



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:	23 January 2023
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0037930

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:	68
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 23 January 2023	08:30hrs to 17:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents and visitors throughout the day of the inspection and gained some insight into their daily lives in the centre. Overall, the feedback was positive with residents very complimentary about management and staff. They were happy with the service provided and spoke fondly about the entertainment provided. One visitor described the staff as 'diligent and caring' while another resident said 'they're great staff here'.

This inspection was unannounced and completed over one day. On arrival at the centre there was an opening meeting with the person in charge of the centre and shortly afterwards the regional director arrived. The person in charge accompanied the inspector on a guided tour of the centre.

The centre was a single storey building with 81 single rooms and two twin rooms. The bedrooms were found to be spacious and airy with plenty of natural light. The bedrooms were found to be clean and tidy with adequate storage space available.

There was a very large sitting room available for residents' use, although part of this room was also used for group activities. Residents were observed to be attending bingo on the afternoon of the inspection. In the morning there was the option to attend the large sitting room where mass was live streamed through the television. There was a selection of activities available around the centre with choice for residents to choose from.

The dementia unit was seen to lack the homely feel that the rest of the centre sustained. The person in charge told the inspector of the plans in place for a full renovation of this unit. The dining room was spacious and well laid out to meet the needs of the residents. There was a calm relaxing atmosphere there. Residents spoke very highly of the food in general. However, there was reduced choice and only one option available for these residents both at dinner and the evening tea. Although none of the residents reported any issues or complaints regarding this, a review of this practice was required. There was an adequate supply of drinking water around the centre with jugs of juice and fresh glasses displayed on trays.

Residents had the choice to attend mass on a Thursday in the designated centre. The person in charge said that all denominations are catered for on request. The residents had access to free wi-fi which was detailed in the residents' guide to include the log in and passwords.

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 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 registered provider had a good history of regulatory compliance, however, as identified on this inspection, the overall level of compliance required further improvement in relation to a number of areas including care planning, healthcare and temporary absence or discharge of residents. 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 and two assistant directors of nursing. The person in charge and their assistant directors of care were new to the role, having been appointed after the last inspection in March 2022. The inspection found that improved clinical governance and oversight was required to ensure residents' needs were appropriately met. This is further discussed in the quality and safety section and under the respective regulations.

Audits were completed on care plans in 2022 and had identified deficits and areas for improvement required. However, the management team had not put measures in place to rectify these issues and the care plans were found to not guide practice, as further detailed under regulation 5: Individual assessment and care plan.

The registered provider had provided residents with contracts for the provision of services. These contracts were found to be incomplete with some showing no fees and no details of the type of room the resident would reside in. This was a repeated compliance issue that was previously highlighted on the previous inspection.

The person in charge had notified the Chief Inspector of Social Services about incidents and accidents that required medical attention within the required time frame. They had also identified learning from such accidents and had systems in place to prevent such incidents from re-occurring.

There was a complaints procedure displayed on entry to the centre. This detailed the process on how to make a complaint and who the complaints officer was. The inspector viewed five open complaints in the centre on the day of the inspection. These were all found to have in-depth investigations and the procedure was followed as per the designated centres' policy.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the designated

centre. She had the required qualifications and experience as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place were not effective and sufficiently robust to ensure that the service provided was safe, appropriate, consistent and effectively monitored, for example;

- Audits on care planning in quarter three identified areas for improvement, however the action plan had not been followed up and these improvements were still not implemented.
- A resident was observed by the inspector smoking on the corridor in the centre, this had not been highlighted or noticed by staff on this occasion. There were regular safety checks in place for this resident and the inspector observed that the resident had been checked ten minutes before this incident.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident on admission the terms on which that resident shall resident in the centre. However, from the sample of three contracts that were reviewed by the inspector, they were found to not meet the requirements of the regulations in relation to;

- The fees, where appropriate, were not detailed.
- The services to be provided, whether under the Nursing Home Support Scheme or otherwise were not included.
- The contract did not specify whether the bedroom available to the prospective resident was single or multi-occupancy.

This was a repeat finding from the previous inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents that required notification to the Chief Inspector of Social Services had been notified in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure which includes an appeals procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as required in Schedule 5 of the regulations.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider had procedures and arrangements for periods when the person in charge is absent from the designated centre.

Judgment: Compliant

Quality and safety

The findings of this inspection show that overall, most of the residents accommodated in the designated centre enjoyed their life and were happy in the centre. However, the health care needs of residents were found to be affected by inadequate healthcare services as a result of the lack of referrals and guidance from additional professional expertise. The inspector found that improvements were required to ensure each resident's needs were fully assessed and that the care interventions were clearly and comprehensively described to support a consistent approach to care provision.

Residents had access to medical care, with the residents' general practitioner (GP) providing on-site reviews when required. Residents were also provided with access to other health and social professionals in line with their assessed needs. However, inspectors found that timely referrals were not always sent to the health professionals in order to seek advice and review of residents' changing needs and conditions. Two resident with identified skin issues had not been referred to the appropriate professionals. Another resident who required psychiatric support was waiting since August 2022 to be seen. This has a negative impact on the residents health and well-being.

Care planning was in place, and residents' needs were assessed using validated tools to inform care plans. However, the wound care and skin assessments of residents was not continually monitored through assessments and interventions. One resident had a care plan detailing what dressing to use on a wound but when the nurse was asked by the inspector why this dressing was used they said 'it's actually not being used'.

Residents spoken with were very complimentary about the food in the centre. However, there was limited choice on the daily menu. There was only one option to choose from for both dinner and the evening tea.

Residents that had been transferred did not have the appropriate information supplied to the receiving hospital. The infection status of a resident such as COVID 19 or influenza was not completed on the form. For one resident their general practitioner's name and contact details were not documented. This could have a negative impact on the care received by a resident, as well as being a risk to the receiving hospital in relation to the spread of infection.

There was a comprehensive resident's guide available. This detailed the services available in the centre, visiting arrangements and how to make a complaint. It also detailed how to access the free wi-fi available to the residents.

All staff were trained in relation to the detection and prevention of and responses to abuse. Staff spoken with were aware of what constituted abuse and the different types of abuse. The registered provider was a pension-agent for six residents. Banking arrangements were seen for these residents and they were clear and transparent.

The residents had access to a variety of activities in the centre. There were activities notice boards displayed around the centre giving residents a choice of attending a preferred activity. There was access to newspapers and magazines for residents to read. There was an up-to-date voting register and the residents had the opportunity to vote in the centre as well as the choice to attend the local voting halls in their community.

There were advocacy posters displayed around the centre. These gave details about the service and the contact details for residents or relatives should they wish to contact them.

Regulation 18: Food and nutrition

The person in charge had ensured that each resident was provided with access to a safe supply of fresh drinking water at all times and wholesome and nutritious meals. However, the residents were not offered choice for two of their main meals. The menu displayed one choice for both dinner and evening tea.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a guide in respect of the designated centre which included a summary of the services and facilities in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

From the sample of medical files reviewed, the inspector found gaps in the information shared when residents were transferred to another facility for treatment. On two different occasions, the person in charge had not ensured that all relevant information about a resident was provided to the receiving hospital, for example;

- The infection status of the resident was missing.
- Communication ability of the resident was not documented.
- Contact details for general practitioner (GP) were left blank.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge had prepared a care plan, based on the assessment for a resident no later than 48 hours after that resident's admission. However, it was observed from a sample of three residents care plans, that they were not formally reviewed when the residents condition or care needs changed.

Care plans, when completed were not consistently implemented in practice. The

wound care and skin assessments of residents was not continually monitored through assessments and interventions. One resident had a care plan detailing what dressing to use on a wound but when the nurse asked by the inspector why dressing was used they said 'its actually not being used'.

Judgment: Not compliant

Regulation 6: Health care

The registered provider, having regard to the care plan prepared under regulation 5, did not provide additional professional expertise and referrals that were required for residents to specialised healthcare professionals were not completed. For example;

- Two residents had not been referred to tissue viability professional in relation to wound care that was not seen to be improving.
- One resident had not been seen by a chiropodist in six months and urgently required treatment.
- One resident was referred to the psychiatric services for older persons in August 2022 and had still not been seen. However, there was evidence in the residents file to show many attempts had been made to follow up on this referral by the residents general practitioner (GP) and the person in charge.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measure to protect residents from abuse.

The registered provider is a pension-agent for six residents and adequate banking arrangements were in place for these residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre. Residents' social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maynooth Lodge Nursing Home OSV-0004593

Inspection ID: MON-0037930

Date of inspection: 23/01/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • From January 2023, new person-centred care plan monthly audits have been introduced and all issues identified will be addressed prior to the next scheduled audit • All residents are risk assessed for smoking. A person-centred plan is in place to ensure their needs are met and that all identified risks have been mitigated. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none"> • All contracts of care are under review. The review will be completed by March 2023. • From February 2023, all contracts of care are now audited monthly to ensure full compliance. Any adverse finding is discussed at the monthly governance meeting. 	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition:	

<ul style="list-style-type: none"> • The menu has been revised to ensure that two choices of food (which were available for all meals on the day of inspection) are clearly displayed in the centre. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • By 28th February 2023, all nursing staff will have been trained on completing documentation for temporary absence and discharge letters. This has been added to monthly audits to ensure compliance in this area going forward. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • By 31st March 2023, refresher training will have been provided to all registered nurses to ensure that person-centred care plans directing the care of residents are fully updated in response to resident's wishes or a change in care needs. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Following the inspection, all residents with wound or skin integrity issues were referred to a tissue viability professional. • Following the inspection, residents have been reviewed by a chiropodist and a robust plan is in place to ensure that all residents can access this service regularly. • The Director of Nursing has engaged with local psychiatry services for older people to ensure seamless review process and ongoing involvement in the care of residents within the centre. 	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/01/2023
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 24(2)(a)	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 services to be provided, whether under the Nursing Homes Support Scheme or	Substantially Compliant	Yellow	31/03/2023

	otherwise, to the resident concerned.			
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	31/03/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	28/02/2023
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	Not Compliant	Orange	31/03/2023

	concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/01/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/01/2023