



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	The Residence Carton
Name of provider:	TLC Spectrum Limited
Address of centre:	Tonlegee Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	14 October 2025
Centre ID:	OSV-0005800
Fieldwork ID:	MON-0048386

## About the designated centre

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

TLC Carton is a purpose-built nursing home designed to meet the individual needs of the older person, while facilitating freedom and independence for the more active. TLC Carton is located off the Malahide Road and close to Beaumont Hospital, and can accommodate up to 163 male and female residents over 18 years of age. The building has three storeys consisting of 135 single bedrooms and 14 double/twin bedrooms. Each bedroom has full en-suite facilities, and furniture which includes a television, call bells and a phone. Each floor is serviced by stairwells and passenger lifts and access to outdoors spaces are available on the ground and first floor. TLC Carton provides long term, respite care and stepdown care to meet the health and social needs of people with low, medium, high and maximum dependencies. The centre provides 24-hour nursing care. The provider's aim is to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment that respects the individuality of each resident who chooses to reside in TLC Carton.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	134
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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 14 October 2025	07:15hrs to 14:45hrs	Sinead Lynch	Lead
Tuesday 14 October 2025	07:15hrs to 14:45hrs	Sheila McKeivitt	Support
Tuesday 14 October 2025	07:15hrs to 14:45hrs	Aislinn Kenny	Support
Tuesday 14 October 2025	07:15hrs to 14:45hrs	Manuela Cristea	Support

## What residents told us and what inspectors observed

The inspectors met with a number of visitors during the inspection, all of whom voiced satisfaction with the quality of the care provided to their relatives and friends. They also said that their interactions with management and staff were positive. They knew the new person in charge and reported that they and the management team were approachable and responsive to any questions or concerns they may have.

The inspectors spoke with more than 15 residents during the day and spent time observing resident-staff interactions throughout the day. One resident told inspectors " I really like it, coming here was the best decision I made." Residents also expressed their satisfaction with the staff working in the centre and told inspectors they were well looked after. One resident said 'you couldn't find nicer staff' and that 'staff are quick to answer the call bell', while another said 'I feel it is my home, staff are lovely'.

Residents and their relatives commented on how clean the environment was and told inspectors their bedroom was cleaned every day.

The centre is set out over three floors, which are further split into units. On the ground floor, there is one unit, while the first floor is divided into three units referred to as A, B, and C. The second floor is divided into two units. Residents were accommodated on all three floors, with a dining room on each floor, which was seen to be used by most residents at lunch time.

Mealtime was observed by inspectors in all of the centre's dining rooms. Assistance was provided when required by allocated staff, to ensure meals were consumed while hot. While staff-resident interactions were kind, the inspectors observed four different occasions on the first floor where clothing protectors were applied without discussing with the resident. Furthermore, one resident who refused to wear one, was seen to yield to staff who insisted that they should wear one. These institutional practices did not ensure that residents' choice was promoted and upheld at all times.

Residents expressed satisfaction with the quality of food, and some mentioned that it had recently improved. In particular, one resident who identified themselves as a residents' advocate said that when they had raised the issue of food not being served hot enough, it was taken very seriously by the management team, who addressed it. Two relatives spoken with said that when a hot meal was served to their loved one in their bedroom, it was sometimes cold, but they had now got a microwave in the dining rooms, where meals could be re-heated on request, and this, together with the heated serving trolleys had addressed the problem.

Residents sat together in small groups at the dining tables. Residents spoken with were very happy with the range of food on offer and confirmed that choices were available at all times. However, the menu on display on each table did not clearly

reflect the food on offer. For example, the menu did not state what type of soup was on offer and when inspectors asked the staff what the soup of the day was, they received three different answers. Furthermore, one of the menu choices did not accurately reflect what was served on the day.

Inspectors observed residents engaging in activities throughout the day, improvements were seen in the delivery of activities on all floors and residents spoken with said they were given a choice to attend activities as per their preferences. On the day of the inspection residents were observed playing games, listening to music, engaging in exercises and participating in arts and crafts. Residents with dementia or other forms of cognitive impairment were seen participating in stimulating sensory activities using the interactive magic table. Residents confirmed they could go on outings from the centre and were looking forward to an outing to Phoenix park that was planned for the following day.

Residents in their bedrooms were provided with one-to-one activities. These activities were planned in consultation with the residents, and a care plan for activities was developed to guide staff. There was an enhanced activities programme developed since the last inspection, which had led to improved quality of life for the residents.

Residents said that they had an opportunity to feedback on the running of the centre at regular residents' council meetings. Details of advocacy services were on display throughout the centre.

Residents spoke positively about the laundry service, particularly on the promptness of the service provided.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

Overall, this inspection found that the provider was making progress towards improved regulatory compliance, and stronger management and oversight systems ensured that the service provided was safe and appropriate. Improvements were observed across many regulations to include staffing, training and staff supervision; however, further improvements were required in relation to care planning arrangements, food and nutrition and residents' rights.

This unannounced risk inspection followed up on the compliance plan the provider had submitted to the Chief Inspector of Social Services following an inspection in July 2025. In response to concerns identified on that inspection, an additional condition had been attached on the registration of the designated centre, which

required the registered provider to cease all admissions until improvements were in place in key areas such as governance and management, staffing, training, food and nutrition, fire precautions, individual assessments and care planning, healthcare, medication management and the management of behaviours that challenge.

The Residence Carton is one of 25 centres that are part of the Emeis Group of nursing homes. The registered provider is TLC Spectrum Limited. The provider was represented by the company's chief executive officer (CEO) and the regional director who attended the centre on the day of inspection.

The designated centre's local management structure consisted of a person in charge who worked full-time and was supported by three assistant directors of nursing (ADONs) and six clinical nurse managers (CNMs). There was an established clinical management team within the designated centre with defined roles and responsibilities. The person in charge also has access to and support from the provider group's resources, including a human resource department, staff training and development, clinical practice development, finance and information technology services.

Staffing levels and their allocation were observed to have greatly improved since the last inspection, day time and night time. This was confirmed by many of the residents spoken with as well as staff and visitors who met with the inspectors. There were sufficient staff in place on the day of inspection to meet the assessed needs of the residents. There were 20.5 (WTE) vacancies across various roles at the time of inspection, and the provider was actively recruiting. The use of agency staff to compensate for vacancies was well-managed, and it was evident that agency staff were familiar with the residents and were appropriately allocated and supervised. The management team ensured to have the same agency staff in place where possible, to ensure consistency of care delivery.

There was appropriate clinical supervision in place, with supernumerary management staff available to oversee practices both during the day and at night. Call-bells were answered promptly, and residents' needs were attended to in a timely manner. The person in charge informed the inspectors that staffing allocation was determined by the residents' assessed needs, and these may change from day to day. However, inspectors observed that the tool to assess residents' dependency levels was not used in line with evidence-based practice. This required review, as further detailed under Regulation 23: Governance and management.

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices. Training records showed that all staff had completed training in dementia care, human rights, safeguarding, the use of restrictive practices, manual handling and fire safety.

A programme of audits was completed by the person in charge and the management team. Audit findings were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were

completed in a timely manner. The person in charge had identified some areas for improvement in addition to these audits, through consultation with residents and management observations. This included areas such as individual assessments and care planning.

There was a directory of residents made available to the inspectors. This contained all the required information and details of each time a resident attended the hospital or was out of the centre for short periods of time.

Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements and an incident and accident log was maintained in the centre.

### Regulation 15: Staffing

A sample of staff duty rotas was reviewed, and in conjunction with communication with staff, residents and visitors, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre. Staffing levels had been increased on each floor, both during the day and at night. At the time of inspection, the registered provider was in the process of recruiting an additional staff dedicated to the provision of activities for residents.

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 during day-time and night-time.

Training records were well-maintained and made available to the inspectors on request. Inspectors were assured that staff had completed all the mandatory training and had access to other relevant training to support them in their role.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements and was made available when requested.

Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding the many improvements observed, the management systems in place required further strengthening to ensure that the service provided is safe, appropriate, consistent and effectively monitored. For example:

- A full review of the assessment tool used to measure the dependency levels of the residents was required to ensure it was a validated risk assessment that was recognised and used in all healthcare settings. This was particularly important to ensure effective communication between various healthcare providers at the point of admission, transfer or discharge. Furthermore, the providers' risk register identified a high risk in respect of ensuring that staffing levels are informed by monthly dependency assessments, and therefore it was imperative that these assessments would be accurate.
- Further oversight of care planning and assessment was required to ensure consistency of care delivery.
- The registered provider had daily checks and regular audits on residents' mealtime experience and food and nutrition: however, they had not identified aspects of the service that required improvements as per inspectors' observations. Communication in respect of food and choices available to residents required further review as detailed under Regulation 18: Food and nutrition.
- Improvements in respect of staff culture and oversight of staff practices to ensure residents' rights were promoted and upheld at all times required to be further developed. For example, staff seeking consent in advance of carrying out manual handling techniques or applying clothes protectors.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social services of any accident or incident required to be notified under the regulations within the required time-frame.

Judgment: Compliant

### Quality and safety

Overall, the inspectors found significant improvements in the quality and safety of the care provided, which had a positive impact on residents' quality of life. Notwithstanding the positive improvements made by the provider since the last inspection, inspectors found that there was an opportunity for further improvement in relation to individual assessment and care plans, residents' rights and food and nutrition. This will be detailed further under the relevant regulations.

Care planning documentation was available for each resident in the centre. An assessment of residents' 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. However, the inspectors reviewed a sample of residents' assessments and care plans and found a number of gaps and discrepancies between the information in these records, which meant that key information was not always clear and therefore could negatively impact the care provided.

The nursing team worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, tissue viability nurse (TVN) and physiotherapy. Some of these practitioners were on-site on the day of the inspection, reviewing the residents. Residents had their general practitioner (GP) of choice. The GP reviewed residents in the centre, or more often when necessary. Out-of-hours medical cover was also provided. The team also linked in with the community outreach team from the local acute hospital.

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Medication was safely administered within the prescribed times and in line with best evidence-based practice.

The registered provider had made improvements to ensure that residents were served their breakfast in a timely manner and as per their preference. Daily breakfast and mealtime audits were taking place to monitor the experience for residents. Snacks and refreshments were available for residents outside of mealtimes. However, further improvement was required to ensure that residents' meals were properly cooked and served as further outlined under Regulation 18: Food and Nutrition.

Residents experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were re-directed appropriately by staff on the day of the inspection. Staff had received up-to-date training on the use of restrictive practices and human rights training. The registered provider had implemented their compliance plan actions from the previous inspection, and a restrictive practice register was in place in the centre, which was reviewed regularly. From a sample reviewed, residents' care plans reflected the use of restrictive practices in the centre.

An activity schedule was in place in the centre and activities took place on all floors. A sample of records reviewed showed that one-to-one activities had taken place with residents in their bedrooms, as per their preferences. Staff were seen to be

engaged with residents throughout the day, and a variety of activities were in place on the day of the inspection. Residents' preferences for male or female staff were reflected in their care plans. A nominated resident representative was in place. Residents confirmed to inspectors that regular meetings took place where residents were facilitated to voice their opinions on the service and were provided with an opportunity to make improvements as necessary. Notwithstanding, further improvement was required to ensure residents' rights were fully upheld as discussed further under Regulation 9: Residents' rights.

## Regulation 18: Food and nutrition

Improvements were required to ensure that food was properly prepared, cooked and served. For example:

- The menu on display did not specify the type of soup on offer; however, when asked by inspectors, staff did not know what soup they were serving to residents.
- One of the main meal choices was not cooked or served in line with the menu on display, and this was not communicated to residents upon serving. The meal of the day was beef and mushroom casserole; however, residents were served a meal consisting of beef, peas and carrots. This meant that residents who had expressed a preference for that meal did not have their choices respected.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medication management practices were in line with the centre's policy. Medication was administered as prescribed by the medical practitioner and in line with the requirements set out by the Nursing and Midwifery Board of Ireland (NMBI). Checks were in place to ensure the safety of medication administration. Controlled drugs were securely stored and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

While, overall care plans reviewed were person-centered, some gaps were identified which required action, for example:

- There were inconsistencies between information present in some residents' assessments, care plans and the care being delivered. For example, one resident who was in bed on the day of the inspection was assessed as requiring a full-body hoist, using a medium-size sling. The care plan stated they required the use of a large-size hoist sling, and this was in use in the resident's bedroom.
- Some care plans contained conflicting information in respect of residents' care needs, which could lead to confusion for care givers. For example, one resident's skin integrity care plan stated the need for regular repositioning, two hourly and four hourly.

Judgment: Substantially compliant

### Regulation 6: Health care

Inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to inter-disciplinary team members who came into the centre to review residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspectors followed up on the previous compliance plan. The registered provider had provided training for staff on the use of restrictive practices and residents' rights. Risk assessments were completed for the use of restrictive practices, and the registered provider had a restrictive practice register in place. Responsive behaviours were seen to be appropriately managed by staff on the day of the inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were mostly upheld in the centre and there had been an improvement in the provision of activities for residents since the previous inspection; however, some further improvement was required to drive cultural changes,

eliminate task-centred practices and ensure residents exercised choice in all aspects of their lives. For example:

- Four residents on the first floor had clothing protectors applied without first seeking their consent. When one resident stated that they did not wish to wear one, the staff member acknowledged this and walked away. However, shortly after, another staff came and applied the protector without seeking consent in advance. The resident then complied with wearing it.
- One resident was transferred by staff from a chair to a wheelchair without being spoken with before or during the transfer.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for The Residence Carton OSV-0005800

Inspection ID: MON-0048386

Date of inspection: 14/10/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider is in the process of reviewing the current dependency tool (Modified Barthel), including reviewing the tools used by referral sources and local acute hospital partners. This review will be complete by 31st January 2026.</p> <p>A system to allocate named nurse for each resident has been established. All staff nurses have been informed of this allocation and understand their roles in updating the care plan. The Clinical Nurse Mangers review the care plan completed by nurses for their designated residents on a monthly basis. The PIC and ADON will ensure completion of this on a monthly basis to ensure consistency of care delivery and this will be fully embedded by 28th February 2026</p> <p>A monthly person-centred care plan audit is in place to further monitor progress and ensure quality improvement in this area- complete and ongoing</p> <p>The CNM/ADON and Catering Manager complete mealtime audits daily including details and accuracy of the Menu. The PIC will have oversight of this audit to ensure audit identify improvement required- complete and ongoing</p> <p>Toolbox talks have been delivered to staff daily during huddles and safety-pause meetings by CNMs and Nurses, emphasising the importance of staff obtaining consent from residents prior to offering a clothing protector and /or moving and handling. This will be complete by 31st December 2025.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Menus now accurately reflect all meal options, including specific soup varieties- complete</p> <p>The Catering Manager delivered a toolbox talk to all chefs on adhering to the agreed daily menu for residents each day- complete</p> <p>The Catering Manager will liaise with the chef to ensure food prepared is in line with agreed menu displayed daily- complete and ongoing</p>	
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>All manual handling assessments are being reviewed to ensure they align with information in each residents' care plan. This will be complete by 31st January 2026</p> <p>A system to allocate named nurse for each resident has been established. All staff nurses have been informed of this allocation and understand their roles in updating the care plan. The Clinical Nurse Managers review the care plan completed by nurses for their designated residents on a monthly basis. The PIC and ADON will ensure completion of this on a monthly basis to ensure consistency of care delivery and this will be fully embedded by 28th February 2026</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Human rights based approach training will be delivered to all staff to reinforce the importance of obtaining consent before using clothing protectors and transfers. This will be completed by 31st December 2025</p> <p>Toolbox talks have been delivered to staff daily during huddles and safety-pause meetings by CNMs and Nurses, emphasising the importance of staff obtaining consent from residents prior to offering a clothing protector and /or moving and handling. This will be complete by 31st December 2025.</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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	08/12/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	08/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2026
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	28/02/2026

	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 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2025