



**Health  
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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:	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:	11 December 2025
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0048917

## 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:	83
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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 11 December 2025	08:40hrs to 15:20hrs	Maureen Kennedy	Lead
Thursday 11 December 2025	08:40hrs to 15:20hrs	Sheila McKeivitt	Support

## What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in Maynooth Lodge nursing home during this unannounced inspection. The inspectors spoke with many residents to gain insight into their experience of living in the centre and residents spoken with were complimentary in their feedback telling the inspectors, it was a nice place to live and that they felt safe and their needs were being met. The inspectors also spoke with some family members and friends who were visiting on the day, who said that there were 'no issues here', and that their loved one was 'very well looked after'. There were 83 residents living in the centre on the day of inspection.

This was a well-managed service that provided safe care and services for the residents. On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Residents spoken with described the staff as 'very, very good', 'lovely', 'excellent' and 'very kind'.

The inspectors spent time observing the environment and interactions between residents and staff. All interactions observed were person-centred and courteous. Inspectors observed staff from different disciplines knocking on residents' bedroom doors and seeking permission prior to entering residents' bedrooms. Staff were responsive and attentive while attending to residents' requests and staff who spoke with the inspectors were knowledgeable about the residents they cared for and what their needs were.

The premises appeared well-maintained inside and outside. The centre was bright and airy, it was warm and well lit, with many rooms getting direct sunlight during the day. The wide corridors with handrails on either side, facilitated residents to mobilise safely from one area to another. Some improvements to the premises had been made since a previous inspection, all issues identified had been addressed in full.

The centre was visibly clean, well-maintained and tastefully decorated. Resident bedrooms were found to be neat and tidy with many residents having pictures and photographs in their rooms and other personal items which gave their rooms a homely atmosphere. Along with the many communal lounge areas and dining rooms, the centre had an oratory, a sensory room, a hairdresser's room and ample areas for seating. A coffee machine was available where residents and visitors could help themselves with refreshments. The residents could independently access the enclosed courtyards all of which were well-maintained and suitable for residents to use. A smoking hut was situated within an enclosed garden and was appropriately equipped with a fire blanket, fire extinguisher and a call-bell available in the hut.

Residents' rights were upheld. They had access to a full daily schedule of activities, which occurred inside and outside the nursing home and included weekly outings to

a local day care service and men's shed. Residents had access to television, radio and daily newspapers. Residents living with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Inspectors observed that residents received a good standard of health and social care overall, with some further opportunities for improvements identified in respect of documenting residents' end-of-life care preferences, as further discussed under Regulation 13.

The inspectors observed staff to have good hand hygiene and good practices in relation to standard precautions to reduce the spread of infection. The inspectors observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately. The inspectors observed the laundry facilities available on site with residents and family informing the inspectors that they were very happy with the laundry service.

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

## Capacity and capability

The registered provider of Maynooth Lodge nursing home is The Brindley Manor Federation of Nursing Homes Ireland which is part of the Emeis group and has a number of designated centres within Ireland. The inspectors found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place as evidenced by the findings of this unannounced inspection.

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. The person-in-charge was supported by two assistant directors of nursing and two clinical nurse managers, in addition to a team of staff nurses, healthcare assistants, housekeeping, activities staff, catering and maintenance staff. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being. The annual review for 2024 was reviewed and it met the regulatory requirements.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents including the use of an education app which facilitated guidance document availability and ease of access on staff devices.

On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care and to meet residents' individual needs. Throughout the day of inspection, staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner.

Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. The provider had structures in place to oversee the service and ensure all staff had received training appropriate to their role.

The incident log was reviewed and incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames.

Complaints were well-managed. The complaints policy was reflected in practice and the inspectors were assured that complaints were addressed promptly.

### Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was 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

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

### Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

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 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.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were available for inspection. All were updated within the time frame as set out by the regulations.

Judgment: Compliant

## Quality and safety

The quality of service and of nursing care delivered to residents was of a good standard and improvements had been made to the premises since a previous inspection. Further improvements were required to the contents of end-of-life care plans to ensure they reflected the residents' personal preferences.

The inspectors were assured that residents received good, quality, safe care. Residents told the inspectors that they are happy living there.

There was a good choice of food and assistance was available to residents who required it.

Residents' spiritual and religious needs were respected. Residents who were approaching end of life received all the appropriate care. A end-of-life care plan was in place for each resident, who were involved in their care plan and supported by family or their appointed representative. However, the sample of those care plans reviewed required further detail to ensure they fully reflected the residents' personal preferences. The inspectors saw that suitable facilities were available to residents' families when residents were receiving end-of-life care.

The residents had access to an adequate amount of personal storage space in their bedroom or at their bed space for those in a twin bedroom. This included a lockable area to store personal belongings.

The medication processes including the administration of medications were reviewed and the processes in place facilitated safe medication practices. Two staff nurses were observed administering medications in line with current best practice and in line with the prescriptions signed by the residents' general practitioner (GP).

### Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping.

Judgment: Compliant

### Regulation 13: End of life

End-of-life care plans were completed and updated as and when necessary. However, they required more individualised detail to ensure staff could direct the physical, emotional, social, psychological and spiritual needs of this area of care in accordance with the resident's personal preferences.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises was clean and tidy. It was warm and well lit. Residents had access to an adequate amount of private and communal space to meet their needs. Residents also had access to outdoor courtyards which they could access independently from the communal areas.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents informed the inspectors that there was a good choice of food available to them and that they can access food and snacks whenever they want. The service of food was good and residents had a choice at each mealtime. The food served was found to be in accordance with the residents' assessed needs.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was reviewed, it had been updated within the last three years and it included all the specific risks identified in the regulation. The risk register had been updated since the last inspection and it included the risk rating of all risks identified and a plan to reduce each identified risk.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

The inspectors observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

# Compliance Plan for Maynooth Lodge Nursing Home OSV-0004593

Inspection ID: MON-0048917

Date of inspection: 11/12/2025

## 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 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life: Existing end-of-life care plan templates have been reviewed and enhanced to include clear prompts for documenting individual preferences, values, cultural beliefs, spiritual needs, and emotional and psychological supports. This will support staff in delivering care that is aligned with each resident's expressed wishes. This is completed and ongoing.</p> <p>All residents with an end-of-life care plan will have their plans reviewed and updated in consultation with the resident and, where appropriate, their family or representative. These consultations will ensure that personal wishes, comfort measures, preferred interventions, spiritual or religious practices, and psychosocial supports are clearly documented and accessible to staff. This will be completed by 31 March 2026.</p> <p>Staff will receive guidance and education on person-centred end-of-life care planning, with a particular focus on meaningful documentation that is person-centred to the resident's individual needs. Multidisciplinary input, including from the GP, palliative care services, pastoral, and other relevant professionals, will be sought where appropriate to support comprehensive care planning. CARU supports the centre with end-of-life training and is scheduled to provide further training in End of Life in first quarter of the year. This will be completed by 30 April 2026.</p> <p>End-of-life care plans will be reviewed on an ongoing basis and following any significant change in the resident's condition or expressed wishes. The quality and completeness of these care plans will be monitored through regular audits, and findings will be discussed at clinical governance meetings to ensure continuous improvement. Completed and ongoing</p>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	30/04/2026