



# 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 March 2022
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0036517

## 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. Eleven residents were being 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 79 residents. All bedrooms (75 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:	58
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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
Wednesday 23 March 2022	09:00hrs to 17:00hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day. The inspector spent time in each of the units in the centre to see what life was like for residents living here and spoke with eight residents during the day. The inspector found that the residents were content with the care they were receiving.

The inspector observed that there was appropriate levels of staff on duty to ensure the needs of residents were being met. Residents in the dementia unit were supervised at all times and an appropriate number of staff were on duty in each of the units to ensure the residents' needs were met. Residents who were contracted to receive one to one care, were receiving it.

The inspector observed some good staff and resident interactions during the inspection. The staff on duty knew the residents well and were familiar with their needs and preferences for care. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were warm and empathetic in their interactions with residents and were respectful of residents' communication and personal needs.

Overall, residents were complimentary of the choice, quantity and quality of meals available in the centre. The inspector observed residents eating their lunch in the main dining room. Residents spoken with said they enjoyed the food served to them. They said that if they did not like their meal they were offered another choice. Staff were available to provide assistance to residents.

Residents were actively involved in group activities in the main sitting room. The enhanced team of activity staff had recorded each residents likes, preferences and interests in relation to activities. A schedule of activities was displayed on a large board on the main corridor. This facilitated residents to plan their day. Residents had access to the centres own transport and some residents had gone out shopping with a member of the activities team.

The inspector observed members of the management team , staff and some residents attending an event in the grounds of the centre. This event involved the planning of some native Irish trees in remembrance of all those residents who had died with COVID-19. In addition to this event, the social care facilitator was focusing on plans for the National Remembrance Day for all those that died with COVID-19.

The governance of the centre will be discussed under the following two sections, capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## 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 inspector found that the provider had addressed most of the issues identified during the last inspection. The overall level of compliance had improved with the strengthening of the governance and management team.

The provider is The Brindley Manor Federation of Nursing Homes Limited. The company has two 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 centre was now adequately resourced. The provider had made significant progress in addressing staff vacancies, with just a small number waiting to be filled. These unfilled vacant shifts were being covered by agency staff and therefore did not negatively impact residents.

Residents living with dementia and displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were now receiving one to one supervision for the period of time agreed in their contract of care. These measures had resulted in residents care needs being met in a holistic manner.

The processes in place to oversee the quality of care being delivered to residents had improved and now were leading to improvements in practices, with all identified issues being addressed promptly. The management team were in the process of establishing quality improvement initiatives which included microbial stewardship.

Staff had been provided with additional training since the last inspection and the inspector saw that staff had completed further staff training in auditing and nursing documentation.

Most of the documents reviewed now met the legislative requirements these included the statement of purpose, residents records and the directory of residents. The contracts of care and annual review required additional information to ensure they were compliant with the legislative requirements.

## Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of

residents living in the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in nursing documentation and auditing in November 2021. A new services manager had been appointed and systems were in place to ensure service staff training was kept up-to-date.

Judgment: Compliant

### Regulation 19: Directory of residents

The hard copy of the residents directory was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

### Regulation 21: Records

New systems of documentation had been implemented and records reviewed were clear, concise and accessible.

Judgment: Compliant

### Regulation 23: Governance and management

The re was a clearly defined management structure in place. Members of the management team had settled into their posts and were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through an established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had been

addressed by the provider.

An annual review had been completed for 2021. However, it did not contain a complete review of the quality and safety of care been delivered to residents or feedback from residents on the service they received.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident, their next-of-kin or power of attorney. The weekly fees charged to the resident were clear and any possible additional charges were outlined. However, an opp out clause was not included. The room occupied by the resident was not reflected in those contracts reviewed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed in 2022. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

## Quality and safety

The standard of care being delivered to residents was holistic and the lived experience for the residents living in the designated centre was good.

A number of improvements had been implemented to ensure that residents' health and social care needs were consistently met across the service. These improvements included areas of infection prevention and control and the provision of activities.

The inspector observed that residents had access to a range of meaningful activities and social opportunities in the centre. There were activities being provided to a large cohort of residents. A dedicated activities team were now in place and these personnel were responsible for the delivery of activities to residents.



A sample of daily care notes reviewed found that they accurately reflected the care interventions in a person centred manner and what if any activities each resident was participating in.

The designated centre had procedures in place for the prevention and control of health care associated infections which included a COVID-19 contingency and preparedness plan.

The inspector observed some good infection control practices particularly good hand hygiene practices.

### Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in private areas other than their bedrooms if they wished to do so.

Judgment: Compliant

### Regulation 17: Premises

The premises met the needs of the 77 residents. 8 unregistered beds were viewed by the inspector these included 6 single and 1 twin ensuite bedrooms, single rooms 22, 23, 69, 88, 89, 90 and twin room 67. They all met the legislative requirements.

Judgment: Compliant

### Regulation 27: Infection control

Infection control practices were good. The issues identified on the last inspection report had been addressed.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were upheld. Residents' had several opportunities to participate in activities in accordance with their interests and capabilities. Their right to privacy

was respected with appropriate screening in place in all shared bedrooms.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Maynooth Lodge Nursing Home OSV-0004593

Inspection ID: MON-0036517

Date of inspection: 23/03/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23(d)</p> <p>The approach to our annual review will be developed in line with the template advocated by HIQA and will more clearly reflect all elements of the quality and safety of care being provided to our residents. To be complete by 30th June 2022.</p> <p>Regulation 23(e)</p> <p>Analysis of our resident satisfaction survey for 2021 was not available at the time the annual review had been completed. This analysis is now available within the home and will be incorporated into an updated 2021 annual review report. To be complete by 30th June 2022.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The room occupied by the resident has been included on all contracts of care. Completed.</p> <p>Contracts of Care across the group are due to be reviewed. This review will examine the inclusion of an 'opt out' clause. Anticipated completion date is 31st December 2022.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/06/2022

Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/12/2022
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