



**Health
Information
and Quality
Authority**

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:	Carechoice Swords
Name of provider:	Carechoice Swords Two Ltd.
Address of centre:	Bridge Street, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	08 September 2025
Centre ID:	OSV-0007752
Fieldwork ID:	MON-0047150

About the designated centre

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

Carechoice Swords can accommodate up to 157 residents whose care dependency levels range from low to maximum dependency care. The nursing home has a total of 5 floors providing care for different categories of residents, including includes frail elderly care, dementia care, general palliative care as well as convalescent and respite care with varying dependencies. 24 hours nursing care may be provided to both male and female residents, generally aged 18 years and over. Accommodation is provided in 145 single and six twin rooms, all with en-suite facilities. Residents have access to outdoor space in the main courtyard and terrace located on the ground floor as well as safe terraces located on the third and fourth floor. There are a number of communal facilities available which include an oratory, visitors' room, dining and lounge areas available on each floor, activities room, and quiet spaces. The centre's stated aims and objectives are to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their quality of life, health and wellbeing. The designated centre is located in a tranquil urban area within the Swords Village, close to local amenities. Underground car parking is available for visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	144
--	-----

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
Monday 8 September 2025	10:15hrs to 19:40hrs	Aisling Coffey	Lead
Tuesday 9 September 2025	06:45hrs to 15:05hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were content living in Carechoice Swords; however, a number of factors, including food, activities, call-bell response times and behaviours of other residents, were negatively impacting their day-to-day lives in the centre, as outlined in this report.

The residents spoken with were generally complimentary of the centre and the standard of bedroom and communal accommodation available. Residents were also highly complimentary of the internal courtyard garden. Residents spoke in highly favourable terms about the kind and considerate staff who cared for them, with the staff being described as "very nice", "lovely", "good fun", and as "treating us very well." While acknowledging the positive attributes of individual staff members, some residents expressed their perception that there was not enough staff on duty at times. Some residents described long wait times for call-bell responses, while others told the inspector that they had not been informed about, or supported to attend, activities on other floors of the centre.

This unannounced inspection was conducted by one inspector over two days. During the inspection, the inspector spoke with many residents and engaged in detailed conversations with 15 residents and one visitor to gain insight into the residents' lived experiences in the centre. The inspector also spent time observing interactions between staff and residents, as well as reviewing a range of documentation.

The centre is set across six floors, accessible by stairs and two passenger lifts. The lower ground floor contained staff facilities and laundry. The fourth floor had a café and a rooftop balcony, where residents and visitors were seen to meet and socialise. Residents' bedrooms were set out on the ground, first, second, and third floors.

In terms of communal space, the ground, first, second, and third floors had a separate lounge, dining room and multi-purpose room. On the first, second and third floors, there was also a quiet or sensory room, which contained seating and multisensory equipment, including lighting and sound, to facilitate relaxation or support a distressed resident. A hairdresser visited the centre weekly, and an on-site hair salon was located on the ground floor.

The ground and first floors provided frail elderly care, the second floor predominantly cared for adults under 65 with a range of disabilities, while the third floor was a dementia-friendly unit. The floors within the centre are named after locations in Swords; the ground floor is Aird Druim, the first floor is Jugbag Lane, the second floor is St Colmcille's, the third floor is The Old Vicarage, and the fourth floor is the Castle View Café.

The provider had applied to change the function of a second-floor bedroom to a multi-purpose room with facilities to support rehabilitation under the guidance of a multidisciplinary team. The inspector observed that there was unrestricted access to

this unsupervised room, which contained a working electric hob, electric oven, and other electrical equipment and kitchen appliances, designed to support a resident to develop, recover, or maintain skills associated with daily living. While acknowledging the potential beneficial impact on residents from the provider's proposal, further assurances were required that the facility had been risk-assessed and was operating in line with the revised fire safety certificate issued by the local authority. This matter is discussed further under Regulation 23: Governance and management.

The remaining bedroom accommodation comprised 144 single rooms and six twin rooms. Each bedroom had en-suite facilities, including a shower, toilet, and wash-hand basin. The size and layout of the bedroom accommodation were appropriate for residents' needs. Bedrooms had comfortable seating and were personalised with items from home, such as family photographs and artwork. The bedrooms had a television, locked storage, and call-bell facilities. Residents spoken with informed the inspector that they were satisfied with their bedroom accommodation.

Outdoors, the centre had a large, secure internal garden accessible from the main reception area. The garden was clean, tidy, and pleasantly landscaped, featuring raised flower beds, potted plants, bushes, and decorative ornaments. However, the inspector found the pathways to be uneven with loose paving that moved underfoot. This was raised with the person in charge, who was aware of the matter and had maintenance personnel scheduled to attend later in the week to assess the matter. On the third floor, there was a pleasant outdoor terrace area. The inspector observed that a keypad lock was installed on the door leading to this terrace and that the door itself was heavy and difficult to open. There were also wraparound balcony areas on the first, second, and third floors, which overlooked the garden. The inspector noted that the doors to these balconies were locked and was informed by the person in charge that the provider was not assured regarding the load-bearing capacity of these balconies and therefore they were not in use. These matters relating to outdoor spaces are discussed further under Regulation 17: Premises.

The inspector reviewed other parts of the centre and found a very tidy, well-organised on-site laundry for laundering residents' clothing. The inspector reviewed the kitchen and storage areas throughout the centre and found the provider has sufficient stocks of resources, such as food, linen, personal protective equipment and personal care items, including incontinence wear and wipes, to ensure effective care for residents. While the centre was generally clean, the standard of cleanliness in the fourth-floor café on the first inspection evening and in the first-floor kitchen on the second inspection morning required improvement.

Residents could receive visitors in the centre within communal areas, the gardens, or in the privacy of their bedrooms. Multiple families and friends were observed visiting their loved ones over the two inspection days.

Residents had mixed views on the provision of activities. Some residents were complimentary and informed the inspector that they enjoyed exercises, while some of the residents under the age of 65 years told the inspector they were taken on outings by care staff. However, other residents told the inspector that there were

insufficient activities geared towards their interests and capacities. Some residents also expressed frustration that they had not been informed about activities taking place on other floors in the centre, and felt they had not been supported in attending them. For example, two residents expressed great disappointment that they had missed the Roman Catholic Mass taking place on the second afternoon of the inspection. The inspector reviewed the activity schedules displayed in the centre's lifts and on the first and third floors and noted that, although activities were scheduled daily, the location of the activities was not always provided to guide residents.

During the inspection, chair-based exercises were conducted on the first morning. The inspector saw arts and crafts on the second floor in the early afternoon, followed by a live music session enjoyed by 15 residents on the same floor. While acknowledging these activities brought, other residents were also seen sitting in the sitting rooms for lengthy periods with the television on, but without engaging in any other meaningful activity. This was particularly evident in the dementia-friendly unit on the first day of inspection. In the afternoon, the inspector observed cards and games placed on the tables of the third-floor lounge, but without staff supporting residents' engagement. On the second inspection day, the hairdresser was present, and residents proudly displayed their new hairstyles. Roman Catholic Mass was seen to take place in the afternoon on the ground floor, followed by bingo.

On the evening of the first inspection day, the inspector found that residents on the third floor, the dementia-friendly unit, had changed into their nightwear after the evening meal. The inspector observed that six residents, sitting in the lounge and on the corridor in front of the nurse's station, were wearing night clothes at 6:00pm. Staff confirmed that it was practice to get some residents into their nightwear after the evening meal from 5:30 pm onwards, despite these residents remaining in communal areas and not going to bed until 9:00pm. Similarly, this practice of residents wearing nightwear in the early evening was not documented as being their preference in their care plans. While observing that the staff were extremely kind and gentle in their interactions with the residents on this floor, the impact of this practice on residents' dignity is further discussed under Regulation 9: Residents' rights.

The inspector observed the breakfast, main meal and evening meal over the course of the two day inspection. Meals were freshly prepared on-site in the centre's kitchen and overseen by the new head chef, who had started in the position on the first inspection day. The meals served on the inspection days were observed to be nutritious. Staff provided discreet and respectful assistance to residents requiring this support. Notwithstanding these positive aspects, residents expressed mixed feedback regarding the food and mealtime experience in the centre. While some residents were complimentary and described the food as "excellent" and "lovely", the majority of residents spoken with were very unhappy with the meals and mealtime service available. Many residents expressed dissatisfaction with the quality of the food, its nutritional content, taste, portion sizes, temperature, timing of room service, a lack of variety, and limited choices, including a lack of vegetarian options. Many residents also expressed dissatisfaction with how the meals were served, citing the addition of unwanted sauces and the lack of essential utensils,

condiments, and consideration of their preferences regarding drinks and food. Some residents referred to being served with damaged and unclean crockery.

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

Capacity and capability

While governance and management systems were in place to oversee the quality of care delivered to residents, some improvements were required to ensure the service provided was safe, appropriate, consistent and effectively monitored, as referenced within this report.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan following the previous inspection on 09 July 2024. The inspection also informed the provider's application to vary two conditions of their registration and an application to renew registration. The inspector also followed up on five pieces of unsolicited information that had been submitted to the Chief Inspector of Social Services regarding the care and welfare of residents in the centre since the last inspection. Evidence was found to support that some action was required regarding the management and oversight of the service, to ensure the quality and safety of care delivery to residents.

Carechoice Two Limited is the registered provider for Carechoice Swords. There are four company directors, one of whom serves as the chief executive officer and represents the provider in regulatory matters. This person attended on-site for feedback at the end of the inspection. This centre is part of the Carechoice group, which operates a number of centres nationwide.

The person in charge reported to the regional director of clinical operations, who in turn reported to the chief executive officer. The person in charge worked full-time and was supported in their role by three assistant directors of nursing (ADONs), a team of clinical nurse managers, nurses, healthcare assistants, catering staff, housekeeping staff, laundry staff, maintenance staff, activity coordinators, administrative staff, and health and social care professionals.

The registered provider had systems in place to monitor the quality and safety of care. There was documentary evidence of the communication systems in place between the registered provider and management within the centre. Minutes of monthly clinical governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including, for example, premises, facilities and clinical matters. Within the centre, there was evidence of communication

between the person in charge and the nurse management team, as well as regular staff meetings. During these meetings, key issues related to the quality and safety of the service delivered to residents were discussed, including safeguarding, residents' dining experience, call-bell responses, and care planning. Records reviewed found the person in charge had recently spoken to staff about the provider's arrangements for raising concerns regarding the quality and safety of care and support provided to residents. On a day-to-day basis, further communication in relation to residents' care and wellbeing was facilitated through toolbox talks and handovers.

The provider had systems to oversee accidents and incidents within the centre. The provider had undertaken regular auditing of multiple areas, including medication management, infection control and falls management. Notwithstanding these various assurance systems, some areas of incident management and auditing needed to be more robust to effectively identify deficits and risks in the service to drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspectors saw evidence of the consultation with residents and families reflected in the review. Within this review, the registered provider had also identified areas requiring quality improvement.

Residents were provided with a contract on admission to the centre. The inspector reviewed a sample of eight residents' contracts. Contracts seen were signed by the resident and/or their representative, where appropriate. The contracts outlined the terms under which the resident would reside in the centre, as well as the services to be provided under the Nursing Home Support Scheme. However, the inspector observed that amendments were required to this contract to provide transparency to residents and their representatives regarding additional charges and, in one instance, the fee charged for services under the Nursing Home Support Scheme. This will be discussed under Regulation 24: Contract for the provision of services.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was under review.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 and condition 3 of the centre's certificate of registration was received by the Chief Inspector.

The proposed variation involved reducing the centre's occupancy from 157 to 156 residents by converting a bedroom to a multi-purpose room with facilities to support rehabilitation.

The provider was also proposing to change the function of three residents' communal areas as follows:

- the ground-floor activity/oratory to a multi-purpose room
- the first-floor activity/oratory to a multi-purpose room
- the second-floor activity room to a multi-purpose room

The provider was also proposing to change the naming convention for three toilet facilities used by staff and visitors, as well as renaming a staff meeting room to a staff admin office.

The application was complete, contained all the required information, and at the time of the inspection, it was under review.

Judgment: Compliant

Regulation 15: Staffing

While acknowledging the perception of some residents that there needed to be more staff on duty due to extended waiting times for care and attention and gaps in support to attend activities, the inspector found that the centre had sufficient staff. However, supervision arrangements required review, as outlined under Regulation 16: Training and staff development.

Based on a review of the worked and planned rosters, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. Ten registered nurses worked in the centre at night, with one senior nurse in a supernumerary capacity as night supervisor.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required to ensure staff were appropriately supported and supervised at all times, to deliver person-centred, effective and safe services to all residents, and to adhere to the provider's policies, for example:

- The registered provider had failed to identify gaps in incident reporting, the accuracy of information notified to the Chief Inspector and adherence to the provider's safeguarding policy.
- The provider's supervision arrangements had failed to identify adherence to poor hygiene practices within some areas where food and drinks were prepared and served, the first-floor kitchen and the fourth-floor café.
- The provider's supervision arrangements had failed to identify inappropriate practice on the third-floor, whereby some residents were changed into their nightwear after the evening meal.
- Some residents reported not being provided with the required staff support in a timely manner when they used their call-bells.
- Some residents reported not being provided with the required support to attend activities of interest taking place on other floors of the centre.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider established and maintained an electronic-based directory of residents in the designated centre. This directory recorded information required under Schedule 3 of the regulations, including the resident's admission date, contact details for the next of kin and the general practitioner.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and other risks, including loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Significant focus was required to improve the management and oversight of service delivery, ensuring that the service provided to residents was safe, appropriate, consistent, and effectively monitored, as evidenced below.

The providers' management systems for fire safety required review due to several risks identified over the course of the inspection, for example:

- The provider had not ensured that the proposed rehabilitation facility on the second floor had been appropriately risk-assessed and was operating in line with the revised fire safety certificate issued by the local authority.
- Two hoists were stored on the second-floor corridor outside the housekeeping store. One of the two hoists was observed to be charging in this bedroom corridor during the afternoon of the first inspection day. The inspector brought this risk to the attention of nurse management, but found a hoist charging in the same location later in the evening. The storage of hoists in a protected bedroom corridor poses a potential obstruction for residents and staff on this horizontal escape route, and the charging of a hoist in a bedroom corridor introduces a risk of fire to the protected escape route.
- The inspector found that the two ground-floor fire riser rooms and the lower ground-floor comms room were being used for storage, despite signage in the fire riser rooms on other floors prohibiting storage and directing that these rooms remain unobstructed. A risk assessment is required to be completed by a competent person to determine the appropriate controls needed to manage the risk when using these areas for storage.
- Arrangements to contain fire required improvement, as a number of doors, including a kitchen door, were found not to close fully. This meant these doors would not close in the event of the fire alarm activating, compromising their ability to contain the spread of smoke and fire in an emergency.

The providers' oversight arrangements for incident reporting and safeguarding residents from abuse required review due to risks identified, for example:

- The oversight of incident reporting did not ensure that one notifiable incident was accurately reported to the Chief Inspector within the required time frames.
- The oversight arrangements for the investigation of alleged and confirmed abuse had not identified that two alleged abuse incidents had not been investigated in line with the provider's policies, and that in one such incident, the resident abused did not have timely access to a medical review and nursing observations in line with the provider's policies.

The management systems to provide assurance regarding the secure storage of medicinal products were not fully effective, as the inspector found prescribed fluid thickener accessible and not secured in the second-floor proposed rehabilitation facility and the fourth-floor café. These findings were brought to the attention of the person in charge, who arranged for these products to be stored securely. Insecure storage of such medicinal products introduces a risk of asphyxiation by accidental ingestion of fluid thickening powder.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed eight contracts of care and found that some action was required to ensure full compliance with the regulation, for example:

- Contracts reviewed did not contain full details of all additional services and the fees to be charged for these services, for example, pharmacy services and relevant charges.
- One resident's contract had not been updated to reflect a change in the fee to be charged for services under the Nursing Home Support Scheme to the resident concerned.

Judgment: Substantially compliant

Quality and safety

While the inspector observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Improvements were required concerning food and nutrition, premises, protection and residents' rights.

Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by attending residents' meetings and completing questionnaires. The centre had religious services available. Residents had access to radio, television, newspapers, telephones and internet services throughout the centre. Residents also had access to independent advocacy services. However, the inspector also found that aspects of residents' rights were not upheld in the centre and improvements were required by the provider to ensure that residents' dignity was upheld and that all residents had opportunities to participate in activities in accordance with their interests and capabilities. This will be discussed under Regulation 9: Residents' rights.

The premises' design and layout met residents' needs. The centre was appropriately decorated to provide a homely atmosphere. There was an on-site laundry service and a secure outdoor area, which was pleasantly landscaped. However, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Food was prepared and cooked on-site in the centre's lower ground-floor kitchen. Adequate quantities of food were provided over the two inspection days. Residents had access to fresh drinking water and other refreshments. There was discrete, respectful assistance at mealtimes. Notwithstanding this good practice, robust action

was required to ensure that food and nutrition were delivered in accordance with regulatory requirements, as discussed under Regulation 18: Food and Nutrition.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, bathrooms, and corridors, was showing signs of wear and tear. The paint was scuffed on some walls, chipped on doors, door frames, and skirting boards. A tile was cracked with sharp edges in one resident's ensuite bathroom. This was brought to the immediate attention of nurse management in the centre.
- Pathways in the garden were found to be uneven with loose paving that moved underfoot, posing a risk of falls. This was brought to the attention of the person in charge, who was aware of the matter and had maintenance personnel scheduled to attend later in the week to assess the issue.
- The maintenance and repair of mobility equipment required review as one resident on the third floor was observed mobilising using a steel-framed mobility aid, which made a continuous high-pitched noise as the resident travelled. This noise was observed to cause agitation among other residents and was not conducive to creating a calm and comfortable environment for them.
- The mechanisms for securing the drug trolley to the wall in the ground-floor treatment room were observed to be broken.
- The cleanliness and maintenance of multiple sinks throughout the centre, including clinical hand-wash facilities, required attention, as several sink waste outlets were observed to be visibly unclean and had a black residue.
- The arrangement for waste management required review, as the bins used for disposing of incontinence wear, located in the sluice rooms, and outside a resident's bedroom, were associated with a strong odour.
- The ground-floor lounge has direct access to the enclosed garden area; however, the door to the garden from this lounge was locked, making the facility inaccessible to residents without staff assistance to unlock the door.
- There was access to a pleasant outdoor terrace area on the third floor; however, the door to this terrace was locked. Once unlocked, the door was very heavy and difficult to open, making the facility inaccessible to residents without staff assistance to unlock and open the door.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed that the mealtime experience for residents required review to ensure that food and nutrition were delivered in line with the regulatory requirements, for example:

- The inspector was not assured that food was properly and safely served as the cleanliness within the first-floor kitchen and fourth-floor café required robust attention as they were observed to be visibly unclean, with food and liquid stains, loose food debris, and damaged crockery.
- Multiple residents spoken with over the course of the two-day inspection expressed their dissatisfaction with the quality of the food, its nutritional content, taste, portion sizes, temperature, timing of room service, and limited choices, including a lack of vegetarian options. Many residents also expressed dissatisfaction with how the meals were served, citing the addition of unwanted sauces and the lack of essential utensils, condiments, and consideration of their preferences regarding drinks and food. Some residents referred to being served with damaged and unclean crockery. Similar concerns were recorded in a resident survey completed in May 2025.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. This guide contained information about the services and facilities provided, including complaint procedures, independent advocacy services, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the records of three residents who were transferred to and from the acute hospital. Where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon the residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed in the residents' records.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of electronic nursing notes and care plans for five residents. There was evidence that residents were comprehensively assessed upon admission to the centre using a suite of evidence-based risk assessment tools to evaluate risks, including falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. Care plans viewed by inspectors were person-centred and specific to that resident's needs. There was evidence of consultation with the resident and, where appropriate, their family during the development and revision of care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had access to general practitioner (GP) services. Residents who required specialist medical treatment or other healthcare services, such as geriatrician services, speech and language therapy, tissue viability nursing, dietetics, and physiotherapy, were supported to access these services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 8: Protection

While the registered provider had taken measures to protect residents from abuse, further action was required to ensure all abusive incidents were recognised and appropriately responded to. For example, one incident of alleged abuse and one incident of confirmed abuse had not been investigated and managed in line with the provider's safeguarding policy. The practice of not investigating and managing incidents of abuse is a missed opportunity to identify potential risk factors which could place residents at further risk of abuse, to respond to resident's needs after an abusive incident has occurred, and to develop a robust safeguarding care plan which can mitigate the risk of further abuse and therefore enhance the residents' comfort and safety.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that action was required to ensure that the rights of residents who were living in the centre were upheld at all times, as evidenced by the following:

- The inspector observed that six residents, who were sitting in the lounge or on the corridor of the dementia-friendly unit, were dressed in their night attire at 6:00 pm, which did not support their dignity.

For all residents of the centre, the current provision and organisation of activities did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities, for example:

- While group-based activities were observed on the inspection days, residents were also seen sitting for lengthy periods in the sitting rooms with the television on but without other meaningful activation. This was evident in the dementia-friendly unit on the first day of inspection.
- Some residents informed the inspector that they did not know that activities were taking place and that they had not been supported to attend.
- Other residents told the inspectors that the activities on offer were not geared towards their interests and capacities.
- Residents under the age of 65 years, living on the second floor, stated that there were insufficient activities available in the evenings.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carechoice Swords OSV-0007752

Inspection ID: MON-0047150

Date of inspection: 09/09/2025

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none">• The incident reporting procedure has been reviewed and strengthened to ensure all incidents are accurately recorded, reviewed, and reported in line with regulatory requirements.• All members of the Nursing Management Team are attending facilitated training in the form of 'in action' workshops on managing and reporting incidents.• The incident management policy and safeguarding policy have been redistributed. Safeguarding Designated Officer training has been expanded to include Assistant Directors of Nursing and the Social Worker employed in the Centre. This training will be completed by end of December 2025. A Safeguarding awareness week has been planned for the week beginning 3rd November with several events planned for both Residents and Staff.• A comprehensive action plan has been implemented to address deficiencies in hygiene supervision within the first-floor kitchen and fourth-floor café. Immediate corrective actions included deep cleaning, equipment sanitisation, and staff re-education on food safety and infection control. Ongoing preventive measures now include daily hygiene checklists, and unannounced spot checks by the Clinical Site Manager. All relevant staff are completing refresher training in food hygiene. Continuous monitoring and audit outcomes will be discussed at monthly management meetings to ensure sustained compliance and improvement.• To address the inappropriate care practices identified on the third floor, where some residents were routinely changed into nightwear after the evening meal. Immediate action was taken to cease this practice, with staff reminded of the importance of respecting residents' dignity, choice, and person-centred care. Refresher training on individualised care and residents' rights is being delivered to all staff, and supervision	

arrangements have been strengthened to ensure evening care routines are based on personal preference rather than routine. The Clinical Nurse Manager/ Site Manager, Assistant Director of Nursing and Person in Charge are conducting evening observations to monitor compliance.

- A series of focused small-group training sessions have been delivered across all units to reinforce the principles of person-centred care and resident advocacy as core components of daily practice. In addition, regular toolbox talks, and daily staff huddles have been introduced to continuously emphasise the importance of upholding residents' rights, dignity, and choice in all aspects of care delivery.
- There is enhanced staffing oversight in the home, with a Clinical Nurse Manager appointed as the 24-hour Clinical Site Manager to provide continuous leadership and oversight. The post ensures continuous oversight and real-time management of issues, and since its introduction, notable improvements have already been observed. This role is further supported by a daily assigned Assistant Director of Nursing, ensuring consistent oversight, guidance, and prompt response to clinical and operational issues across all shifts.
- The inspection findings highlighted delays in staff responding to residents' call-bells, with some residents not receiving timely assistance. In response, measures have been implemented to reinforce staff responsiveness, monitor call-bell response times, and ensure appropriate staffing levels and supervision across all shifts to guarantee prompt and effective support for residents.
- The Activity and Social Inclusion Calendar has been redesigned to provide clear information on the timing and location of all activities. Daily calendars are now displayed in each unit, with staff actively supporting and facilitating residents' attendance. Upcoming events are also included in the monthly newsletter to help residents plan their time more effectively. Additionally, the Tannoy system is used to announce activities shortly before they commence, further promoting participation and engagement.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Following renovation of the second-floor rehabilitation room, a revised fire safety certificate has been obtained. Recognising that the accompanying fire engineering technical submittal highlighted no cooker will be provided, the installed oven remains non-operational. In the meantime, our appointed fire engineering consultant "competent person" has requested written confirmation from the local Fire Officer regarding safe use. A specific risk assessment has been completed, to ensure the facility operates in line with fire and health and safety requirements. Relevant Staff will receive refresher training in

fire and safety procedures specific to the area, including the methods to reduce Fire Prevention, such as implementation of daily checks to equipment, provision of heat accumulation safeguards, structured maintenance programme to all equipment. The Director of Nursing and Clinical Management Team will oversee compliance, ensuring all fire safety conditions are met before the facility becomes operational.

- A review of storage practices was completed following the unsafe storage and charging of hoists on the second-floor corridor. All hoists have been relocated to designated areas that do not obstruct escape routes, and staff have been reminded of associated fire safety risks. Signage has been installed to identify appropriate storage areas, and supervision rounds now include compliance checks, with ongoing monitoring by the Clinical Management Team to ensure continued adherence to fire safety standards.
- All items have been removed from the ground-floor fire riser rooms and lower ground-floor comms room to ensure they remain clear and compliant with fire safety regulations. A risk assessment has been completed by a competent person to determine the appropriate controls, and staff are reminded that these areas must not be used for storage. Ongoing spot checks will be conducted to monitor compliance to prevent reoccurrence.
- A programme of fire door reviews has been completed, and remedial actions are currently in progress by the appointed contractor. Regular monitoring and maintenance checks continue to ensure ongoing compliance with fire safety standards.
- All incidents are reviewed to ensure accurate reporting to the Chief Inspector within the required timeframes. The Clinical Management Team oversees all recorded incidents to ensure that safeguarding concerns are promptly investigated and that all necessary actions, including medical reviews and nursing assessments, are completed in accordance with policy.
- The Centre's safeguarding procedures have been reinforced, and the two alleged abuse incidents have been fully investigated in line with policy, with all required actions completed and closed out. Staff have received refresher training on incident reporting, safeguarding procedures, and the requirement for medical referrals following any allegation or incident of abuse.
- Gaps in the secure storage of medicinal products, identified during inspection with fluid thickeners accessible on the second-floor rehabilitation facility and fourth-floor café, were addressed immediately. Products were secured, staff reminded of storage policies, and the Clinical Management Team now conducts regular checks to ensure ongoing compliance.

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> • A full review of all Contracts of Care has been undertaken to ensure all resident contracts accurately detail additional services, such as pharmacy, and other relevant charges. • The resident's contract of care, which previously did not reflect the updated Nursing Home Support Scheme fees, has now been corrected to show the accurate charges. Staff have been instructed to promptly update contracts whenever fees change, and regular audits will be conducted to ensure all contracts remain accurate and compliant. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Immediate repairs were made to a cracked bathroom tile, and a programme of repainting and repairs is underway to address scuffed paint and chipped doors, frames, and skirting boards in resident bedrooms, bathrooms, and corridors. Painting and decorating continue throughout the year. • Garden pathways with uneven and loose paving, have been assessed and repair works have been completed. Routine inspections continue to ensure pathways remain safe. • The mobility aid on the third floor, which was creating a continuous high-pitched noise, has been repaired to ensure safe and comfortable use. All Mobility equipment has been reviewed by physiotherapists. Ongoing inspections and maintenance of all mobility aids have been implemented to prevent similar issues and support a calm, comfortable environment for residents. • The mechanism used to secure the ground-floor drug trolley to the wall has been repaired and fully fixed, and a complete review of all drug trolley securing mechanisms throughout the centre has been carried out to ensure safety and compliance. • All sinks, including clinical hand-wash facilities, have been thoroughly recleaned, and enhanced checking processes have been added to existing documentation to prevent recurrence. Staff have been reminded to maintain regular cleaning and promptly report any issues. • Incontinence disposal bins causing strong odours are being replaced with a simpler and easier to clean system to improve hygiene and waste management throughout the centre. 	

- All access points to the Main Garden have been reviewed by Facilities Management and options to ensure security and safety are under review. It is intended that on completion of this review and subsequent works, locks on the noted doors will be removed.
- Regarding access to the third-floor terrace, it was restricted due to a locked, heavy door requiring staff assistance. A review of the door is underway to ensure it is safe, functional, and accessible, and in the meantime, staff continue to assist residents who wish to use the garden area. This door has been reported as a restrictive practice in the centre's quarterly HIQA notification.

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • Enhanced supervision and training for all catering staff in satellite kitchens and the fourth-floor café has commenced to ensure consistent cleanliness. • Ongoing education for catering staff is being delivered, with frequent checks of all catering areas conducted by the Chef and Operations team, supported by the Nursing Management team. • A Quality Improvement Plan is in progress to address residents' concerns regarding the quality and service of meals. The measures include reviewing and improving menu options to ensure nutritional content, portion sizes, temperature, and variety including vegetarian choices meet residents' needs. Meal service practices are being enhanced to respect residents' preferences, including the use of appropriate utensils, condiments, and avoiding unwanted additions. Resident feedback is being actively sought through surveys and informal discussions to monitor satisfaction and guide ongoing improvements. • All damaged or unclean crockery has been removed, and regular audits are conducted to ensure hygiene standards are maintained. New crockery is ordered monthly to ensure safe, clean, and hygienic meal service. • The Head Chef is now supported by a new Sous Chef and an additional daily chef to strengthen kitchen staffing. The Head Chef oversees improvements in meal quality, taste, portion sizes, temperature, and timing of room service. Menu choices are updated daily to include vegetarian options, and enhanced procedures ensure residents' food and drink preferences are consistently respected. • Additional oversight will be maintained by the Regional Director of Clinical Operations and the Governance team through regular site walks, with any identified gaps reported in real time to the Director of Nursing for immediate resolution. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • All incidents are reviewed to ensure accurate reporting to the Chief Inspector within the required timeframes. The Clinical Management Team oversees all recorded incidents to ensure that safeguarding concerns are promptly investigated and that all necessary actions, including medical reviews and nursing assessments, are completed in accordance with policy. • The Centre's safeguarding procedures have been reinforced, and the two alleged abuse incidents have been fully investigated in line with policy, with all required actions completed and closed out. Staff have received refresher training on incident reporting, safeguarding procedures, and the requirement for medical referrals following any allegation or incident of abuse. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • An urgent compliance plan has been implemented to uphold residents' rights and dignity. The practice of dressing residents in night attire at 6:00 pm has ceased where it was not their preference. Staff have been retrained, daily routines and care plans updated, and the Clinical Management Team provides ongoing supervision to ensure person centered care. • All clinical staff are receiving additional one-to-one training on person-centered care from the CNM and ADONs. Staff are supported to provide care that respects residents' rights and choices, with increased oversight and supervision across the home by the Nursing Management Team. • The home is holding Safeguarding Awareness Weeks to reinforce staff knowledge, ensuring residents' choices are respected and promoting a safe, caring environment. • An initial series of Toolbox Talks has been completed with further training on Advocacy scheduled for completion by the end of December 2025. • A full review of the activity arrangements within the centre was conducted, and the home has increased one-to-one activities and planned meaningful activities in dementia-friendly unit. An activities team member has been added and will focus on dementia care. The Activity Calendar has been redesigned, daily schedules are displayed, and staff actively facilitate participation. • An audit has commenced on the second floor to determine what evening activities would be most suitable for residents living with acquired brain injury, ensuring their engagement and participation in meaningful and tailored programs. 	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/09/2025
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,	Not Compliant	Orange	28/09/2025

	cooked and served.			
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.	Not Compliant	Orange	30/09/2025
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	28/11/2025
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	28/11/2025

Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	30/09/2025
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	30/09/2025
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	30/09/2025