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:	The Residence Maynooth
Name of provider:	Veritdale Limited
Address of centre:	Straffan Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0000684
Fieldwork ID:	MON-0050527

About the designated centre

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

The Residence Maynooth is a ground-floor nursing home located on the outskirts of Maynooth, Co. Kildare. The centre is registered to accommodate up to 121 residents within two buildings that are divided into five areas- Kinvara House, The Courtyard, Oak House, Arkle House and Champ House (Corridor 4). Kinvara House is in a separate building that accommodates 57 residents. Bedroom accommodation consists of 41 single bedrooms and eight double/twin bedrooms with full en-suite facilities. A variety of open-plan and communal spaces are available. Meals are transported to the Kinvara House kitchenette/dining room from the kitchen located in the other/main building. Oak House, located in the main building, accommodates 13 residents living with dementia or Alzheimer's disease. Bedrooms comprise of seven single and three twin/double. The Courtyard accommodates 31 residents residing in 1 twin occupancy and 29 single occupancy en-suite rooms, Oak House accommodates 13 residents, 3 twin occupancy en-suite rooms and 7 single occupancy en-suite rooms, Corridor 4 accommodates 20 residents in single ensuite bedrooms. These areas share the facilities and communal areas within the main building. The ethos of the centre is to promote residents' independence and value individuality. The aims of the centre are to meet the individualised needs of residents by encouraging them to continue to lead as active and fulfilling a life as is within their desires and capacities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	115

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
Wednesday 10 June 2026	07:00hrs to 14:45hrs	Sinead Lynch	Lead
Wednesday 10 June 2026	07:00hrs to 14:45hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors spoke with many residents to gain insight into their experience of living in The Residence Maynooth. All residents spoken with were complimentary in their feedback and expressed a high level satisfaction about the standard of care provided.

One resident reported that 'this was a great place' and that staff were 'brilliant', another resident told the inspectors that the service 'couldn't be better'. There were 115 residents living in the centre on the day of this unannounced inspection.

The centre was made up of two buildings Kinvara and the main building. Throughout the day, the inspectors observed residents mobilizing around the centre. Communal areas including the sitting rooms and dining rooms were seen to be well-used by residents. Resident bedrooms were found to be neat and tidy. The inspectors observed that many residents had pictures and photographs in their rooms and other personal items which gave their rooms a homely atmosphere. The provider was proactive in maintaining and improving facilities and the physical infrastructure in both buildings through ongoing maintenance and renovations. It was observed during this inspection that, the floor covering in the corridors of Kinvara unit were in the process of being replaced.

On the morning of the inspection, the inspectors walked around prior to the changeover of staff and attended the morning handover (sharing of relevant clinical information in respect of each resident between the shifts) in two corridors. The handover was observed to be thorough and comprehensive. Staff were informed of residents' specific care needs and any requirements for completion. Staff breaks were coordinated to ensure continuous supervision of residents. Residents' manual handling requirements and requirements for assistance at mealtime was advised.

The inspectors found a calm, quiet atmosphere. Rooms appeared tranquil with curtains closed to maintain darkened environment for continued sleep in the early morning. All residents had access to their call-bells while in bed.

Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an un-rushed, kind and patient manner. Residents had access to a range of media, including daily newspapers and TV. Activities were provided in accordance with the needs and preference of residents and there were opportunities for residents to participate in group or individual activities including bingo and sensory activities. Residents said that the activities were really good, they always had 'fun' and a 'good laugh'. The inspectors observed visitors coming to and from the centre throughout the day.

Residents' rights and choice were promoted and respected within the centre. There was a residents meeting each month, where opinions and views were taken into

account in the running of the centre. The minutes of these showed that they were well-attended and the issues brought up were addressed by the management team. There was an appointed resident representative in each building and residents had access to advocacy with contact details displayed in the centre.

Feedback received from residents on the day of the inspection was that they enjoyed the meals on offer. Residents told the inspectors that the 'food is lovely' with one resident stating they enjoyed all the meals and that there was a great variety of choice. Snacks were available outside of regular mealtimes with snack trolleys throughout the centre.

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

Overall, the inspectors were assured that residents in the centre were well cared for in a supporting, caring and well-resourced way. There was good leadership evident from the management team. The management team had implemented improvements in relation to infection prevention and control since the last inspection in December 2025.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The inspectors arrived in the centre at 7am to meet with night staff and ensure appropriate care and supervision were in place at this time.

Veritdale limited is the registered provider of The Residence Maynooth, which is part of the wider Emeis Group that have many nursing homes throughout Ireland. The person in charge is supported by three assistant directors of nursing, clinical nurse managers, registered nurses, care assistants, an activities coordinator, housekeeping, catering, laundry, administrative and maintenance staff. Additional support is provided from the wider Emeis group including a regional director.

Staffing levels and their allocation were observed to be sufficient to meet the needs of the residents for both day-time and night-time. This was confirmed by many of the residents spoken with, as well as staff and visitors who met with the inspectors. There were sufficient staff in place on the day of inspection to meet the assessed needs of the residents.

The provider had an audit schedule covering areas such as complaints, safeguarding, care planning, falls and wounds. Where these audits identified deficits and risks in the service, the provider had a time-bound quality improvement plan.

However, as identified under Regulation 5: Individual assessment and care plan, enhanced focus in the area of skin integrity was required. This is discussed further under Regulation 5.

There was appropriate clinical supervision in place, with supernumerary management staff available to oversee practices both during the day and at night. Call-bells were answered promptly, and residents' needs were attended to in a timely manner. The staffing allocations were changed as per the assessed needs of the residents. The person in charge informed the inspectors that residents' needs changed from day-to-day and with the senior clinical supervision in place they could change allocation of staff to meet the residents needs.

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in the staff member's knowledge and practices.

Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements and an incident and accident log was maintained in the centre.

Records of complaints were available for review and the inspectors reviewed a number of complaints received since the last inspection. Complaints were listened to, investigated and the complainant was informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. The process of how to make a complaint was displayed around the centre to guide both residents and visitors.

Regulation 15: Staffing

A sample of staff duty rotas was reviewed, and in conjunction with communication with staff, residents and visitors, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised during day-time and night-time.

Training records were well-maintained and made available to the inspectors on request. Inspectors were assured that staff had completed all the mandatory training and had access to other relevant training to support them in their role.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a directory of residents which was made available to the inspectors. This included all the information required as per Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had in place all records set out in Schedule 3 of the regulations. These were made available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. There was a proactive management approach in the centre which was evident by the ongoing audits and subsequent action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social services of any accident or incident required to be notified under the regulations within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. On the day of inspection there was one open complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as set out in Schedule 5. These policies were reviewed every three years or more frequently, if required.

Judgment: Compliant

Quality and safety

The inspectors 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. The Residence Maynooth was found to be inviting and pleasantly decorated to provide a homely atmosphere with well-maintained internal courtyard garden and multiple comfortable and pleasant communal areas for residents and visitors to enjoy.

The lunch food served on the day of inspection was seen to be wholesome and nutritious and residents reported high satisfaction with the food and choices available to them. Adequate numbers of staff were available offering encouragement and assistance to residents.

The inspectors reviewed a sample of individual assessment and care plans. 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. Some skin integrity care plans lacked detail and

therefore did not reflect the care being delivered. This is discussed further under Regulation 5: Individual assessment and care plan.

The inspectors found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and the inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

There was a rigorous recruitment procedure in place. Staff had An Garda Síochána (police) vetting prior to starting work in the centre. The provider was a pension-agent for a small number of residents. The inspectors were assured that monies collected on behalf of residents was being managed, in line with the Social Protection Department guidance

Residents had access to an activities schedule seven days a week and their choice whether to attend or not was respected.

Regulation 18: Food and nutrition

Residents had a good choice of food available to them and they had access to drinks and snacks whenever they wanted. The service of food was good and was in accordance with the residents' assessed needs. There was assistance available to those that required it at each meal.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The care plans reviewed were person-centered however, some gaps were identified in the skin integrity care plans, as follows:

- Some care plans were not detailed enough to reflect the care being provided. For example, three residents who were being nursed on pressure relieving mattresses did not have the type of mattress or the weight it should be set at reflected in their care plan.
- The information in some care plans had the potential to lead to confusion as they had contained more then one wound dressing plan.
- The wound care records for one resident indicated that the resident was not having their wound dressed as frequently as recommended by the tissue viability nurse (TVN).

Judgment: Substantially compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and inspectors saw evidence that a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

Regulation 8: Protection

The provider had an up-to-date Safeguarding Policy, and measures in place to protect residents from abuse. Appropriate pension-agent arrangements were in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Residents had access to meaningful activities. The activity schedule was on display and residents were involved in person-centred activities throughout the day. They had access to internet, television, radio and daily newspapers.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Residence Maynooth OSV-0000684

Inspection ID: MON-0050527

Date of inspection: 10/06/2026

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:

All care plans will be reviewed by the 30th July 2026 to ensure they accurately reflect current care needs, including the type and prescribed settings of pressure-relieving mattresses.

Wound care documentation will be reviewed by the 30th of July 2026 to remove outdated or duplicate dressing plans, ensuring only the current treatment plan is available.

A safety pause meeting will be conducted by the 30th July 2026 with nursing staff to reinforce the importance of maintaining accurate care plans and completing wound dressings in line with Tissue Viability Nurse recommendations.

From 1st July 2026, weekly audits will be completed by the management team for six weeks, followed by monthly audits, to monitor compliance and address any gaps identified.

All nursing staff will receive mandatory training on wound care management by the 30th of September 2026

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	30/09/2026