Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Maynooth Oaks
Name of provider:	Brindley Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	16 March 2026
Centre ID:	OSV-0008996
Fieldwork ID:	MON-0047925

About the designated centre

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

Maynooth Oaks is a registered designated centre that provides care and support for up to four adult residents with intellectual disabilities, acquired brain injury or support requirements related to mental health diagnosis. The designated centre consists of four apartments on a campus setting which each containing a living room, kitchen area, a single occupancy resident bedroom, and staff room. This service is registered to provide full-time residential support in three of the homes comprising this centre and short-term respite support in the fourth setting. People in this service are supported by a full-time team of social care personnel. The objective of this centre is to provide a home-like environment in which residents' independence and wellbeing is supported, and to provide opportunities for social and recreational support in their community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Monday 16 March 2026	10:00hrs to 17:30hrs	Gearóid Harrahill	Lead
Monday 16 March 2026	10:00hrs to 17:30hrs	Tanya Brady	Support

What residents told us and what inspectors observed

This inspection was the first completed in this centre since it had been registered in August 2025. It was completed by two inspectors over the course of one day. This inspection was completed for the purpose of reviewing the provider's compliance with the regulations and also to review the provider's response to a serious incident which had occurred within the first six months of operation.

Overall it was found that the provider was striving to ensure that person-centred care was being provided to the residents within their home. Residents were being supported to develop skills that allowed them to lead busy and active lives, and to be engaged in their community.

The designated centre was located on the grounds of a nursing home close to a town in Co. Kildare. The centre comprised four self-contained small homes within a crescent of similar homes. Each home contains a kitchen, living-dining room, bathroom, resident bedroom and staff office/sleepover room.

The inspectors arrived to the centre in the morning and were greeted by the interim person in charge, who checked with one resident whether they were happy for inspectors to enter their home. The resident stated that they were happy with this and for the inspectors to observe the premises. The resident was supported by one staff member and was observed to relax in their living room and to engage with the staff member warmly. Later one inspector revisited the resident's home and they explained that they were going out 'to get some messages'. The resident also told the inspector that they liked to watch politics on the television and explained that they liked one particular political party and had favourite members of the party that they watched on television. The resident also likes to dance and listen to music and their television was observed to be playing a music video channel with fairy lights and disco lights arranged around it.

The inspectors observed later in the day that the resident's online grocery shopping was delivered and that they had placed the order with staff support. Staff were observed to help the resident unpack the groceries and were encouraged to take the lead in organising their kitchen. The resident was also encouraged by staff to take an active role in managing their home including doing the dishes, laundry and cleaning, with staff support. Later the resident and their support staff member were playing board games. This resident was particular about how they arranged their personal belongings to have everything in their close proximity, and staff were observed to respect their wishes until they were comfortable to use the storage solutions in the rest of the house. The resident frequently slept in the living room, and the provider ensured that the furniture was suitable to be comfortable and protect their posture and had taken advice on this from a health and social care professional. The staff were observed to have pleasant banter and jokes with the

resident, with the person in charge exchanging a personal handshake routine with them.

The inspectors also visited the two currently unoccupied homes, one of which was being prepared for a new resident to move in within the next few weeks. Inspectors met the proposed resident when they came for a visit and to move some of their belongings into their new home. They sat with inspectors in the office and showed their transition plan which they were following and explained that they were looking forward to moving homes. They had placed some of their Lego on the sitting room mantelpiece and were arranging with staff to have their personal furniture such as a recliner armchair moved in soon. One of the residents was confident to drop into the office to speak with the person in charge and get the keys for the vehicle when they were going out.

Inspectors reviewed the home used for respite where the resident staying here was at their day service in the morning. Inspectors met and spoke to two staff members who explained the resident's likes and dislikes, how the staff were trained and supported and showed inspectors a visual schedule they used with the resident. Later in the day when the resident returned one inspector spent more time in this home with the resident. Inspectors observed staff referring to guidance to use when answering the resident's questions to ensure they were consistent and provided reassurance. This included assuring the resident regarding topics such as their family home, and had made arrangements to stay in contact with loved ones and have their family dog in their apartment. The resident had access to games and toys, and streaming services on their television. Their calendar included cinema trips with the movie posters added to the visual schedule, as well as trips to go bowling, swimming and to the library.

The next two sections of this report will 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 provided.

Capacity and capability

In the main, inspectors observed this service to be suitably resourced for the number and support needs of residents, with a core team and a regular relief contingent with whom the residents had developed a trusting and friendly rapport.

The provider discussed examples of how they had learned from positive and negative experiences in the initial months of operation, primarily with regard to admission processes, to amend procedures and avoid a repeat of adverse events. Some development was required to the provider's quality and safety audits to ensure that the audit comprised an evidence-based report on the quality of the

resident care and support, and reflected on experiences in the centre operation and input from the relevant stakeholders.

At a local level, the person in charge had identified areas in which the quality of service had not been to expected quality, and had initiated as-required staff meetings, refresher training or disciplinary process where necessary. Inspectors observed suitable systems in place for management to maintain oversight of day-to-day resident support and centre operation, however there was some inconsistency with the use of these systems and the scrutiny of operation of the respite element of the centre compared to the residential service.

Regulation 14: Persons in charge

The person in charge had been named to this role in October 2025 to cover a long-term absence. They worked full-time and split their time between this and one other designated centre, with a deputy working opposite them to provide five day presence in the centre between them and shared on-call arrangements out of hours. The person in charge demonstrated a good knowledge of their role and responsibilities under the regulations, and how they used their leadership role to drive improvement and address challenges and deficits in the operation of the centre and quality of staff practices.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff to meet the assessed needs of residents. The centre was fully staffed in line with the statement of purpose at the time of the inspection for the full time resident. There were no staff vacancies and a staff team of four core staff were rostered within this home.

For the home that offered respite stays the provider utilised a relief panel of staff as there was only a requirement for staffing to be available in six week blocks. While this created some challenges in terms of supervision and oversight the inspectors found that the relief staffing used were consistent. A review of rosters found that the same core group of staff had been used to provide the support service over a number of respite stays.

The inspectors reviewed a sample of rosters from the six months of the centre being registered. They were up-to-date and well maintained. The provider was striving to promote continuity of care and achieved this for the most part by using a combination of a core staff team and staff from a consistent relief panel.

Inspectors reviewed the personnel files for a sample of three staff members and found that these contained information required under Schedule 2 of the regulations. Among the sample reviewed, the inspectors observed examples of the provider querying gaps in staff members' work histories, and seeking police clearance and work references from outside Ireland where relevant.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that although there were some systems in place to monitor the care being provided in the designated centre, some improvements were required to ensure sufficient oversight was in place at all times. This was in particular within the home used for respite stays.

The provider had ensured that clear lines of accountability and authority were in place in the centre. The person in charge was currently on planned leave and there was a clear interim arrangement in place that the provider had submitted details on to the Chief Inspector of Social Services. The interim person in charge was supported in their role by a team leader and also by a person participating in management of the centre. The interim person in charge was also covering one other designated centre operated by the provider and they divided their time evenly, in addition when they were present in one centre the team leader was in the other to ensure that the staff had someone to report to at all times. The inspectors were provided evidence that the person in charge and their deputy conducted spot-checks out of hours to verify the quality of practices or to be assured on specific matters.

As this centre was only registered for six months there was not yet a requirement for the provider to have completed an annual review. The provider had completed one six monthly unannounced audit as required by the regulations, dated November 2025. While the findings and actions arising from this audit were specific and measurable, the majority focused on factual statements of neutral value, such as policies, contracts, care plans or routine checks which were not readily available or were out of date. While these are important requirements, the audit did not comprise a comprehensive report on the quality of the care and support provided in the designated centre. For example, there had been no reflection on the successes or challenges in how the service operated in its initial months, including commentary on events and learning related to serious incidents, and experiences with admissions and discharges. The report contained limited details on the lines of enquiry pursued by the auditor, and there was limited reflection on commentary or feedback from the full-time or respite residents, their representatives or their staff on the quality of the support delivered.

At a local level, the inspectors observed that routine or as-required meetings were taking place to ensure that there was clear communication system in place. The inspectors reviewed minutes from routine and emergency staff meetings which were

held when important information needed to be shared or where service deficits had been identified. In addition there were governance meetings held monthly. Inspectors reviewed minutes from a sample of staff supervision meetings and found these to contain meaningful discussions between the interim person in charge and the front line staff, including challenges with lone working, career goals and further education, and areas in which staff duties were performed well or required improvement. The inspector observed example of the person in charge utilising the disciplinary or performance improvement processes where relevant to drive improvement and effect positive change.

The inspectors reviewed the local audits that were occurring within the designated centre. This included restrictive practice audits, infection control audits, cleaning audits, finance audits, medication audits and personal plan audits. The majority of these audits had occurred in the home used for full time care and support however, in the home used for respite these remained outstanding. In addition, improvements were needed on how actions were identified and monitored following the completion of audits. There was no action plan generated following audits and therefore the oversight of completion of actions was not always possible. Inspectors also observed gaps in the provider';s tracking system to ensure that all staff working in the service were up to date with mandatory training, that cleaning tasks were being signed consistently and that routine fire safety checks were being carried out.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

As stated this designated centre comprises four individual homes, three of which are full-time living arrangements and one for emergency respite, which the provider has set as lasting up to six weeks in duration. The inspectors reviewed the admissions process and contract for the provision of services for the centre.

On the day of inspection there was one resident living full time in the centre, one resident in the process of transitioning to live in the centre full time and one resident availing of respite. The inspectors met all three individuals over the course of the day and reviewed the transition plans and the contracts in place for the two residents currently residing in the centre, and the transition plan for the resident due to move in. In addition, inspectors reviewed the admissions procedure for three previous respite residents.

The inspectors found that the transition process for the resident currently living in the centre and the resident soon to move in were robust and detailed with weekly transition plans in place, a clear checklist for the staff to follow and an easy-read plan for the residents. One resident showed inspectors their plan when they visited the centre on the day of inspection to move some of their belongings into their new home.

Written contracts in place for residents were reviewed and they contained details on the service to be provided which was in line with the service as set out in the centre Statement of Purpose. In addition the contract clearly identified the charges a resident may incur and charges that the provider would meet.

The inspectors found that the provider's admission assessments for the respite service had evolved following each new admission and a review of learning from the outcomes of each stay. One admission which had resulted in an emergency discharge had been subject to a serious incident review and the provider had reviewed the referral assessment process, the admission process and their guidance for staff on completion of pre-admission assessments of risk, restrictive practices and staff training needs among other areas.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose is an important governance document that outlines the service to be provided in the centre. The current version (version 1.8) was reviewed and it contained the required information and had been updated to reflect the current service provided.

Judgment: Compliant

Quality and safety

The inspectors observed that residents were overall safe and happy in this centre, and were encouraged and facilitated to be active in social, recreational and personal development opportunities in their home and community. Residents were supported to carry out their household jobs, manage their personal belongings, and participate in their community. Residents were supported to pursue their separate interests, and used planning boards to course their day while also being facilitated to change their mind or be offered alternative options.

While some support plans were in their infancy, inspectors observed staff guidance available with regard to positive behaviour support, personal and intimate care, communication strategies and personal development objectives. Residents were kept informed of changes in their home, and were supported to go at their own pace with using the rooms and storage spaces in their new home. The premises was overall safe, clean and personalised. Improvement was required in how the provider was assured that effective egress could be made in the event of an emergency, and

assurance that all staff working in the service were conducting routine cleaning tasks and fire safety checks.

Regulation 10: Communication

Inspectors observed evidence of how communication interventions and practices were used in supporting residents requiring assurance and consistency to maintain a healthy routine and deescalate stress. Staff were provided guidance on how to talk about certain topics and respond to questions related to sources of anxiety, to ensure staff were responding in a manner which reassured the resident and provided calm and comfort. This included prompts which were kept under review to ensure they were accurate and up to date.

In addition to staff speaking with residents in a encouraging and supportive fashion, the inspectors observed the use of non-verbal cues and visual prompts to support residents to make choices, plan their routines and express themselves. Residents had suitable access to television, phones, and means by which they kept up to date on news and kept in contact with others.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to personalise their space as much or as little as they wished, and had sufficient storage solutions in their living room and bedroom. For one incoming resident, they had been supported to furnish and decorate their space prior to arrival to make the space their own. Residents were supported to have furniture which they purchased or which was suitable to their needs in their home. For the resident living in this service full-time, the provider had made arrangements to ensure the resident had access to their personal finances with staff support.

Judgment: Compliant

Regulation 17: Premises

The designated centre was suitable for the number and assessed support needs of the residents. Each resident had a private bedroom, living room and kitchen facilities. The homes were bright, clean and well-maintained, and the staff had completed water flushing of unused plumbing fixtures to reduce risk related to stagnant water. Some repair work was required to one unoccupied apartment and the provider had committed to ensuring this was addressed before any admissions

to this home. The inspectors were also advised of admissions which had not commenced where the premises was not suitable for their mobility support needs.The centre was suitably furnished and decorated included furniture belonging to the residents.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors observed that the four homes were equipped to detect and alert people to fire and to protect evacuation routes from the spread of fire and smoke. Staff had completed training in fire safety. Regular checklists were provided indicating which staff members confirmed that escape routes were clear and fire safety equipment was operational, however the inspectors observed that these checks were not consistently signed by staff as completed. Audits that these routine checks were being overseen were not conducted for the apartment supporting respite service users. Inspectors observed a fire door which was not effectively closing to protect the evacuation route, and this had not been identified in the routine checks.

The provider recorded the dates on which practice evacuation drills were conducted in the centre, however these contained no information on how long evacuation took, procedures followed, staff involved, or learning for review by others. The provider could only supply a drill report for the first of these practice evacuations conducted when the centre was first registered. This indicated that it took over six minutes for staff and the resident to egress, with information gathered from this to be incorporated into a personal evacuation plan for the relevant resident, however this had not been done and there was no guidance on how to respond to future delays. The provider confirmed that no practice evacuation drills had been completed for the apartment accommodating respite users. This was particularly important due to the more variable needs of this location and the use of relief personnel.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were plans in place based on their assessed needs. Proactive strategies were identified, and staff could discuss the ways in which they were supporting residents to reduce the occurrence of incidents of behaviours of concern through identified triggers and supportive strategies. These practices were observed during the inspection. Staff were supported by the use of consistent communication responses to support residents'

understanding of their support needs and discuss subjects which may trigger distress or anxiety.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed this to be a service in which the residents' choices and preferences were supported. The provider demonstrated examples of how residents' privacy and dignity was protected. For example, staff were being supported by the resident and their loved ones to understand how to provide personal and intimate support in a manner with which the resident was comfortable. One resident who had previously used incontinence wear was supported to no longer use it as it was not required by them. Staff were observed to be respectful of one resident's preference for how they managed their personal belongings and to slowly support the resident to be confident to use their new home. Staff were familiar with subjects which caused distress to a resident and how to reassure them and keep them apprised of what was happening, as well as support them to understand upcoming changes in their life and medical procedures happening soon. One resident had been supported to attain access to their personal income and finances and has been supported to access advocacy services where required. One of the residents was registered to vote in their local community. The inspectors met a resident who was in the middle of their transition process to start living in this centre and observed that they had been provided with a transition plan with which they could engage and show inspectors, to advise them of the timeline of getting the apartment ready for them to move in.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maynooth Oaks OSV-0008996

Inspection ID: MON-0047925

Date of inspection: 16/Mar/2026

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual report template will be updated to ensure that quality of care and a more comprehensive review of the service is reflected following each visit. This will be completed by the provider by 30th June 2026 From 1st May 2026, all audits completed and meetings held will contain a clear documented action plan that identifies the issue for improvement, responsible person, timescale, and evidence of completion, recorded in a central log. The tracking system for mandatory training, cleaning, and fire safety checks will be updated to ensure all homes, including vacant respite homes, have signed daily fire safety checks and monthly cleaning checks- complete	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire safety daily checklist has been updated and all staff will complete, sign, and date for all homes including the respite home, with shift leaders reviewing each shift and escalating any omissions immediately to the house manager- complete A weekly fire safety audit of all homes, including the respite home, has been introduced to ensure any gaps, defects, or missed checks are identified, escalated and addressed in a timely manner. Staff completing audits have received instruction on the importance of identifying defects and non-compliances in audits- complete Evacuation drill reports have been enhanced to ensure specific details including staff and	

residents involved in the drill, evacuation time, procedures, barriers to evacuation, and learning points, and require this form to be used for all future drills- complete
The PIC will ensure following each drill conducted, that the learnings identified during drills have been shared with all staff and have been added to the resident's PEEP where appropriate- complete
From 1st May 2026, at least two fire evacuation drills will be completed monthly in all homes, covering day and night scenarios and including relief staff where possible.
By 30th June 2026, the PIC will arrange for a refresher briefing on fire safety checks, evacuation procedures, signing responsibilities, drills and fault reporting to all staff and relief staff, and include these requirements in induction and handover processes.
From 1st May 2026, the PIC will include fire safety compliance, drill outcomes, maintenance issues, and action completion a standing item on management meeting agendas, with a monthly review that tracks recurring problems and measures progress.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/Jun/2026
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Substantially Compliant	Yellow	30/Jun/2026

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/Jun/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/Jun/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/Jun/2026