



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Maynooth Lodge Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Rathcoffey Road, Crinstown, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	10 July 2025
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0047652

About the designated centre

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

Maynooth Lodge Nursing Home is single storey purpose built nursing home that is spacious and laid out in three parts one of which is a separate unit referred to as the dementia friendly area. Residents can be accommodated in this secure unit that had a combined area divided by a corridor as the residents' day and dining room. The centre is registered to accommodate 85 residents. All bedrooms (81 single and two twin bedrooms) have full en-suite facilities. The main dining room adjoined the kitchen where meals were prepared and cooked. There was ample communal space throughout which included day spaces and sitting rooms, a smoking room, an equipped hair salon, an oratory, laundry, staff and visitor facilities. Residents and visitors had access to a variety of secure well maintained outdoor garden courtyards with raised beds, paved patios and seating areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	81
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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
Thursday 10 July 2025	07:30hrs to 15:55hrs	Sinead Lynch	Lead
Thursday 10 July 2025	07:30hrs to 15:55hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

From what residents told the inspectors and from what was observed, it was evident that residents were very happy living in Maynooth Lodge Nursing home. Residents informed the inspectors that their rights were respected and they had the freedom to make their own choices. Residents spoke very highly of the staff that provided 'exceptional care' to them. Residents were very complimentary of the staff's kindness and prompt responses to their needs.

Inspectors arrived unannounced at 7.30am in the morning and observed the handover process (sharing of relevant information between the night time staff and the day staff), which included comprehensive details about residents' conditions and their changing needs. Inspectors spoke with several night-time staff and observed that the atmosphere in the centre was calm, with call-bells answered in a timely manner.

Throughout the day inspectors spoke with 17 residents and five visitors. Feedback was unanimous that this was a very good place to live. Some residents mentioned that they were saddened to see the images shown on the RTE Investigates programme and were keen to assure the inspectors that they had never seen such practices in their centre. On the contrary, they praised the kindness and patience that every staff member showed to them on a daily basis. Staff were described by one resident as 'amazing people' while another said they were 'top class'. Most visitors also expressed confidence in the registered provider and said that they had been informed in advance of the programme airing. Other visitors said that they were coming at different times on various days, and they were always assured that staff were around and they observed kind engagements with the residents. One visitor detailed how their relative was in the centre for two years and how the communication was 'excellent' and that the staff are very 'proactive' in dealing with anything raised by the visitors.

Residents had access to numerous communal day spaces and dining rooms. There were additional communal spaces available for residents outside the individual units, including an oratory, hairdressers and ample areas for seating. A tea and coffee machine was available where residents and visitors could help themselves with refreshments. Outdoor spaces were also safe and well-maintained and furnished with seating and tables, including a sun umbrella, which were seen to be used extensively by the residents during the day.

The lived-in environment was bright, clean and homely throughout. Residents confirmed that they were satisfied with their living arrangements and the overall standard of cleanliness maintained in the centre.

Residents who spoke with the inspectors were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings.

Throughout the day, the inspectors observed call-bells were responded to promptly, and residents spoken with said their call-bells are answered when used. One inspector based themselves in the dementia specific unit. Some environmental changes had been made since the last inspection, which had a positive impact on the residents in this unit. The unit was no longer locked, and this created opportunities for residents to mobilise safely throughout the centre, which had reduced the incidents of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Inspectors observed breakfast and lunch being served. The menu for the day was displayed in coloured picture format in each dining room. The food appeared hot and appetising, and most residents said the food was great, they got plenty of choice and it was always served hot. Residents had access to a choice of drinks with their lunch, and they had drinking water jugs made available to them in their bedrooms. A variety of snacks were available at all times throughout the day and night, and inspectors observed residents served with healthy fruits and drinks around 11 o'clock. Residents confirmed to the inspectors that this was a daily practice, and that they could request whatever they wanted. Staff were available to assist residents at mealtimes; however, independence was encouraged and promoted.

There was a selection of activities made available to residents. These included senior chair exercise, mindful meditation, bingo, Mass, jewellery making and live music. There were five residents on the day of inspection who regularly attended the 'Men's shed'. The residents said they loved to attend this and got to 'catch up' with friends and have the 'chats'. The information pertaining to these activities was displayed around the centre. Residents had access to a range of media, including television, radio, WiFi, and newspapers to ensure they were informed regarding current affairs and connected to their community. Minutes of residents' meetings reviewed showed that residents had an active voice in the running of the centre and that their suggestions on how to improve the service were followed up and implemented.

The following two sections of the report outline how the governance and management arrangements of the registered provider determine the quality and safety of care provided and the specific findings are later outlined under individual regulations.

Capacity and capability

Overall, the inspectors found that residents in the centre benefited from a well-managed and resourced service that was responsive to their wishes and suggestions for improvement. There were robust governance and management arrangements in place, which ensured a high level of regulatory compliance across all regulations inspected against. The management team was proactively working to enhance the

quality of life for the residents and had implemented many improvements for the benefit of the residents, which were observed throughout the day of this inspection.

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 followed up on previous compliance plan responses and found that they had been appropriately actioned by the registered provider.

The registered provider is The Brindley Manor Federation of Nursing Homes Ireland. The provider is part of the Emeis group, which has a number of other designated centres within Ireland. This inspection was carried out following the airing of an RTE Investigates programme in June showing concerning practices in respect of the provision of care to vulnerable residents in two other designated centres in the Emeis group. The person-in-charge reported to a regional director. The person-in-charge worked full-time Monday to Friday in the centre and was supported by two assistant directors of nursing and clinical nurse managers. In addition, the person in charge was supported by a team of staff nurses, healthcare assistants, housekeeping, activities staff, catering and maintenance staff.

There were sufficient staff on duty on the day of the inspection to support the needs of the residents. The staff were visible within the nursing home, tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. Since the last inspection in November 2024, 41 new staff had started to work in the designated centre. Some of the staff who spoke with the inspectors, mentioned, that the turnover had been high and that using agency and training new staff took a lot of time and effort and added to the workload and pressures on the existing staff. Inspectors saw that where vacancies arose, new staff were recruited into the vacant roles, and records showed effective supervision arrangements to induct and mentor new staff. Similarly, new staff who spoke with the inspectors confirmed that they were supported through the induction. When required, staff from the centre took extra shifts and the provider also had access to an agency should there be a shortfall in staff.

The complaints policy and procedure were reviewed. Complaints were managed as per the policy and at the time of inspection, there were five open complaints in progress. The investigations instigated by management following these complaints were found to be very detailed and comprehensive.

A number of documents were reviewed, including a sample of staff files to include the Garda Vetting and references, and were found to be compliant with the legislative requirements.

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 on the day of inspection. Training records were well-maintained and made available to the inspectors on request.

Judgment: Compliant

Regulation 21: Records

Records reviewed on the day of inspection were stored securely within the designated centre and made available for the inspection. All staff files reviewed were found to have all the required documents as per the regulations.

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. 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

Each resident had a contract for the provision of service. These contracts included the type of bedroom they would be accommodated in, the fees to be charged and information pertaining to life in the centre.

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.

Judgment: Compliant

Quality and safety

Overall, 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 management team had completed an improvement plan to ensure residents' rights were maintained and improved while living in the dementia unit. The once closed secure unit was now open to the rest of the centre, and residents were seen moving freely throughout the centre, and appropriately supervised. On the day of inspection, the inspectors observed the residents were much calmer and content, having the increased space to move around freely.

The inspectors observed that the food offered to residents was of a high standard, which appeared nutritious, with a choice available at all mealtimes. Those residents with modified diets were also catered for with the same choice made available to them.

The residents' clinical care needs were well-met while living in the centre. Each resident had a comprehensive assessment completed on admission, and those reviewed presented a clear and accurate reflection of the resident's needs. These assessments were reviewed every four months or more frequently if the residents' needs changed. Residents' care records were maintained on an electronic system; however, copies of residents' updated care plans were also available in hard copy. This meant that agency staff or care staff had access to residents' care plans in addition to the information available in the handover sheets.

Residents had appropriate access to a general practitioner (GP) when required. Documents relating to the GP's advice and recommendations were in place, and any recommendations were acted upon. Residents also had appropriate access to members of the multi-disciplinary team, such as a speech and language therapist, which was seen reviewing residents on the day, and a dietitian and a

physiotherapist. Any recommendations were followed with a detailed care plan for each resident.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a 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, and feedback from residents was very positive.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments had been completed for residents on their admission to the centre, and inspectors found that these assessments were incorporated into residents' care plans. Residents' care plans were prepared within 48 hours of admission to the centre, and there was clear evidence of consultation with residents and their families in the development of care plans. Care plans were regularly reviewed and promptly updated when required. All staff had access to the care plans and were clearly able to demonstrate to the inspectors how they implemented the plans in practice, in line with each resident's care needs.

Judgment: Compliant

Regulation 6: Health care

Residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse, and staff were clear on the steps to take should they witness or suspect abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise.

The provider was a pension-agent for seven residents. There were clear and transparent records made available to inspectors ensuring residents' finances were safeguarded and protected.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to meaningful activities. The activity schedule was displayed around the centre. Residents were observed participating in group activities and person-centred activities throughout the day.

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 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant