



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:	10 May 2023
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0038964

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 40 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:	30
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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 10 May 2023	09:00hrs to 17:00hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind and responsive to their needs. From these insights and observations on the day, it was evident that residents were content and happy living in this centre. Residents' feedback was overwhelmingly positive, and residents said that support and care they received from staff was of a high quality.

Following an introductory meeting, the inspector completed a tour of the building with the person in charge. The building was found to be well laid out to meet the needs of residents. The inspector observed that the provider had carried out some redecoration of bedrooms since the last inspection of the centre. The four-bedded occupancy bedrooms were reduced to three-bedded occupancy bedrooms. The provider installed new privacy screens and wardrobes, and the inspector saw that each resident had enough space for their personal belongings. However, there had been delays in completing the refurbishment works, as the inspector observed the action being completed on the day of inspection. The sitting room/ recreation room was changed to a three-bedded room, which was, at the time of inspection, occupied by three residents. The registered provider had failed to register this room as a bedroom, and the premises were therefore found to not be in line with the centre's certificate of registration. Another single bedroom registered as an isolation, had been changed to a sitting room. In addition, another two-bedded occupancy room was reduced to a single occupancy room, and the provider had created two storerooms on the first floor. As a result of this reconfiguration, risks were identified in respect of the fire safety management in the centre, as further discussed under the respective regulations.

Over the course of the inspection, a number of residents were observed spending a significant part of the day in the sitting and dining room on the first floor watching TV, listening to music and participating in activities with staff. A number of residents were living with cognitive impairment or dementia. Some of them were unable to fully express their opinions to the inspector. However, the inspector observed that these residents appeared to be content, well-groomed and nicely dressed.

The inspector noted that the dining experience was a calm and sociable time for residents. Residents were complimentary of the food and the choices available on the menu. Drinks and nutritious snacks were available at all times and offered regularly, and drinking water was readily accessible. There was enough staff available to provide assistance to residents who required it.

Visitors were welcomed into the centre and were observed visiting residents in their bedrooms and in the communal areas.

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 impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with good management systems to ensure the safe delivery of quality care to residents. The inspector found that, in general, the provider had made good progress in respect of improving the service since the last inspection. However, this inspection also found that the registered provider used areas of the designated centre that were not in line with their stated purposes, as per the centre's certificate of registration. The provider had failed to communicate the changes to premises to the Chief Inspector using established processes, and a provider meeting was held immediately following the inspection.

The inspection also found that additional improvements were required in respect of the premises, fire safety, and the governance and management of the centre, which are outlined in the relevant sections of this report.

This was an unannounced 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 and to follow up on the findings of the previous inspection in July 2022.

Maynooth Community Care Unit is operated by the Health Service Executive (HSE), who is the registered provider. The management team consists of a general manager, who supports the person in charge of the day-to-day running of the centre, an assistant director of nursing, and clinical nurse managers.

The inspector saw that there were systems in place to deliver quality care to residents, and this was continuously monitored with oversight from the senior management team. Clinical and non-clinical audits were objective and identified improvements. However, other management systems were not effective in all areas as the fire safety risks found on the day were not identified, and the prescribed processes for changes made to the premises of the designated centre were not applied. The registered provider had also failed to submit an updated compliance plan in respect of the last inspection when requested by the Chief Inspector and to timely complete the required refurbishment works by 31st December 2022, as stated.

A review of training records indicated that there was a range of training available for staff to attend. An effective training schedule was in place to ensure that all staff members were adequately supported and trained according to their roles and responsibilities. Staff were found by the inspector to be very knowledgeable about the resident's needs, likes, past hobbies and interests.

A comprehensive annual review of the quality of the service in 2022 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

Regulation 16: Training and staff development

Staff were appropriately supervised and supported to perform their respective roles. Training records reviewed by the inspector evidenced that all staff had up-to-date training records. Staff demonstrated appropriate awareness from the training undertaken.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured a contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the allocation of adequate resources and the improvements made to the quality of the lived environment, the registered provider had failed to ensure the designated centre was operated at all times in line with its statement of purpose. Specifically, the registered provider had failed to;

- Make a valid application to vary the two conditions of the registration and effectively inform the Chief Inspector of proposed changes to premises using prescribed processes. This resulted in residents living in unregistered spaces in the designated centre.

- Submit an updated compliance plan when requested by the Chief Inspector.
- Complete proposed refurbishment works by 31 December 2022, as per the provider's compliance plan to the last inspection dated 22 July 2022.

While management systems for clinical oversight were good, the inspector was not assured that there was adequate management oversight of fire safety in the centre. For example, changes made to the premises had not translated into the reconfiguration of the fire alarm system, updated staff training and updated fire evacuation floor plans, as detailed under Regulation 28: Fire Precautions.

Judgment: Not compliant

Regulation 30: Volunteers

There were no people involved on a voluntary basis with the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place, up-to-date and available to all staff in the centre.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

While the registered provider made an attempt to notify the Office of the Chief Inspector about the changes made in the premises in the designated centre, the provider did not follow the correct processes as requested by the regulation.

Judgment: Substantially compliant

Quality and safety

The inspector found that the residents in the centre received a good quality service that met their health and social care needs. There was timely access to health care

services and appropriate social engagement, with an ethos of kindness demonstrated by staff on the day of inspection. Notwithstanding this positive feedback, findings from the inspection found that action was required to ensure full compliance with the regulations in relation to premises and fire precautions.

Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, tissue viability nurse, physiotherapy, dietitian, and speech and language, as required.

The registered provider ensured that residents with communication difficulties could communicate freely while having regard for their well-being, safety and health and that of other residents.

End-of-life decision-making incorporated residents and their families, where appropriate. Residents' personal wishes at end-of-life were recorded, when known, in individualised care plans.

The inspector found that the provider had invested in and partially completed refurbishment works to improve the lived environment for the residents. However, further actions, repeated from the last inspection in July 2022, continued to be necessary to bring the premises into full compliance and are discussed under Regulation 17: Premises.

Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre.

There was an appropriate activity programme in place to meet the occupational and recreational needs of residents. Residents were supported to exercise their political and religious rights. There was an independent advocacy service available in the centre.

Regular fire evacuation drills were taking place in the centre, and regular fire safety training was provided annually for all staff. However, some further actions were required in relation to fire precautions to ensure the safe evacuation of residents in the event of a fire, as outlined under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Their communication care plans described the resident's communication needs, and the inspector observed that care was being provided according to their care plan.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage facilities in their bedrooms for their personal belongings. There was an effective and practical labelling system for residents' clothes in place.

Judgment: Compliant

Regulation 13: End of life

The inspector reviewed residents' end-of-life care plans and saw that they reflected residents' wishes and preferences. Care plans were regularly reviewed to ensure that each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the overall improvements made to the premises, the inspection found that the registered provider did not use premises in line with the Statement of Purpose and the conditions of the registration.

The following changes had been made without consulting the Chief Inspector, which resulted in a loss of 9 m² of communal space;

- The occupancy of the centre was reduced to 35 beds. The four bedded rooms had been converted to triple bedrooms.
- Twin-occupancy rooms had been converted to single rooms.
- A residents' sitting area was converted to a triple-occupancy bedded room.
- A visitor's room downstairs was used as storage and not available for visitors' use.
- The Oratory on the ground floor was in use as a training/meeting room and not in line with its designated purpose; as stated in the last compliance plan- this was a recurrent finding resulting in residents not having access to all appropriate facilities as registered.

While overall, premises met Schedule 6 requirements, the following areas required action;

- The flooring in a number of bedrooms was damaged, which posed a trip hazard.

- Door frames and the doors were observed to be damaged and not well-maintained. This was a finding from the last inspection.
- Emergency-call bell was missing in the dining room.

Judgment: Not compliant

Regulation 18: Food and nutrition

The food served to residents appeared wholesome and nutritious and was attractively presented. Snacks and drinks were accessible throughout the day of the inspection. Jugs with water were seen to be replenished throughout the day in residents' rooms and communal areas.

Judgment: Compliant

Regulation 20: Information for residents

A resident guide was available and included a summary of services, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred out of the service to another service or back to the centre were retained in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector observed that the newly created bedroom, with three residents occupying the room, was registered as a sitting room on the fire panel, and another bedroom converted to a sitting room was registered as a bedroom. The inspector requested an immediate compliance action that the provider will arrange re-calibration of the fire panel and the floor plans to be adjusted to reflect the current centre's layout.

Furthermore, the fire drills were not completed in the newly created rooms to ensure staff were familiar with the new layout and that all residents could be evacuated safely. Following the inspection, the provider submitted to the Office of the Chief Inspector a confirmation of the arrangements to ensure the fire safety of the residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities available to residents to participate in activities on the day of inspection. Residents also had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and taking part in residents' surveys.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maynooth Community Care Unit OSV-0000516

Inspection ID: MON-0038964

Date of inspection: 10/05/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Review of management systems and actions taken to ensure the designated centre is operating at all times in line with the statement of purpose - completed. • An application to vary Condition 1 and 3 of the registration submitted to inform the Chief Inspector of proposed changes to premises using prescribed processes – completed. • An updated compliance plan submitted to the Chief Inspector - completed. • Completion of the refurbishment works as per the provider’s 2022 compliance plan-completed. • Strengthening of existing fire safety governance and management oversight in the centre. Specific fire safety actions are discussed in more detail under Regulation 28: Fire precautions – 31st December, 2024 	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <ul style="list-style-type: none"> • The register provider submitted an application to vary for Condition 1 and 3 of centre’s registration under regulation 7 to update the Chief Inspector about the changes made in the premises - completed 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Registered Provider generated a schedule of works to replace the identified damaged areas of flooring in the bedrooms - targeted for completion 31st December, 2024 (subject to funding) • Registered Provider generated a schedule of works to replace the identified damaged door frames and the doors - targeted for completion 31st December, 2024 (subject to funding) • Instalment of the Emergency-call bell in the centre's dining room – 7th July, 2023 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Reconfiguration of fire panel and the centres floor plans to reflect the centres reconfigured areas based on recent refurbishments – completed 17/05/23. • Fire drills completed in the centre with consideration of the newly refurbished area to enhance staff familiarity of efficient evacuation practices with the new layout to ensure residents' safety. Confirmation of the successful outcomes of these drills sent to the regulator- 15th April, 2023 • Further staff fire training planned supported by HSE contracted Fire Safety trainers in quarter 4, 2023 – 31st October, 2023. • Fortnightly local fire training continues for all staff and learnings from same are communicated to all staff during daily handovers - ongoing. • Updated fire evacuation floor plans generated on the 24/05/23 and are displayed at centre's reception area on the ground floor and on both wards – 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
Registration Regulation 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed	Substantially Compliant	Yellow	02/07/2023

	<p>in relation to the designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.</p>			
Regulation 17(1)	<p>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</p>	Not Compliant	Orange	22/06/2023
Regulation 17(2)	<p>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out</p>	Not Compliant	Orange	31/12/2024

	in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2024
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.	Not Compliant	Orange	24/05/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2023

Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	24/05/2023
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