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:	Moyglare Nursing Home
Name of provider:	Moyglare Nursing Home Limited
Address of centre:	Moyglare Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	02 September 2026
Centre ID:	OSV-0000072
Fieldwork ID:	MON-0050821

About the designated centre

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

Moyglare Nursing Home is a ground-floor purpose-built nursing home with a capacity of 49 residents located on the outskirts of Maynooth, Co. Kildare. A variety of communal facilities for residents are available, and residents' bedroom accommodation consists of a mixture of 41 single and four twin bedrooms. Some have en-suite facilities, and all have wash hand basins. It intends to provide each resident with the highest quality standards of professional nursing care and a commitment to involve residents' families in the delivery of services and continuum of care. Staff strive to work effectively with the multi-disciplinary teams who are involved in providing care and services for residents. Nursing care is provided on a 24-hour basis. The philosophy of care is to maintain the basic values which underline the quality of life, autonomy, privacy, dignity, empowerment, freedom of choice and respect for the humanity of each individual resident. Quality of life and well-being is the primary aim of health care provision within this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

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 2 September 2026	09:00hrs to 17:00hrs	Sinead Lynch	Lead
Wednesday 2 September 2026	09:00hrs to 17:00hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

This was an unannounced one day inspection carried out by two inspectors of social services.

Inspectors spoke with 17 residents, five visitors and eight staff in more detail to gain insight into the culture of the home and what it was like to live at Moyglare Nursing Home.

Throughout the inspection, there was a warm and inviting ambiance in the centre. Staff were friendly and welcoming, and it was evident that staff knew the residents' needs and preferences well. Residents spoke with high praise for the staff with one resident saying 'we have the best staff, who would do anything for you'.

Inspectors followed up on previous compliance plans and acknowledged that the provider had taken action to address aspects of the environment since the previous inspection, including the installation of two hand hygiene sinks. Inspectors followed up on four bedrooms which were reserved for residents with low dependency due to the layout of the en-suite bathrooms and observed that as the bedrooms became vacated, the provider ensured that future occupancy reflected room design and dependency suitability.

The lived-in environment was clean and homely throughout. There was sufficient private and communal space for residents to relax in. The reception area was spacious with comfortable seating areas for residents to enjoy. An enclosed courtyard was easily accessible on the ground floor. Residents' bedrooms were seen to be clean, well-maintained and personalised with belongings. Residents reported that they were happy with their rooms.

During the morning walk around, inspectors observed that numerous electric mattresses were not working, posing a risk to the residents' safety. The person in charge was notified immediately, and it was quickly identified that they had been disconnected in error and the issue was resolved.

Inspectors observed the lunch-time dining experience. Residents were offered a choice of starters, main courses and desserts. Many residents spoken with confirmed they enjoyed the food on offer and that there was plenty to eat and it always tasted good. The tables in the dining room were laid out with cutlery and condiments for the residents to access with ease.

A schedule of activities was available for residents, providing a range of opportunities for social engagement and participation. During the inspection, residents were observed enjoying a lively quiz game. Many residents told inspectors

that they enjoyed the various outings that were organized for them, including a recent trip to the zoo.

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, the provider had good governance and management arrangements in place and strived to deliver good quality care to the residents. Some further opportunities for improvement were identified in respect of staff training, residents' assessment and care planning and managing behaviour that is challenging. These are discussed further in this report.

This unannounced inspection was carried out by two inspectors of social services to monitor ongoing compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013 to 2025 , and to inform the renewal of registration.

The registered provider is Moyglare Nursing Home Limited. The management team included the company director, who supported the person in charge in the day-to-day running of the centre, and two clinical nurse managers. The management team oversaw a team of staff nurses, health care assistants, activity, catering, household and maintenance staff.

A review of the duty roster and observations on the day of inspection, indicated that adequate staffing levels had a positive impact on the quality, safety, consistence and person-centred care provided to residents.

Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. However, further improvements in relation to staff training was required as detailed under Regulation 16: Training and staff development.

Policies and procedures were in place and made available during the inspection. Staff had access to these policies and procedures as they were displayed in areas around the centre.

Records were made available to the inspectors in relation to staff files and residents records, which were all found to be in line with the requirements of the regulations. All staff nurses had up-to-date registration with the Nursing and Midwifery Board of Ireland (NMBI).

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre, together with all the required documentation had been submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were adequate levels of nursing and care staff on duty to ensure the safe delivery of care to residents. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff were provided with the appropriate training to ensure they could meet the individual needs of each resident. For example,

- 11 staff members had not completed training in managing behaviour that is challenging.

Judgment: Substantially compliant

Regulation 21: Records

All records as set out in Schedules 2, 3 and 4 were available to the inspectors. Retention periods were in line with the centre's policy and regulatory requirements, and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents received a good standard of service and that their health care needs were met, however further action was required to ensure ongoing quality and safety of the service as outlined under the relevant regulations.

Care planning documentation was available for each resident in the centre. The provider was in the process of transitioning to an electronic system. The inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences and found that 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 behaviors (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. 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.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns.

Residents' choices were respected, including their right to decline. Feedback from residents was positive in respect of activities which were available seven days a week. Effective arrangements were in place to ensure that feedback from residents was considered and appeared to be informing the activities planned and provided.

Residents' nutritional and hydration needs were met. Inspectors observed that residents' dietary needs and preferences were respected and there were appropriate systems to communicate specific dietary needs to all staff.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety. Transfer letters accompanied residents upon transfer to another service and copies of documents were available for review. They contained relevant resident information including medications, mini mental state examination score (MMSE) and communication difficulties where relevant.

Overall, the centre was clean, with good adherence to the prevention and control of infection. Waste, used laundry and linen was segregated in line with national guidelines. Inspectors followed up on the compliance plan from the previous inspection and found that two clinical hand hygiene sinks were installed which were easily accessible for staff to wash their hands, thus reducing the risk of staff transmitting a healthcare-associated infection. Four new linen trolleys were obtained to ensure that trolleys were always available at the point of care. Two new housekeeping trolleys with lockable storage compartments were available in the centre, to ensure full compliance with chemical safety requirements.

Regulation 17: Premises

Overall the premises was of suitable size to support the numbers and needs of residents living in the designated centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre was done in a planned and safe manner.

Judgment: Compliant

Regulation 27: Infection control

Many instances of good practices in respect of infection prevention and control were observed including effective processes to mitigate the risks associated with the spread of infection. Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018).*

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care documentation and found that assessment and care planning required improvement to ensure safe care delivery for residents, for example;

- Some care plans were very lengthy with valuable information buried within the text. For example, some behavioural care plans failed to ensure that the interventions required to support residents were clear.
- Some care plans contained conflicting information in respect of residents' care needs. For example, one resident's care plan outlined that one-to-one supervision should be maintained at all times, however there was no requirement for such intervention.
- Not all care plans contained up-to-date information. For example, for a resident who returned from hospital, the directions given on discharge and the intervention required were not updated in the care plan or implemented in practice.

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 a signed consent and an individualised risk assessment in place; however, in some cases there was no documented evidence 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

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy.

Inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

The nursing home was not a pension-agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in the centre. 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	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 Moyglare Nursing Home OSV-0000072

Inspection ID: MON-0050821

Date of inspection: 02/09/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Specific & Measurable The PIC will ensure: • A review of the training matrix will be completed to identify all staff requiring Managing Behaviour that is Challenging training. • The 11 staff members identified have completed the required training. Achievable & Realistic; • Staff training records and the training matrix are updated and monitored. • Monthly audits are completed to ensure mandatory training remains up to date. Time -Bound; • 31 October 2026; ongoing monthly monitoring. Persons Responsible; • Registered provider ,Person in Charge ,CNM team	
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: Specific & Measurable.The PIC and CNMs will: • All residents' care plans will be reviewed to ensure they are clear, concise, current and consistent with the resident's assessed needs. • Care plans will have key interventions clearly identified and easily accessible to staff. • Behavioural care plans will clearly identify triggers, behaviours, risks and required	

interventions.
• Any conflicting information, including unnecessary requirements, will be identified and corrected.
• Hospital discharge information and changes in residents' needs will be incorporated into care plans immediately and communicated to relevant staff.
Achievable & Realistic;
• CNMs/PIC will complete monthly care plan audits
• monitor compliance and ensure identified issues are corrected.
Timeframe: By 31 October 2026 with ongoing monthly audits.

Person's Responsible: PIC / CNM1 / CNM2

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:
Specific & Measurable.
The PIC and CNMs will ensure;
• Consent will be obtained and documented before restrictive practice is implemented.
• Individualised risk assessments will clearly document the risks and benefits of the restrictive practice.
• Evidence that the risks and alternatives have been explained to the resident and/or their representative will be recorded.
Achievable & Realistic;
• Restrictive practice records will include documented consent, risk assessment, alternatives considered and evidence that the risks have been explained to the resident and/or representative.
•
Time -Bound;
31 October 2026; ongoing monthly audits and clinical review.

Person's Responsible.
PIC, CNM1, CNM2

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2026
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	31/10/2026
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	31/10/2026