



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

Issued by the Chief Inspector

Name of designated centre:	The Residence Maynooth
Name of provider:	Veritdale Limited
Address of centre:	Straffan Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	16 July 2025
Centre ID:	OSV-0000684
Fieldwork ID:	MON-0047699

About the designated centre

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

The Residence Maynooth is a ground-floor nursing home located on the outskirts of Maynooth, Co. Kildare. The centre is registered to accommodate up to 123 residents within two buildings that are divided into five areas- Kinvara House, The Courtyard, Oak House, Arkle House and Champ House (Corridor 4). Kinvara House is in a separate building that accommodates 57 residents. Bedroom accommodation consists of 41 single bedrooms and eight double/twin bedrooms with full en-suite facilities. A variety of open-plan and communal spaces are available. Meals are transported to the Kinvara House kitchenette/dining room from the kitchen located in the other/main building. Oak House, located in the main building, accommodates 13 residents living with dementia or Alzheimer's disease. Bedrooms comprise of seven single and three twin/double. The Courtyard accommodates 31 residents residing in 1 twin occupancy and 29 single occupancy en-suite rooms, Oak House accommodates 13 residents, 3 twin occupancy en-suite rooms and 7 single occupancy en-suite rooms, Corridor 4 accommodates 20 residents in single ensuite bedrooms. These areas share the facilities and communal areas within the main building. The ethos of the centre is to promote residents' independence and value individuality. The aims of the centre are to meet the individualised needs of residents by encouraging them to continue to lead as active and fulfilling a life as is within their desires and capacities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	113
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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
Wednesday 16 July 2025	08:00hrs to 16:00hrs	Sinead Lynch	Lead
Wednesday 16 July 2025	08:00hrs to 16:00hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

The inspectors spoke with residents, visitors and staff to gain their opinion on the service being delivered in The Residence Maynooth. Overall, residents spoke very positively about the centre and were complimentary about the staff and the care they provided. Residents said they 'felt safe' and 'well looked after'.

The inspectors followed up on the compliance plans from previous inspections and acknowledged the improvement made by the provider. There were still some small areas with regards to the premises which required on-going work. This is discussed further under Regulation 17: Premises.

The centre was found to be bright and clean throughout. Residents informed the inspectors that they were very happy with the level of cleanliness in the centre and reported that their bedrooms were cleaned regularly to a high standard.

The inspectors spoke with 18 residents and five visitors to gain an insight into life in the centre. The feedback was overwhelmingly positive. Family members complimented the communication with staff. One family member visiting informed the inspectors that they appreciated the weekly call with the update on their loved ones and that it assured them that their relative was being cared for appropriately.

Residents were asked by inspectors what they would do if they were not happy with the service being provided. Each resident said they would talk to a staff member and would have no problem in raising concerns and that they 'know they are listened to'. Residents told inspectors about the monthly resident meetings they had and any issues they brought up at these meetings were resolved promptly to their satisfaction.

Residents also stated they were very happy with the laundry process and that their personal linen was returned in a timely manner. They had adequate space to store their belongings with many having double wardrobes and a chest of drawers in their rooms. Each resident was provided with a lockable space should they wish, where they could store items that were of value to them.

The feedback on food and the meal service was overwhelming positive. The inspectors observed residents being assisted with meals in their bedroom and in the dining rooms. This assistance was provided in a discreet and respectful manner. The food being served appeared appetising and the selection was complimented by residents.

There were snacks made available to residents throughout the day. Staff informed the inspectors that should residents request or require snacks out of normal hours they could obtain these from the fridge on each unit. These snacks included sandwiches, custard pots and biscuits.

Residents said the programme of activities was good. They had a choice of whether to attend or not and this was respected by staff. They assured the inspectors that there was plenty of choice on the schedule. One resident attending the afternoon art class explained how they had never painted prior to taking up this hobby in the centre and was now thoroughly enjoying it.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call-bells were answered without delay and residents informed inspectors that they did not have to wait long for staff to come to them.

The inspectors observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and were not restricted. Visitors who spoke with the inspectors said that they were happy with the care provided and felt it was a good place for their loved one to live.

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

Capacity and capability

On the day of inspection, the inspectors observed that residents in the centre were well cared for in a supporting, caring and well resourced way. There was good leadership evident from the management team.

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), and inform the application to renew the registration.

The registered provider of the centre is Veritdale Limited. Although this centre did not feature in the RTE Investigates programme, the centre is one of the 25 nursing homes that are part of the Emeis Group. The management team within the centre consists of a person in charge, three Assistant Directors of Nursing (ADONs) and a team of clinical nurse managers. The management team within the centre also had support from the group's regional director, human resource department and finance department.

Since the last inspection in December 2024 there had been 25 new staff who had started to work in the designated centre. The provider was proactively recruiting new staff into the vacant roles. New staff were provided with an induction pack which was observed by the inspectors. New staff were supervised and supported by more senior staff members in their new roles. At the time of inspection there were no nursing vacancies in the centre, however, there were six healthcare assistant

vacancies where new staff had been recruited and were awaiting Garda Vetting. These vacant posts were being either filled by the providers own staff doing over-time or agency staff being utilised. On the day of inspection there was one agency staff working in the centre.

The complaints policy was reviewed by the inspectors. On the day of inspection there were five open complaints. These complaints were being managed in line with the centre's policy.

An application for registration was submitted to the Chief Inspector of Social Services within the required time-frame. The provider had also fulfilled the requirements of a restrictive condition in respect of reducing the occupancy of two twin rooms and had applied to remove the condition. The statement of purpose accurately reflected the facilities and services provided. It was displayed around the centre and made available to residents and visitors.

Records as set out in Schedule 2, 3 and 4 of the regulations were available to the inspectors on the day of the inspection. These were stored safely and easily accessible when requested. The provider had made improvements to the safe storage of records since the last inspection.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had made an application to vary conditions of the registration of the designated centre. All required documents were received. This would reduce the occupancy from 123 to 121.

Judgment: Compliant

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 training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training undertaken by staff. A review of these records confirmed that training was ongoing.

Judgment: Compliant

Regulation 21: Records

Records were found to be stored in a safe and accessible format on the day of inspection. Staff files reviewed contained all the required documents as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles, and detailed responsibilities for all areas of care provision.

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 and was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints procedure in place. This procedure was in line with the requirements of the regulations. There were five open complaints on the day of the inspection.

Judgment: Compliant

Quality and safety

Overall, inspectors found that there was a high standard of service provided to residents in the centre and residents were in receipt of good quality care. Residents' health and social care needs were being met through good access to health care services and opportunities for meaningful social activities that were appropriate to their interests and capacities. Following this inspection some further improvements were required to come into full compliance with Regulation 5: Individual assessment and care plan, Regulation 8: Protection and Regulation 17: Premises.

Residents had access to a general practitioner (GP) who attended the centre regularly. There was a robust referral system for health and social care practitioners, such as dietitians, speech and language therapists and tissue viability nurses, for when such services were required.

A selection of care plans were reviewed on the day of inspection. While residents received a high standard of nursing care, there were some gaps identified in the care plans. These findings will be discussed further under Regulation 5: Individual assessment and care planning.

The premises were clean, tidy, bright and airy. Residents had access to internal secure courtyards that were landscaped, well maintained and contained plenty of appropriate safe seating for the residents. Residents bedrooms were well-maintained and contained adequate storage facilities for personal possessions. Bedrooms 21 and 23 were viewed and both had been reduced to single occupancy. Some improvements were required as identified under Regulation 17: Premises.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. The registered provider ensured that residents has access to facilities for occupation and recreation. There was a variety of activities available for residents to attend. These activities included, but were not limited to, hairdressing, arts and crafts, religious services, exercise sessions and music activities. There were minutes of residents meetings reviewed by

the inspectors which showed that residents had a say in the running of the centre and they could freely express their concerns.

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre. Residents funds managed by the provider were safeguarded in a residents' account, however some improvements to processes were required as outlined under Regulation 8: Protection.

Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. The laundry service provided ensured that residents' clothing was washed, dried, ironed and returned to them in a timely manner.

Judgment: Compliant

Regulation 17: Premises

The following issues required review to ensure the premises fully complied with the requirements of Schedule 6:

- There were signs of wear and tear on some of the furniture used by the residents. For example, a number of stackable chairs were seen to have ripped covering and therefore posed a risk, as this impeded effective cleaning.
- The carpet in one area of Kinvara unit was damaged and required repair or replacement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was a selection of nutritious and wholesome meals served to residents at each meal time. Residents had a choice of meals, together with a choice of snacks between meals. There was fresh drinking water accessible to residents in several areas of the centre. Staff were available to assist residents with their meal at each mealtime, in individual bedrooms and in the dining rooms as was required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Not all care plans reviewed on the day of inspection reflected the assessed or reviewed needs of the resident. For example;

- one resident's comprehensive care plan was not updated with the details of their revised nutritional assessment.
- one care plan reviewed was generic and did not reflect a person-centred approach. For example, it stated provide a bed-bath every day and a shower once a week. It did not refer to the resident's right to choose the care they preferred each day.
- a number of care plans reviewed contained repetitive and historic information so it was difficult to determine what information was relevant.
- there were some gaps in the daily care records, for example the residents' care records did not always reflect if they had been offered and or refused a shower.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical and other health and social care professionals and were supported to access a GP of their choice. Recommendations from medical and other health and social care professionals were accurately incorporated into residents' care plans.

Judgment: Compliant

Regulation 8: Protection

The registered provider was a pension-agent for just under ten residents. There were safe and transparent documents available in respect of each residents finances. The resident's funds were protected in a dedicated residents' account however, this account was not in the name of the current provider Veritdale Limited. The provider was in the process of addressing this issue.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Residents had access to a full programme of meaningful activities in both units seven days per week.

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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Residence Maynooth OSV-0000684

Inspection ID: MON-0047699

Date of inspection: 16/07/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • During daily walkabouts and monthly audits, the Housekeeping Manager and the PIC identify worn furniture, which is then replaced on a phased basis- complete and ongoing • The stackable chairs which were temporarily in the home for an event have now been removed from the nursing home- complete • The stained carpets in certain areas of Kinvara are scheduled for phased repair/replacement- to be fully completed by 30th June 2026. 	
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: <ul style="list-style-type: none"> • Further care plan training will be conducted for all Nurses by 30th September 2025. • CNMs have been reminded of their role to ensure care plans are updated, person-centered and current - complete • From 1st August 2025, on-going audits and weekly spot checks by the DON and ADON will take place and will be documented as part of our improvement plan, with robust actions to ensure improvement is achieved and sustained. 	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: <ul style="list-style-type: none">• Veritdale Limited is our legal entity, and this is evidenced on bank statements for this account- complete	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2026
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	30/09/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	15/08/2025