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:	Maynooth Lodge Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Rathcoffey Road, Crinstown, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	16 August 2023
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0041122

About the designated centre

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

Maynooth Lodge Nursing Home is single storey purpose built nursing home that is spacious and laid out in three parts one of which is a separate unit referred to as the dementia friendly area. Residents can be accommodated in this secure unit that had a combined area divided by a corridor as the residents' day and dining room. The centre is registered to accommodate 85 residents. All bedrooms (81 single and two twin bedrooms) have full en-suite facilities that are wheelchair accessible with suitable assistive devices, call bells and aids. The main dining room adjoined the kitchen where meals were prepared and cooked. There was ample communal space throughout which included day spaces and sitting rooms, a smoking room, an equipped hair salon, an oratory, laundry, staff and visitor facilities. Residents and visitors had access to a variety of secure well maintained outdoor garden courtyards with raised beds, paved patios and seating areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	75

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
Wednesday 16 August 2023	08:30hrs to 16:30hrs	Sinead Lynch	Lead
Wednesday 16 August 2023	08:30hrs to 16:30hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

The inspectors walked around the centre with the person in charge and observed the practices in place and met with many residents. Many residents were complimentary about the staff and the premises. One resident who spoke with the inspectors commended the staff by saying 'they work so hard for us and never stop going' while another resident said the 'food was really good'. However, not all the feedback was positive. One resident commented that 'their bell is ringing for ages before someone comes to them'.

Residents were observed to be sitting in the communal area with very little supervision. One staff member was supervising nine residents in one area of the centre where the residents were assessed as being either high or maximum dependency. Call bells were left ringing for up to seven minutes. The residents were not provided with the supports required to fulfill many of their basic needs.

The centre was welcoming and nicely decorated. There was a large reception where there were comfortable seating and a welcoming atmosphere. Residents were observed to be moving freely around the reception area with many residents chatting to the staff at reception.

The centre was a single storey building with 81 single bedrooms and two twin rooms. The bedrooms were found to be clean and well organised. Each resident had adequate storage space made available to them. Residents who spoke with inspectors said their room was cleaned daily.

There was a large sitting room available for residents' use, although part of this room was also used for group activities. The schedule of activities for residents was displayed around the centre. However, on the day of inspection there was only one activity staff member available in the centre. Inspectors observed that residents did not appear to have appropriate stimulation throughout the different units.

Although the dining room was spacious and well laid out to meet the needs of the residents, the service being provided to residents required immediate review. Residents were observed being served their snacks in napkins. Although, the residents did not seem to have any concerns with this service and the majority of residents spoke very highly about the food, its quality and portion size, such practice did not support residents' rights to a dignified experience. There was an adequate supply of drinking water around the centre with jugs of juice and fresh glasses displayed on trays. However, in the dementia unit the residents did not have appropriate support to access these drinks.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspectors found that improvements were required in relation to the governance and management of the centre. Poor compliance in relation to staffing, training and staff development and the management of complaints was also identified. This is discussed further under their respective regulations.

The provider is The Brindley Manor Federation of Nursing Homes Limited. The company has three directors, one of whom is the named provider representative. The person in charge was supported by a senior management team which included the provider representative, a regional manager, an associate regional manager and two assistant directors of nursing. The inspection found that improved clinical governance and oversight was required to ensure residents' needs were appropriately met.

On the day of the inspection the inspectors observed that the staffing levels were not appropriate to meet the needs of the 75 residents present in the centre. Many areas of the centre was found to have insufficient staffing levels to supervise the residents. Residents were not provided with adequate stimulation or activities, although the display board showed many available activities. In one unit the only registered nurse was dispensing medication for over one hour and thirty minutes. While administering medication, inspectors observed this one nurse was interrupted on many occasions to assist with residents' needs when required. One of the assistant directors of nursing could not fulfil their supervisory duties as they were required to attend to a resident that required one-to-one care. On the day of the inspection there were ten vacant health care assistant posts.Inspectors accepted that the provider was actively recruiting for these posts, however there was clear evidence that the staffing shortage impacted residents' quality of care and life experience.

Some staff who provide direct resident care had not been given access to appropriate people-manual handling training. Over 38% of staff had not received training in behaviour that is challenging although, they were currently working to assist residents who presented with behavioural issues.

The provider was requested to submit to the Chief Inspector of Social Services an urgent compliance plan. This compliance was received and assurances were provided that an improved staff cohort was to be in place within a short time-frame.

The registered provider had an accessible and effective procedure for dealing with complaints. However, this process required review to ensure the person nominated to investigate the complaints was not involved in the direct care of the resident.

Regulation 15: Staffing

The number and skill mix of staff was not appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre. For example;

- There was not enough staff in the day room of the dementia unit to supervise residents appropriately.
- There was no stimulation or activities for residents in two specific units on the day of inspection.
- The only nurse on duty in one area was delayed by over two hours administering the medication as they were required to supervise in the dining room. This did not support safe practice in respect of medication management.
- The assistant director of nursing was required to spend over two hours with one resident as they were presenting with responsive behaviours; no other staff member was available.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff did not have access to appropriate training. For example, five staff did not have their manual handling training completed but were providing direct patient care. This posed a health and safety risk.

Staff were not appropriately supervised. For example, staff providing one-to-one care to specific residents did not know the residents' care needs and there was no other staff member available to supervise or support them in their role.

Judgment: Not compliant

Regulation 23: Governance and management

The designated centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example; there were ten health care assistant vacancies, one clinical nurse manager and one registered nurse vacancy.

The systems in place were not effectively monitored. For example investigations

were not thorough and did not provide accurate evidence to form a true outcome.

Management systems in place had failed to identify the impact staffing shortage had on residents, such as delayed access to care. An urgent compliance plan was issued to the provider in respect of Regulation 15; Staffing and Regulation 16; Training and staff development and satisfactory assurances were received.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The persons nominated to be the designated complaints officer required review as this person was involved in the direct care of residents.

Training was required for the nominated person who was investigating the complaint. Complaints that were viewed did not assure the inspectors that they had been appropriately investigated and that an appropriate outcome was identified for each individual complaint.

Judgment: Substantially compliant

Quality and safety

Since the last inspection January 2023, some improvements were observed in relation to the quality and safety of care. However, further improvements were required particularly in relation to residents' assessments and care plans, medication management, the service of snacks and protection of residents.

Inspectors were assured that residents' were safeguarded against abuse by the implementation of robust safeguarding policy. However, as detailed under regulation 16; Training and staff development, the supervision arrangements in the dementia unit were not sufficient and inspectors found that the investigation of reported incidents of alleged abuse were not completed properly. For example, all facts were

not identified prior to a conclusion being made.

The premises were found to be clean, tidy and free from clutter. Fire exit doors were unobstructed and residents had unrestricted access to the secure courtyards.

Residents' care plan and assessments did not guide practice. There was an assessment completed prior to a resident's admission which identified all the health and social care needs of the resident. However, when the resident was identified as not suitable for admission, they were still admitted despite a lack of assurance that the provider could meet the residents needs.

The care staff were asked by the inspectors about the residents they were caring for and the residents' needs. Although care staff were providing direct care for these residents, they did not know the residents' needs as reflected in the residents' care plan. This had the potential to negatively impact the standard of care provided particularly to those residents who at times displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Mealtimes were observed in two dining rooms together with the service of morning drinks and snacks. Residents had a choice of meals, drinks and snacks. However, the service of snacks required review to ensure it facilitated choice, independence, dignity and the safety of residents.

Medication management practices were not reviewed in full on this inspection. Inspectors observed that medication management administration practices did not always reflect best practice and therefore had the potential of increasing the risks of medication errors.

Regulation 18: Food and nutrition

The service of snacks required review to ensure residents were treated with dignity and respect at all times.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place which included the arrangements for the identification, recording, investigation and learning from serious incidents. However, this policy was not found to be used in practice in relation to serious incidents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The medication management was not aligned to best practice guidelines. On three separate occasions staff nurses were observed administering medications up to two hours past the time prescribed in the residents' prescription.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Gaps were identified in nursing assessments and care plans, from the sample reviewed. For example;

Pre-admission assessments reviewed indicated that some residents had been assessed as not appropriate for admission to the centre, however, despite these assessments, the residents in question had been admitted.

Residents' comprehensive assessments did not contain enough detail to provide a clear and concise assessment of the resident. Some sections of those reviewed were blank.

Inspectors noted there was a duplication of care to be provided in some care plans, while other care plans contained conflicting information. For example, one nutritional care plan stated to weigh the resident monthly and further down it stated to weigh the resident weekly. The resident was weighed weekly. The conflict of information was a result of historical information that had not been removed from the current plan of care.

Some care plans did not include the most up-to-date recommendations made on assessment by members of the multi-disciplinary team.

The social care needs of residents in two of the units were not being implemented in practice, in line with each resident's assessed needs.

Judgment: Not compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident’s well-being and

welfare was maintained by a high standard of nursing, medical and allied health care. Residents had access to a wide variety of specialists and were accessing hospital care when required.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The staff providing care to residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) did not have the appropriate skills or knowledge of how to respond to and manage such behaviours.
Judgment: Substantially compliant
Regulation 8: Protection
Inspectors found that a number of reported safeguarding incidents had not been appropriately investigated and the process of investigating these incidents required review to ensure the process was thorough.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Maynooth Lodge Nursing Home OSV-0004593

Inspection ID: MON-0041122

Date of inspection: 16/08/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Immediately following the inspection, a review of staffing levels and skill mix was carried out. Based on our review and feedback from inspectors, we enriched staffing levels as follows to enhance activities and resident care as applicable. • An additional HCA night shift (20.00 - 08.00) has been rostered (Completed - effective from 22nd August 2023). • Two additional HCA day shifts (08.00 - 20.00) have been rostered, one in Oghill and the other in The Studio (Completed - effective from 24th August 2023) • A dedicated Social Care Facilitator has been recruited to further support the social care needs of those residents aged under 65 years (Completed).	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Prior to inspection, the manual handling trainer had been booked to complete on-site observation/supervision and formal training of staff on 21st August. Initial and update training has now been provided to all new and existing staff as applicable (Completed). • The manual handling trainer has provided update training to the management and clinical team (DON, ADONs, CNMs, Staff Nurses & Senior HCA's) to ensure they are appropriately trained and knowledgeable when supervising the use of manual handling techniques (Completed). • A specialist dementia trainer provided all staff with face-to-face training in relation to dementia awareness and the management of responsive behaviours (Completed).	

• By 30th September 2023, updated training in relation to the protection and safeguarding of residents will be completed for all staff. • All relief staff are briefed on the care needs and have access to the care plan of those residents in their care. This ensures they are best placed to provide care in accordance with each individual resident's assessed needs and wishes (Completed).

Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Updated training in relation to roles and responsibilities has been provided by the PPIM and PIC to all ADONs, CNMs, Staff Nurses and HCAs. A review of supervision practices has been completed and dedicated staff with responsibility for supervision in each area are now clearly identified daily on the allocations sheet (Completed). • By 31st October 2023, dedicated nurse stations will be strategically placed in each of the three different units to maximise the levels of supervision and placement of nurses throughout the centre. • Following the inspection and a review of staffing, an additional CNM has been recruited and a CNM has been made fully supernumerary to further enhance the levels of supervision (Completed).	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • Dedicated training has been provided to the PIC on best practice in relation to the management of allegations and complaints (Completed). • In accordance with the relevant regulations, the PIC is further supported by PPIMs and the RPR in the management and investigation of complaints (Completed).	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and	

nutrition:
• The Group Catering Manager provided hospitality training to the Housekeeping Manager, catering staff and HCA's (Completed).
• Preparation and presentation of the hospitality trolley is now checked and validated by the Housekeeping Manager or Chef prior to exiting the kitchen (Completed).
• A SOP has been developed to guide staff on the service of drinks and snacks (Completed).

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
• Through daily safety pause meetings, the PIC and ADONs/CNM ensure all staff are aware of the Risk Management Policy. Through observational audit, the PIC and ADONs/CNMs ensure that this policy is adhered to at all times (Completed).

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• A comprehensive review of medication administration times has been undertaken in conjunction with the GP and pharmacy provider to better meet the needs of residents and reflect best practice. (Completed - these changes took effect from 25th September 2023).
• By 31st October 2023, all registered nurses will have completed updated training in relation to medication management. Tool-box talks have been developed and will be incorporated into daily safety pause meetings to enhance nurses' knowledge and competencies in relation to the safe administration of medication.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:
• The approach to the completion of pre-admission assessment documentation has been reviewed and updated. For example, if a resident is initially declined admission and later accepted, pre-admission assessment documentation and an updated risk assessment is completed to reflect the change in status (Completed).
• By 15th October 2023, the PIC and ADONs will have provided additional training to all nurses on the completion of comprehensive assessments, care planning and meeting the social care needs of residents.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• A specialist dementia trainer provided all staff with face-to-face training in relation to dementia awareness and the management of responsive behaviours (Completed). Updated training in relation to the protection and safeguarding of residents will be completed for all staff by the 30th September.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Dedicated training has been provided to the PIC on best practice in relation to the investigation of allegations and complaints (Complete). The PIC is further supported by PPIMs and the RPR in this regard as per the regulations.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	30/09/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Red	30/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	30/09/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Substantially Compliant	Yellow	04/09/2023

	and drink which are properly and safely prepared, cooked and served.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2023
Regulation 23(c)	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	30/09/2023
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	31/10/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in	Not Compliant	Orange	25/09/2023

	accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 34(2)(h)	The registered provider shall ensure that the complaints procedure provides for the persons nominated under paragraph (a) and (d) should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident.	Substantially Compliant	Yellow	30/09/2023
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	30/09/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health	Not Compliant	Orange	30/09/2023

	care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(4)	The person in charge shall 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.	Not Compliant	Orange	31/10/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/09/2023
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	30/09/2023