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 Community Care Unit
Name of provider:	Health Service Executive
Address of centre:	Leinster Street, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	02 July 2026
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0049397

About the designated centre

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

This centre is a purpose-built two-storey building located on the edge of Maynooth town. The centre has been operating since 2002, providing continuing long-term care and a respite service for male and female residents over 18 years of age with high dependency needs. A regular turnover of two respite persons was confirmed. The centre is registered for 34 residents. The centre is designed around a central courtyard accessible from the ground floor. Communal day room, dining and sanitary facilities were available. There is an additional balcony/terrace off the sitting room on the first floor with a view over the nearby canal. Residents' private and communal accommodation was primarily on the first floor within two distinct ward areas, called Fitzgerald Ward and Geraldine Ward. Bedroom accommodation comprises of single, twin, and three beds in rooms. A separate spacious palliative care/IPC room was available for residents accommodated in a shared or multi-occupancy bedroom when approaching the end of life. This room was spacious and had facilities for both the resident and their family. A passenger lift is available between the ground and the first floor. The ground floor accommodation is primarily occupied by office and administration staff but includes a spacious oratory for prayer, reflection, and repose for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

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
Thursday 2 July 2026	06:45hrs to 15:15hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection, conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

The inspector met with many residents during the inspection, and spoke with 10 residents and two visitors in more detail, to elicit their experiences of life in Maynooth Community Care Unit.

Overall, residents told the inspector that they were happy living there, that they felt safe and were cared for by staff who were attentive to their needs for assistance. Visitors informed the inspector that they were happy with the care provided and felt it was a good place for their relative to live.

On the morning of inspection the atmosphere in the centre was quiet and calm. The inspector attended the morning handover, where night staff provided an overview of residents' night spent and up-to-date valuable information was shared with day staff.

The centre is a two-storey building and residents were accommodated on the first floor which is divided into two units. The lived-in environment was clean and warm, and residents said they found it comfortable.

Bedroom accommodation comprised of both single and multi-occupancy bedrooms. Residents who spoke with the inspector were happy with their bedrooms and said that they had plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

When asked about their food, all residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of hours.

There was an activity schedule in place that reflected the activities taking place while the inspector was present. On the day of inspection, the priest attended the centre, and many residents told the inspector they looked forward to to attending Mass and receiving Communion.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were no open complaints at the time of inspection. Residents spoken with confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns.

Staff were observed to be respectful and responsive to residents' needs. Call-bells were answered promptly during the inspection. Staff demonstrated appropriate knowledge of the residents.

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 affect 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 inspection found that the management team were striving to improve practices and services. However, improvements were required in some areas specifically individual care planning and assessments and managing behaviour that is challenging and will be detailed further under the relevant sections of the report.

This was an unannounced inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults.

The Health Service Executive (HSE) is the registered provider for Maynooth Community Care Unit. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by an administrative Clinical Nurse Manager (CNM), a CNM operational team and a team of nurses, healthcare, activity, catering, household, administration and maintenance staff.

The provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of training records indicated that the majority of staff were up-to-date with mandatory training, with a small amount of staff who were due updates booked into upcoming dates.

Regulation 15: Staffing

A review of the duty roster and observations on the day of inspection, indicated that there was sufficient staffing levels maintained to ensure residents' safety at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were effectively safeguarded in their home and that their health care needs were met. However, further action was required to ensure ongoing quality and safety of the service.

Care planning documentation was available for each resident in the centre. The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals. However, residents' individual assessments and care planning required further improvement to ensure that they were accurate, concise and provided up-to-date information for staff to follow when providing care.

Residents who 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) had care plans in place which largely reflected trigger factors if identified for individual residents, and de-escalation techniques that staff should use to prevent the behaviour escalating.

The use of restraint was monitored within the restraint register. Residents had individual risk assessments in place to reflect the restraint in use, however further improvement was required to ensure best practice.

The provider had measures in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. The inspector reviewed a sample of staff files and all files reviewed showed that staff had obtained Garda vetting prior to commencing employment.

Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

Regulation 10: Communication difficulties

Observation of staff-residents interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall the care plans were good, however the following gaps were identified:

- Some care plans were very wordy and lengthy, with valuable information buried within the text. For example, many care plans chronologically detailed incidents that had occurred and failed to ensure that the interventions required to guide practice and meet residents' current needs were clear.
- Some care plans were generic and repeated for all residents and not always informed by an assessment of need. For example, all residents had an identical safeguarding care plan in place, which meant that it would be difficult to establish which resident had a safeguarding need that required more focused interventions.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices was not found to be fully in line with national policy as published on the website of the Department of Health. For example;

- Residents who had restraint in use had an individualised risk assessment in place, and contained details including alternatives trialled; however, in some cases there was no clear documented evidence that a signed consent had been obtained prior to restraint being used or that the risks of using that restraint had been explained to the resident or their representative prior to use.

Judgment: Substantially compliant

Regulation 8: Protection

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 all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider promoted a rights-based service for all residents. All interactions observed during the day of inspection were person-centred and courteous.

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	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maynooth Community Care Unit OSV-0000516

Inspection ID: MON-0049397

Date of inspection: 02/07/2026

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Reviewed the care plan and ensure that intervention required to guide practice to meet the needs of the residents are included in care plan in a clear and concise manner. Safeguarding care plan is in place only for specific residents with safeguarding risk. The rest were all discontinued.	
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: All residents who have restraints in use, risk has been explained prior to use. All residents who have restraint in use have a signed consent in place.	

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/08/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/08/2026