



**Health
Information
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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:	The Residence Maynooth
Name of provider:	Veritdale Limited
Address of centre:	Straffan Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	09 December 2025
Centre ID:	OSV-0000684
Fieldwork ID:	MON-0048862

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:	119
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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
Tuesday 9 December 2025	07:30hrs to 15:00hrs	Sinead Lynch	Lead
Tuesday 9 December 2025	07:30hrs to 15:00hrs	Yvonne O'Loughlin	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 happy living in The Residence Maynooth and their rights were respected in how they spent their days. The inspectors spoke with 20 residents who all expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

The inspectors met with ten visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns that they may have. One visitor said they were always offered tea and biscuits when they were visiting, and a resident said the director of nursing spoke to them every morning to ask how their night went.

The centre is situated on a large site that has two buildings that are divided into five areas- Kinvara House, The Courtyard, Oak House, Arkle House and Champ House (Corridor 4). The centre is registered for 121 residents. Kinvara House is in a separate building that accommodates 57 residents. The other four units are located in the main house. On the day of the inspection there was the annual Christmas party held in the main house, there was a live band and many visitors and families attended. The main house was decorated very nicely for Christmas and had a lively atmosphere. This was in contrast to Kinvara House which was bare in comparison. The inspectors spoke to the activity staff who had been working in the centre for many years and knew the residents well. The inspectors observed that the residents looked well and appeared well-groomed.

On the morning of the inspection there was a relaxed atmosphere throughout the centre and residents were observed eating their breakfast, walking around the centre and being assisted by staff in their bedrooms. The communal areas of the centre were seen to be well used and some residents were observed watching TV and reading.

The inspectors observed that residents were receiving good care and attention. Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed.

Call-bells were available throughout the centre. Staff were responsive and attentive without delays in attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspectors observed that staff greeted residents by name and that residents appeared to be relaxed and enjoying being in the company of the staff.

Overall, the premises was clean and mostly well-maintained. Clinical hand-wash basins were available along the corridors to enable staff to have easy access to hand hygiene facilities. These sinks complied with the required specifications for a clinical hand-wash basin. Hand sanitisers were located throughout the centre to help staff sanitise their hands between episodes of care. However, more sanitisers were required along some of the corridors to ensure that they were easily available for staff to sanitise their hands between episodes of care. This is further discussed under Regulation 27: Infection control.

The kitchen was large enough to cater for the residents' needs, and in good repair. Residents were complimentary about the food served and confirmed that they were always afforded choice. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. Inspectors observed adequate numbers of staff offering encouragement and assistance to residents. On the day of the inspection many of the residents ate their lunch in their bedrooms as the main dining room was being prepared for the Christmas Party. Some of the residents who spoke with the inspectors said they were looking forward to the party.

There were no visiting restrictions in place on the day of the inspection. Visits and social outings were encouraged with practical precautions in place to manage any associated risks. The activity schedule was displayed and visitors were invited to join in the up-coming Christmas party.

Overall, residents said that they felt listened to and had opportunities to make choices in their daily lives. There were resident meetings to discuss any concerns they may have and suggest ideas on how to improve the centre.

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 impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of quality and safety which are further discussed within this report.

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). Inspectors followed up on the compliance plan, and statutory notifications submitted to the Chief Inspector since the last inspection in July 2025. This inspection also had a focus on infection prevention and control.

Veritdale limited is the registered provider of The Residence Maynooth, which is part of the wider Emeis Group that have many nursing homes throughout Ireland. The person in charge is supported by three assistant directors of nursing, clinical nurse managers, registered nurses, care assistants, an activities coordinator, housekeeping, catering, laundry, administrative and maintenance staff. Additional support is provided from the wider Emeis group including a regional director.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. There were IPC link practitioners working in the centre who had completed the national IPC course.

The management team had developed audits that identified where improvements were required. They used these audits to implement improvement plans and drive quality care. There were regular management team meetings which included reviews of any accidents or incidents, complaints or premises concerns to name a few. Minutes of these meetings were provided to the inspectors. There was an annual review of the centre and a quality improvement plan in place. The residents' opinions and their views were taken into account when developing this annual review. The scores were high which was reflective of what the inspectors found on the day.

There appeared to be 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. The inspectors found that the centre also had an adequate number of housekeeping staff to ensure that the centre was cleaned to the required standard. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each unit on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene. A housekeeping supervisor oversees the cleanliness of the centre. Records of daily cleaning and deep cleaning were readily available.

Regulation 15: Staffing

There was good evidence on the day of the inspection that residents were receiving good care and attention. 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 residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that staff were up-to-date with mandatory training. Staff were appropriately supervised on the day of the inspection.

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. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

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

Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. However, further improvements were required in relation to infection prevention and control (IPC) and antimicrobial stewardship which will be discussed under Regulation 27: Infection control.

The centre was well-maintained, and ongoing work to the premises was evident on the day of inspection. The provider has committed to refurbishing some of the flooring as outlined under Regulation 17: Premises. There was a number of dining and day spaces which were spacious and clean, and equipment used by residents

was in good working order and stored appropriately in rooms that were organised and clean.

Residents' care plans were maintained on a computerized system that provided easy access for staff. Improvements in care planning were observed since the last inspection. For example, the care plans viewed were detailed, patient-centred and reviewed in-line with changes in the residents' needs.

There was evidence that the registered provider had taken measures to protect residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Inspectors reviewed a sample of safeguarding concerns and these were appropriately documented, investigated and responded to at the time the concerns were raised. There were safeguarding measures in place to ensure residents' finances were safeguarded at all times.

Vaccination records for residents were kept up to-date and there was a high vaccine uptake for *COVID-19* and *Influenza*. The community vaccination team were on-site during the inspection to complete any residents that were outstanding.

While some opportunities for improvement were identified as discussed under Regulation 27: Infection prevention and control, there were many examples of good practices observed. For example, staff were knowledgeable about standard precautions for residents with a known or suspected infection, such as the use of appropriate personal protective equipment (PPE) and good sharps management. IPC was discussed at regular staff meetings and antibiotic usage was trended to inform practice.

The inspectors identified some examples of good antimicrobial stewardship. Antibiotic consumption data was analysed each month and used to inform infection prevention practices and discussed within the nursing home group. Residents were provided with timely access to a medical practitioner and other health and social professionals in line with their assessed needs. There was an on-site physiotherapist who was actively engaged with the residents in the centre. The centre receives support from the Community intervention Team which gives assistance to residents during an acute phase of illness in their own setting.

Regulation 17: Premises

The registered provider ensured premises were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations (2013). The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well-maintained. The ancillary facilities generally supported effective infection prevention and control.

The provider has committed to a phased changing of the carpet in Kinvara House, some of which had already been completed.

The flooring in the laundry was on a programme of works to be completed in 2026.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services (2018)*, but further action is required to be fully compliant. For example;

Staff practices to prevent the spread of infection needed review. For example;

- Some staff were observed not sanitising their hands between residents when attending to their care needs.
- Clinical waste was not segregated in line with evidence based guidelines. For example, many of the bins had waste inside that was non-risk waste.
- Urinals used to empty catheter bags were not reprocessed in a bedpan washer. This increased the risk of the resident developing a catheter associated infection.

Hand sanitisers were available along the corridor, but for some rooms they were not easily accessible for staff to sanitise their hands between episodes of care.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on inspection, and reflected a person-centred approach to care delivery.

The assessments and care plans reviewed were developed within 48 hours of admission and were updated on a four monthly basis or more frequently if required. Care plans demonstrated consultation with the residents and where appropriate their family.

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.

Recommendations from medical and other health and social care professionals were accurately incorporated into residents' care plans and residents were provided with a high standard of nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from 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 six residents. There were clear and transparent records made available to inspectors ensuring residents finances were safeguarded and protected.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Residence Maynooth OSV-0000684

Inspection ID: MON-0048862

Date of inspection: 09/12/2025

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All staff will complete mandatory refresher training on hand hygiene in line with HSE and HIQA guidelines by 31st March 2026</p> <p>From 1st January 2026, hand hygiene best practice will be reinforced through supervision and daily oversight by the Person in Charge (PIC) and Clinical Nurse Managers.</p> <p>By 31st March 2026, hand hygiene signage will be displayed in resident rooms and clinical areas and the placement of hand sanitiser dispensers in resident rooms and corridors will be reviewed to ensure accessibility at the point of care. Additional dispensers will be installed where needed.</p> <p>Regular hand hygiene and routine audits of waste segregation audits will be carried out, with outcomes recorded and corrective actions implemented by 31st March 2026.</p> <p>Routine environmental audits will check the availability and functionality of hand hygiene facilities. The HK & Catering Manager will ensure dispensers are refilled and maintained daily by 31st March 2026</p> <p>All staff will be re-educated on correct clinical waste segregation according to national guidelines by 31st March 2026. Any repeated non-compliance will be addressed through the local governance and performance management process.</p> <p>Staff will be reminded of correct procedures for reprocessing urinals and catheter equipment through targeted training by 31st March 2026. The PIC will ensure relevant staff are trained and competent in using bedpan washers. Compliance will be monitored through infection control audits and supervisory checks.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/03/2026