<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Maynooth Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0004593</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Rathcoffey Road, Crinstown, Maynooth, Kildare.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>01 629 2433</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:info@maynoothlodge.ie">info@maynoothlodge.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Maynooth Lodge Nursing Home Partnership</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Sonia McCague</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Brid McGoldrick</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>34</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>45</td>
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</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 14 February 2018 10:20
To: 14 February 2018 15:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of an unannounced follow-up inspection, the purpose of which is to inform a decision for the renewal of the centre's registration.

A previous inspection on 9 and 10 November 2017 found three major and four moderate non-compliances in the eight outcomes inspected. These matters had since been satisfactorily addressed or progressed to come into substantial compliance with the regulations.

Since the previous inspection, the provider attended a meeting with inspectors 15 December 2017 and submitted an action plan response that outlines the measures put in place and taken to address the deficiencies previously found. The purpose of this inspection was to review the progress made to inform the decision following an application to accommodate up to 79 residents.

There were 34 residents accommodated. The recruitment of staff was on-going to ensure that the necessary resources are in place to support the effective delivery of quality care and support to people using the service.

Structured governance and management systems had been put in place and appropriate measures were in place to review the quality of the service and care.
delivered.

Improvements in communication systems and arrangements with residents and staff had been implemented and a range of approved policies, procedures and guidance documents were available to support evidence best practice and the operation of the centre.

Residents were well cared for and expressed satisfaction with the care they received and confirmed satisfaction with the arrangements in place.

The inspectors found that significant improvements were made to come into compliance. The management and staff of the centre were striving to improve practices and residents’ outcomes. The arrangements put in place aimed to provide a safe service and deliver resident care to a high standard by trained staff who knew the residents well.

During the course of the inspection, the inspectors met with residents and staff, the person in charge and the provider representative. The views of all were listened to, practices were observed and documentation was reviewed. The staff team discharged their duties in a respectful and dignified way. Residents’ autonomy and freedom of choice was being promoted and the enhancement of activity provision was underway.

While an improved overall level of compliance was found in the areas previously inspected in, further improvement was required in relation to the records pertaining to fire drills, the assignment of residents’ unique identification numbers and staff training. The staffing provision is to be subject to regular reviews and monitoring by the provider in line with the changing needs, dependencies and numbers of residents.

The findings are discussed in the body of the report and actions required are outlined in the action plan for response.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Improvements in the governance and management of this centre were found since the previous inspection.

Since the previous inspection the provider representative, group manager as the person in charge and staff were fully engaged in the governance, operational management and administration of the centre to bring about improvements. Inspectors were satisfied that sufficient improvement was made to ensure the service was safe and appropriate, and consistently monitored.

Improved oversight arrangements and robust reporting structures, and communication arrangements were put in place to improve the standards of care and practices, and to come into substantial compliance with the Regulations.

A review of existing and proposed resources was completed in line with the statement of purpose and function to ensure a more effective delivery of the service. A change in the person in charge had occurred between inspections. The deployment of existing resources and an ongoing recruitment and provision of staff was aligned to the statement of purpose and function, and to resident numbers. The arrangement to ensure a continuity of care over seven days was set out, and a change in shift patterns and allocation arrangements had improved the availability of the staff numbers and skill mix to residents. The voluntary governance and management decision taken to cease resident admissions until the centre's compliance level had improved was implemented for a period, demonstrating a commitment to improve services, implement changes, systems and monitoring arrangements to improve the standard of care for residents. A maximum of four resident admissions in any one week was confirmed by the person in charge and authorised provider representative and was noted in practice during recent resident admissions.
There was evidence of good leadership and management, staff recruitment, induction, training and appraisal was put in place to improve supervision and direction of staff. Governance systems were put in place to control and direct the service provision with frequent reporting of performance indicators to the line manager and requirement to complete auditing of resident and operational outcome measures determined by management.

The maintenance of resident and general records had improved and was of a good standard, however, the assignment of unique identification numbers to more than one resident required improvement to ensure traceability and accuracy.

Communication between staff and by management had also improved. Responsive management to complaints raised was noted within the records maintained and reviewed with the person in charge.

**Judgment:**
Substantially Compliant

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**Outcome 07: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Safeguarding measures were in place.

Policies and procedures were reviewed and staff had received training and mentoring in relation to safeguarding residents and in use of restraint including medicine management and PRN (a medicine only taken as the need arises) psychotropic use.

Restraint was in line with national guidelines and there was evidence of progress towards promoting a restraint free environment. Improvement was evident in relation to the assessment and management of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

An activity programme tailored to meet residents’ assessed and care plan needs were in place and under further development.
The current systems and arrangements found in place safeguarded resident's finances and property.

**Judgment:**
Compliant

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**Outcome 08: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Since the previous inspection the centre's policies and procedures relating to health and safety included a health and safety statement and risk management procedures to include items set out in Regulation 26(1).

The risk management policy was implemented in practice and a risk register was maintained that recorded the identified risk assessed with its rating, and the control measures in place to mitigate the risks.

Arrangements were in place for investigating and learning from audits, serious incidents and adverse events involving residents. Actions had been taken to prevent incidents and accident involving residents that included increased supervision, staff allocation and change in shift patterns along with the use of alternative monitoring equipment.

An infection control policy with supporting protocols, checks and practices was implemented in practice since the previous inspection to improve the cleanliness and mitigate the risk of infection.

Arrangements were provided for staff to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, and the procedures to be followed in the event of a fire. A fire warden was rostered daily and to be available on each shift to coordinate. While much improvement was found, the content and detail in the simulated fire drill records required improvement to show the scenario simulated, time taken, number involved and any action taken to remedy any problems encountered to ensure staff learning.

**Judgment:**
Substantially Compliant
**Outcome 09: Medication Management**

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents’ medicine regimes were reviewed as required by doctors. Staff were knowledgeable about the medicines in use.

Medicines were stored and administered in accordance with good practice guidance. Medicines for residents were supplied in blister packs from the pharmacy. Medicines were stored in a locked trolley which was stored securely within the clinical room when not in use. The temperature of the medication fridge was monitored and recorded daily and medicines requiring refrigeration were stored appropriately. Handling and storage of controlled drugs was safe and monitored twice daily by two nursing staff and a register was maintained. Nurses had completed medicine management training.

An inspector reviewed a sample of medicine prescription sheets. All medicines prescribed were signed for by a medical practitioner. Maximum daily doses were specified for PRN medicines (a medicine only taken as the need arises).

The administration record sheets (MARS) identified the medicines on the prescription sheet, contained the signature of the nurse administering the medicines. Space to record comments on withholding or refusing medicines was available. The times of administration matched the prescription sheet. The pharmacist attended the centre to provide staff training and had completed audits.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

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Page 8 of 15
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was evidence that residents had their health care needs reviewed regularly.

Comprehensive assessments were carried out and the assessment process involved the use of validated tools to assess each resident for risk of malnutrition, falls, levels of cognitive impairment and skin integrity. Care plans were developed within 48 hours of admission based on the assessments completed.

Assessments and care plans were updated regularly but the inspectors found that while each individual care plan was reviewed; there was no overall judgment on how particular problems impacted on residents’ general health and well being. For example, where a resident had repeated falls and other documented health problems, there was no comprehensive review of the collective impact of these matters on the residents’ health in their care plan.

Residents and relatives spoken with told inspectors that their care needs were being met and said they enjoyed living in the centre. In particular they enjoyed the space afforded to residents and that residents could move freely around the centre.

Care plans described changes in residents’ care needs and patterns of behaviour.

There was no resident actively receiving end of life care at the time of this inspection. Samples of end of life care plans were reviewed. These detailed residents specific wishes about funeral arrangements. Resident’s choice regarding resuscitation and transfer to hospital was recorded.

Inspectors reviewed a selection of care plans. A pre-assessment was undertaken prior to admission. On admission, an assessment of resident’s needs was completed to include activities of daily living, including risk of falls, nutritional care, manual handling and personal care.

**Judgment:**
Substantially Compliant

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The matters arising at the previous inspection were satisfactorily addressed.

An audit of the premises and rooms had been undertaken since the previous inspection. An inventory of rooms equipped, occupied, vacant and restricted was completed to inform maintenance and management.

Improvements were made and choice facilitated in relation to the previously restricted access of resident from one unit to other parts of the centre and access to food and drinks other than at set mealtimes. All operational parts of the centre were available to the resident group. Some corridors that were not occupied by residents at this time were restricted areas which were subsequently outlined within a floor plan for clarity.

A review of residents privacy arrangements was undertaken in consultation with residents and or their family. The monitoring via CCTV in one unit’s communal area had ceased and the use of CCTV was advertised.

The centre is purpose built and registered for a maximum capacity of 79 residents. Residents’ accommodation is on the ground floor. The centre comprises of 75 single bedrooms and two double (twin) bedrooms with full en-suite facilities. The building design, layout and decor were of a high standard. Sitting rooms, the sun room, seated areas, kitchenettes and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings.

Since the previous inspection the centre has been upgraded and redecorated in parts and was well maintained. Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. An additional measure and new ventilation system was put in place to mitigate the risk of smoke migrating into the corridor from the smoke room used by a small number of residents.

**Judgment:**
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The matters arising at the previous inspection were addressed. The complaints procedure was clearly displayed and available to residents.
The revised complaint's policy reflected the responsible personnel and the process that was outlined had been followed in the management of complaints received since the previous inspection. Relevant documents were maintained and available, as required. Reporting and auditing arrangements were in place to monitor trends and outcomes.

**Judgment:**
Compliant

### Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

### Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The number of staff and their skill-mix was adequate to the number of residents on the day of this unannounced inspection.

Since the previous inspection a change in staff shift patterns and allocation arrangements had occurred which had improved the availability of staff numbers and skill mix to residents. Staff were seen to be supportive of residents and responsive to their needs.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to supervise and appraise staff. Appropriate training had been provided and facilitated for staff since the previous inspection. Some gaps in cardio pulmonary resuscitation (CPR) training for rostered staff was noted which the person in charge said would be addressed by 14 March 2018.

Available (actual) staff were set out in the revised statement of purpose along with a plan for a phased increase in staff numbers and skill-mix as resident numbers increased to the registered capacity of 79. The staffing provision is to be subject to regular reviews and monitoring by the provider in line with the changing needs, dependencies and numbers of residents.

Evidence of professional registration for all rostered nurses was available and current.
Suitable recruitment procedures were in place and documents available for recently recruited staff met the requirements of Schedule 2 to include the receipt of Garda clearance prior to the employee commencement date and formal induction on appointment.

Guidance documents, internet access and a range of policies and procedures were available to staff to guide evidence based practice.

**Judgment:**
Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<tr>
<td>Centre ID</td>
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<tr>
<td>Date of inspection</td>
<td>14/02/2018</td>
</tr>
<tr>
<td>Date of response</td>
<td>22/03/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The assignment of unique identification numbers to more than one resident required improvement to ensure traceability and accuracy.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively sustained.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The administrator has been informed that all new residents should be assigned a new unique identification number. This is supervised by the Person in Charge.

**Proposed Timescale:** 15/02/2018

### Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The content and detail in the simulated fire drill records required improvement to show the scenario simulated, time taken, number involved and any action taken to remedy any problems encountered to ensure staff learning.

2. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Weekly fire alarm tests now also include fire identification from the panel, use of PEEPS and evacuation of beds into the next compartments. This is rotated weekly.

**Proposed Timescale:** 21/02/2018

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no overall judgment on how particular problems impacted on residents’ general health and well being.

3. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
This was discussed with the nursing staff and quarterly peer audits will review this also.
**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The staffing provision is to be subject to regular reviews and monitoring by the provider in line with the changing needs, dependencies and numbers of residents.

4. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
A revised Statement of Purpose and floor plan has been submitted to the authority. The provider has committed to regular reviews and monitoring in line with changing needs, dependencies and numbers of residents.

**Proposed Timescale:** 08/03/2018

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some gaps in cardio pulmonary resuscitation (CPR) training for rostered staff was noted.

5. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
CPR training took place and 3 staff attended same.

**Proposed Timescale:** 14/03/2018