



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:	22 May 2025
Centre ID:	OSV-0005205
Fieldwork ID:	MON-0046672

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:	152
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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 22 May 2025	08:15hrs to 15:50hrs	Aislinn Kenny	Lead
Thursday 22 May 2025	08:15hrs to 15:50hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection, the inspectors spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. From the observations of the inspectors and from speaking with residents and their families, it was evident that residents were supported by a kind and dedicated staff and management team who treated the residents with courtesy, dignity and respect. Staff were observed to be familiar with the needs of residents and to deliver care and support in a respectful and calm manner.

The centre can accommodate up to 165 residents, and has both single and twin en-suite bedrooms available on four floors. The fifth floor is a dedicated recreation and training space for residents use, artwork that had been completed by residents was on display here and added to the bright decor. On the day of the inspection a men's group meeting was taking place for male residents to offer feedback on activities and plan specific activities that they would like to do.

The premises was laid out to meet the needs of residents. Residents using mobility aides were able to move freely and safely through the centre. The centre was bright, warm and well-ventilated throughout. Call-bells were available in all areas and were answered in a timely manner. The centre was found to be visibly clean and tidy. Overall, the building was maintained to a high standard.

Residents' bedrooms were clean and residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs.

Residents had access to an enclosed garden area to the rear of the building which was easily accessible. The garden area was attractive and well maintained with a patio area and level paving. There was a green house which was well-maintained. This had both strawberries and tomatoes to one side while the other side had colourful bedding plants. The garden was observed in use throughout the day with no restrictions in place and residents were seen chatting and enjoying the morning sunshine. Inspectors observed the gate from the garden leading to the external fire evacuation route was blocked by a van and bins, these were removed promptly.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. The inspectors spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting and listening to music. Other residents were sitting quietly, observing their surroundings. Residents were observed to be socially engaged with each other and with staff. A small number of residents were observed enjoying quiet time in their bedrooms. Residents in the dementia unit were observed engaging in the activities provided throughout the day.

Staff who spoke with the inspectors were knowledgeable about the residents and their needs. There was a pleasant atmosphere throughout the centre and many female residents were having their hair done in the dedicated hair salon on the ground floor.

The inspectors chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable living in the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. Some improvements were required to strengthen these arrangements as discussed further in the report. This was an unannounced risk inspection carried out to monitor ongoing compliance in relation to the Health Act 2007 and associated regulations and standards.

The registered provider of CareChoice Malahide is CareChoice Malahide Road Limited. The centre is part of a group who operates a number of designated centres for older people.

The designated centre's local management structure consisted of a person in charge who worked full-time in the centre and was supported by three assistant directors of nursing and five clinical nurse managers. A third assistant director of nursing had been added to the management structure since the previous inspection and they had each been allocated to oversee certain areas. The person in charge was also supported by a regional clinical director and a director of governance whom both visited the centre on a regular basis.

The management team had been proactive in completing all the required works and training as per their previous compliance plan. Oversight arrangements were in place to review the quality and safety of the service provided to arrangements such as regular auditing and the implementation of quality improvement plans. Inspectors found that improved oversight was required to ensure the centre was adequately resourced to provide activities to residents in line with their choices. The provider had been proactive in addressing fire related actions that were required from previous inspections, on this inspection it was identified that staff practices in relation to this required some strengthening.

There was an ongoing mandatory training programme in the centre. The training matrix provided to inspectors recorded overall high levels of attendance at mandatory training such as fire safety and safeguarding vulnerable adults. Since the last inspection all members of the management team had trained to be competent fire wardens.

An annual review was available and reported on the standard of services delivered throughout 2024 and included a quality improvement plan for 2025. It included feedback from residents.

There were no visiting restrictions in place in the centre and visitors were seen coming and going throughout the day of the inspection. A visiting policy was in place to guide staff practice in this area.

There was a complaints policy and procedure in place. A sample of open and closed complaints were reviewed by inspectors, complaints were seen to have been investigated, responded to appropriately and identified learnings were reviewed with staff. One complaint was still open and written communication regarding this was in place. The procedure was displayed around the centre in prominent places and in picture format in the dementia specific unit.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspectors followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were facilitated to receive mandatory and relevant training for their roles. A staff training record was maintained and most were up to date, where refresher training was identified there was a plan in place to address this. Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not have sufficient resources in place to ensure that residents' rights were upheld in relation to having access to meaningful engagement and social activities over a seven day period. For example,

- There were no staff assigned to carry out this role at the centre over the weekend. Consequently, healthcare assistants were tasked with this role in addition to their responsibilities for the direct provision of care. This arrangement was not appropriate.
- There was no hot water available in the kitchenette on the third floor. A replacement hot water boiler had been ordered, however staff had to travel to the second floor and fill up flasks to avail of hot water to use for residents' tea and coffee.

The oversight systems for fire management in the centre required improvement, for example;

- Inspectors identified a number of doors being held open with chairs which meant they would not close in the event of a fire. Management had identified the need to replace the door closures and this had been actioned. However, internal systems did not identify staff practices of holding the doors open with chairs as a risk.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, inspectors found that there was a high standard of service provided to residents in the centre and residents were in receipt of good quality care. Residents' health and social care needs were being met through good access to health care services and opportunities for meaningful social activities that were appropriate to their interests and capacities. However, residents' rights were impeded by having minimal access to activities on Saturday and Sundays. Following this inspection some further improvements were required to come into full compliance with Regulation 9: Residents rights and Regulation 28: Fire precautions.

Residents had good access to general practitioners (GPs) and other health and social care professionals. There was clear evidence of appropriate and timely referrals being made for residents, including referrals to psychiatry of old age, speech and language therapists and tissue viability nurses.

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. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. There was a clear care plan for the management of resident's responsive behaviour. The use of bed rails as a restrictive device continued to be high, however, the person in charge informed the inspectors that this was a work in progress where they were continuously re assessing residents and trying to reduce the numbers in use.

The registered provider had been proactive in addressing the previous findings in relation to fire. They had arranged for an updated fire safety risk assessment and increased staff training however, inspectors found improvements to staff practices were required to prevent the risk of fire. This is further discussed under Regulation 28: Fire Precautions.

There was good access to advocacy services available for residents and information on advocacy support was displayed on posters at a number of key areas in the centre. Residents were not restricted in their movement about their home, and

inspectors noted that residents had access to a secure large garden area on the ground floor.

Regulation 11: Visits

The registered provider had a written visitors' policy in place outlining visiting arrangements. There were suitable private areas available in the centre for residents to receive their visitors.

Judgment: Compliant

Regulation 28: Fire precautions

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

- There were five bedrooms observed on the day of inspection with a chair holding open the door. This would affect containment of a fire as they would not automatically close in the event of an emergency.
- The outdoor area that is used for emergency evacuation procedures was impeded due to a van and wheelie bins blocking the area. These were removed immediately on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four-monthly basis to ensure care was appropriate to the residents' changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and other health and social care professionals and were supported to access a GP of their choice. Recommendations from medical and other health and social care professionals were accurately incorporated into residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours. The inspectors reviewed a sample of care plans and saw that person-centred care plans, outlining where evident, triggers and appropriate interventions, were in place to support residents with responsive behaviour. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were also being trialled.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. The provider was a pension-agent for a large number of the residents living in the centre. There were clear and transparent documents available for each resident ensuring their finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not always have the opportunity to participate in activities in accordance with their interests each day. There were activity staff rostered Monday to Friday. However, on a Saturday and Sunday the healthcare staff were nominated to carry out this role while also completing their caring role. This did not ensure that activities were completed and had a negative impact on residents due to the healthcare staff having to prioritise their workload. In addition there was no programme of scheduled activities for the residents to look forward to at the weekend.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for CareChoice Malahide OSV-0005205

Inspection ID: MON-0046672

Date of inspection: 22/05/2025

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> <p>We have now assigned activity coordinators to work on Saturday and Sunday to provide activities that are in line with the residents' preferences to improve the effectiveness of care delivery as well as to give our residents relevant and interesting activities.</p> <p>For the comfort of residents and employees, hot water is now easily accessible in the third-floor kitchenette following the successful installation of the replacement hot water boiler.</p> <p>All fire doors now have automatic door closers installed in response to the inspectors' observations that doors were being held open with chairs, and staff members have been warned of the dangers that residents face when doors are left open with chairs, etc. We also have a strategy in place to inspect all the centre's fire doors.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To guarantee fire containment, automatic door closers have been installed on the fire doors that were found to be held open with a chair on the day of the inspection. These doors will automatically close in case of an emergency.</p> <p>Clear signage has been installed on the emergency gate to guarantee that the external emergency evacuation route remains free of obstructions permanently. To further</p>	

guarantee that this is followed we have put in place a daily inspection to make sure all emergency evacuation routes are kept clear.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
We have assigned activities staff to work on Saturday and Sunday to ensure that residents can participate in activities if they wish. Residents are consulted to make sure that the activities are tailored to their interests and abilities. The activities programme is displayed to make sure the residents may choose the activities they want to participate in.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	14/06/2025
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	14/06/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Substantially Compliant	Yellow	18/06/2025

	equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	18/06/2025
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	14/06/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	14/06/2025