



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:	05 March 2024
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0041759

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:	82
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 March 2024	09:00hrs to 18:00hrs	Sinead Lynch	Lead
Tuesday 5 March 2024	09:00hrs to 18:00hrs	Aislinn Kenny	Support
Tuesday 5 March 2024	09:00hrs to 18:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

There was a calm and relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner. One resident told the inspectors they were very happy in the centre and said "I never thought I would find a place like it". Another resident told the inspectors "It's great here, I have a lovely time". The inspectors observed respectful interactions between residents and staff and observed staff knocking on resident bedroom doors and waiting for a reply prior to entering.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. There was a large welcoming reception area with an adjoining living area overlooking the grounds of the centre. Residents were observed sitting, relaxing and receiving visitors in this area throughout the day.

There was a sensory room that residents were seen to use and enjoy on the day of inspection. Residents' bedrooms were personalised with pictures of family, items of interest and personalised soft furnishings. Nevertheless, inspectors observed that the decor in some areas of the centre was showing signs of minor wear and tear. Evidence of a recent leak was observed on one bedroom ceiling. This issue had been reported to maintenance and was scheduled to be addressed. The provider was endeavouring to improve existing facilities and the physical infrastructure through ongoing painting which was in progress on the day of the inspection.

The ancillary facilities generally supported effective infection prevention and control. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. Staff had access to a dedicated housekeeping shed for storage and preparation of cleaning trolleys and equipment. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. There were two dirty utility (sluice) rooms. These rooms were found to be clean and tidy. However, there was no equipment cleaning sink within the sluice rooms.

Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. However, some improvements were required in the standard of equipment hygiene and oversight of same. Findings in this regard are presented under regulation 27.

There were pictures of the residents enjoying various activities displayed in the centre and this added to the decor, interest and familiarity of the environment for residents. Information leaflets and posters on advocacy services were on display

throughout the centre. On the day of inspection there was a yoga and various exercise classes taking place in the sitting room. Residents were also observed resting in the sensory room and in breakout spaces. In one unit residents and staff were cooking for fellow residents. Residents spoken with said they liked playing bingo and other group activities. In the dementia unit the inspectors observed residents and staff engage in music and painting activities.

The inspectors observed the dining experience for residents and found that residents had a choice of food. The food served was wholesome and nutritious. Many residents had chosen to eat together in the large dining room, while others were accommodated to have their meals in their bedrooms, as per their request. Staff were observed to discretely assist and support residents as needed. There were two sittings for the lunchtime meal. Tables were nicely decorated and residents spoken with were complimentary of the food. The dining experience for residents in the Studio Unit required review to ensure a welcoming, communal dining atmosphere was provided. Some residents in this unit were placed in front of a wall while receiving assistance with their meal and there was a TV playing in the background. There were food and drinks offered throughout the day and water jugs were available to residents in their bedrooms.

Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed.

Conveniently located alcohol-based product dispensers along corridors facilitated staff compliance with hand hygiene requirements. Staff also carried personal bottles of alcohol hand rub meaning alcohol hand rub was always available at point of care. Clinical hand wash sinks were accessible and located on the corridors within close proximity of resident bedrooms, in the treatment room and sluice rooms so that they were convenient for use. However, soap and alcohol hand gel dispensers were not appropriately labelled indicating whether they contained soap or and alcohol product.

Inspectors observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications, checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day. A new deep cleaning schedule had recently been put in place and an additional house keeping staff had been employed to undertake deep cleaning.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. This was an unannounced inspection which took place over one day, to monitor ongoing compliance with the regulations.

There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of the inspection the person in charge was supported by an assistant director of nursing (ADON), a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. The regional director was also present on site to support the team from an operational side.

The registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs. Staff providing one to one care for residents were spoken with and demonstrated their understanding of the residents needs, likes and dislikes. They were provided with comprehensive information to ensure high quality care delivery to the resident. However, inspectors found that one staff member providing one to one care had not yet completed in house training on managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors reviewed the training schedule and could see the staff member was booked on upcoming training.

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action was required to be fully compliant. Details of issues identified are set out under Regulation 27. The provider had nominated a clinical nurse manager to the role of infection prevention and control link practitioner. This person was scheduled to attend the required link practitioner training to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Infection prevention and control audits were undertaken quarterly and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. However, the associated time bound action plans were not readily available to view on the day of the inspection. findings in this regard will be presented under regulation 23.

Surveillance of healthcare associated infection (HCAI) and multi drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. The centre had recently managed an outbreak of viral gastroenteritis. A total of 32 staff

and residents across four units showed signs and symptoms of infection. The outbreak report was pending at the time of the inspection. However, a review of documentation found that the outbreak was detected, investigated, managed and closed in a timely manner and in line with Public Health guidance.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training. Monthly interactive infection control training sessions were also used as a forum to share relevant infection prevention and control information.

There was a complaints procedure displayed in the main reception of the centre and in other areas of the centre. There was a nominated person who dealt with and oversaw the management of complaints. Inspectors reviewed a sample of open and closed complaints and found that complaints were responded to appropriately and there was evidence of investigations taking place and appropriate follow up actions. Referrals to advocacy services had been completed also.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Additional housekeeping staff had been recruited to facilitate compliance with the new deep cleaning schedule.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had provided training on care of residents who were experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While the majority of staff had completed this training on the day of inspection, there were some gaps identified.

The registered provider had a training schedule in place and inspectors saw there was an upcoming training scheduled in the coming weeks.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not assure the inspectors that the service provided was effectively monitored. For example, following the completion of audits in the centre, there were not appropriate action plans in place. They did not provide an accountable person or an appropriate time frame for completion or implementation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accident or incident within the required time frame as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that the quality of service and quality of care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visitors told inspectors that visits and social outings were encouraged with practical precautions were in place to manage any associated risks.

The premises was found to be appropriate and well maintained on the day of the inspection. There was adequate sitting, recreational and dining space available to all residents in the centre.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The provider was a pension agent for seven residents. Documentation reviewed showed that any allegations of abuse were reported and investigated promptly.

Residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had person-centred care plans in place. Staff spoken with on the day outlined to the inspectors their knowledge of appropriate interventions to support residents with responsive behaviour.

The inspectors saw that there was an adequate number of staff on duty to provide assistance to residents who required it at meal times. Residents spoken with were complimentary about the food, there was adequate service of snacks and drinks throughout the day. Jugs of water were provided in residents rooms. While most residents were seen to enjoy their meal in a communal setting, some improvements to the dining experience for residents living in the Studio Unit was required so residents could eat their meal together around a table.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident.

Staff were observed to consistently apply standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needle-stick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen. Care was provided in a clean and safe environment that minimised the risk of transmitting a healthcare-associated infection. Appropriate use of PPE was also

observed and all staff were bare below the elbow to facilitate effective hand hygiene practices. However, improvements were required in the standard of equipment hygiene and oversight of same. Details of issues identified are set out under Regulation 27.

The centre's pre admission assessment form had been updated to include a comprehensive assessment of infection and MDRO colonisation status. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Resident care plans were accessible on a computer based system. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care with some exceptions. Residents had generic COVID-19 care plans in place. However, there were no residents with confirmed or suspected respiratory infections in the centre on the day of the inspection.

Inspectors also identified some examples of good antimicrobial stewardship. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre and prophylactic prescriptions were regularly reviewed, which is good practice. However, nursing staff also were not engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

Regulation 18: Food and nutrition

Some improvements to the dining experience for residents living in the Studio Unit was required so residents could eat their meal together around a table.

Judgment: Substantially compliant

Regulation 27: Infection control

Equipment and the environment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection, however further action is required to be fully compliant. This was evidenced by;

- The centre had introduced a tagging system to identify equipment cleaned however this system had not been consistently applied at the time of inspection. For example, several wheelchairs and walking frames were not labelled and tags on some items of equipment indicated that they had not been cleaned in several days.
- The underside of several shower chairs were visibly unclean.
- A separate sink for washing equipment was not available within the sluice room.
- Staff informed inspectors that they manually decanted the contents of urinals into the toilets or sluice prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The medication administration was in line with current best practice. Medication was stored and dispensed in line with the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied healthcare support to meet their needs.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to expertise in gerontology, psychiatry of later life and palliative care services as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence of assessment and analysis tools used for managing behaviour that is challenging. A small number of residents experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. The registered provider was pension agent to seven residents. The inspector viewed the documents in relation to this and found that there were appropriate procedures in place to safeguard residents' finances.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Maynooth Lodge Nursing Home OSV-0004593

Inspection ID: MON-0041759

Date of inspection: 05/03/2024

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Training scheduled at time of inspection has now been completed for all new staff. DON is monitoring training on a weekly basis to ensure full compliance in this area going forward- complete 	
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 the 31/03/2024, all audits completed in the Nursing Home will identify the accountable person responsible for completing actions from audits and the timeframe by which actions must be completed. DON will maintain oversight of this. 	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition:	

- The dining area within the Studios has now been reconfigured to ensure an enhanced meal time experience for residents. DON has oversight of this action to ensure consistency on a daily basis.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Training on the tagging system has been provided to all staff to ensure the correct procedure is followed and to ensure all equipment is fully cleaned and ready to use between residents. A system is in place to ensure DON has oversight of this to ensure compliance going forward- complete
- All shower chairs were deep cleaned within 48 hours of inspection, and monitoring of the cleaning schedule has been improved by DON- complete
- A new sink for washing equipment will be installed into all sluice rooms by the 31/07/2024.
- Training has been provided to all staff in relation to appropriate use of the sluice equipment to reduce risk of infection. Practice will be monitored by DON and clinical managers- completed

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	26/03/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	25/03/2024
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	31/03/2024
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/07/2024

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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