



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:	04 September 2025
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0044148

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:	33
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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 4 September 2025	07:45hrs to 15:45hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in Maynooth Community Care unit. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that 'care couldn't be better' and that staff 'do wonderful work'. The inspector also spoke with some family members who were visiting on the day, who said that they 'never had any issues', and that their loved one was 'very well minded'.

There were 33 residents living in the centre on the day of this unannounced inspection. Throughout the morning, residents were observed sleeping or sitting in their rooms waiting for assistance from staff. Staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. Staff were observed busily attending to residents' requests for assistance in a timely manner.

The centre was visibly clean, tidy and well-maintained with a calm and friendly atmosphere observed. The centre was tastefully decorated both with professional and residents' own artwork. Many of the residents' bedrooms were personalised with items that were important to them including their family photographs and souvenirs. There were outdoor areas available for residents to use including an internal courtyard on the ground floor and a balcony area off the day room on the first floor. Residents had access to television, radio, newspapers, and books. An activities schedule was on display and the inspector observed residents participating in a quiz on the morning of the inspection. Residents and staff were seen spending time chatting and laughing together, as residents went about their daily routines.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The lunch food served on the day of inspection was seen to be wholesome and nutritious. The majority of residents informed the inspector that they had a good choice of food available to them. A variety of drinks were being offered to residents with their lunch. The inspector observed adequate numbers of staff available who were offering encouragement and assistance to residents.

Laundry facilities were available on site. Residents informed the inspector that they were very happy with the laundry service. Clothing was labelled with the resident's name to prevent loss.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time.

The centre has a palliative care room available for residents and family. The inspector observed an information folder for family to inform them of facilities available during this difficult time prior to, and after, a resident's passing.

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

Capacity and capability

The inspector found that residents in the centre benefited from well-managed resources and facilities. There was good leadership and good governance and management arrangements in place, which contributed to the centre's high level of regulatory compliance.

The registered provider of Maynooth Community Care Unit is the Health Service Executive (HSE). 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 and healthcare support staff. There was a schedule of regular meetings in place including management, unit and staff meetings and multidisciplinary meetings were held for quality, safety and service improvement. The management team had developed audits that identified where improvements were required. There was an annual review of the centre and a quality improvement plan in place.

Staffing levels in place were sufficient to meet the needs of the 33 residents living in the centre. From what the inspector observed and in conjunction with communication with residents and visitors, the number and skill mix of staff was sufficient to meet the needs of the residents. Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. The provider had structures in place to oversee and ensure all staff had received training appropriate to their role.

Documents were available for review including, written policies and procedures, contracts of care, residents' guide and complaint procedures and were compliant with the legislative requirements. Complaints were well-managed. The complaints policy was reflected in practice and the inspector was assured that complaints were addressed promptly.

Regulation 15: Staffing
On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual and collective needs.
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.
Judgment: Compliant
Regulation 21: Records
On the day of inspection, the registered provider ensured that all records were made available to inspector. Arising from the findings of a previous inspection, the provider had committed to scoping out a plan to enhance the storage practice of records retained in the centre for the required period of time as stipulated by the regulations. Records are digitalised and stored in an off-site location. Any records required are available in a digital format for immediate review.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.
Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector followed up on the compliance plan of the previous inspection regarding contract for the provision of services. The inspector reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process, including nominated review officer, should the complainant be dissatisfied with the outcome of the complaints process. Reference was made to independent advocacy services available for residents who needed support with the complaints process.

Judgment: Compliant

Quality and safety

Overall, the inspector were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Compliance plans from a previous inspection regarding premises were followed up and the provider had made the required improvements. The environment was observed to be very clean and tidy. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance. For example, flooring was replaced and painting was being carried out on the day of inspection.

The inspector followed up on the compliance plan from a previous inspection regarding Regulation 27: Infection control. All remedial works were completed. Staff spoken with were knowledgeable on standard precautions to prevent the spread healthcare-associated infection, and the inspector observed good practices in relation to standard precautions. For example, waste and laundry linen were

managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Information for residents was on display and available throughout the centre. The inspector reviewed the residents' guide for the centre within which there was a summary of the complaints procedure outlined. There was a nominated person for managing complaints and a review officer appointed. Advocacy services posters were on display throughout the centre.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 20: Information for residents

There was information for residents and visitors on display. This was to inform residents of the services available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details displayed. A comprehensive residents' information guide was available to residents which included a summary of services and facilities available.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of residents' care plans were reviewed. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans were updated within a four month period or more frequently where required.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant