayed good knowledge of what constitutes abuse in their conversation with the inspectors. There were safe systems in place to safeguard residents' money. The provider acted as a pension-agent for a number of residents. Financial transactions were transparent and a separate account had been created for residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Residents had access to a wide range meaningful and engaging activities. The activity schedules were on display and residents were involved in person-centred activities throughout the day.

Residents had a voice which was listened to and acted upon; this was evident from a review of the minutes of the resident meetings, which took place once a month.

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	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	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 CareChoice Malahide OSV-0005205

Inspection ID: MON-0048057

Date of inspection: 18/11/2025

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A comprehensive review of all fire doors within the designated centre has been completed, identifying doors requiring self-closing mechanisms to ensure effective fire containment.</p> <p>A planned programme of works has been developed to install compliant self-closing devices to all identified fire doors. Works will be completed by a competent contractor in line with current fire safety guidance and best practice.</p> <p>Interim risk control measures are in place while works are ongoing, including:</p> <ul style="list-style-type: none">• Increased monitoring of fire doors to ensure they are kept closed.• Reinforcement of staff awareness regarding fire door management through supervision and fire safety training.	

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 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.	Substantially Compliant	Yellow	01/08/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/08/2026