<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Maynooth Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004593</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Crinstown, Maynooth, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>087 679 4601</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:flormccarthy@mail.com">flormccarthy@mail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Maynooth Lodge Nursing Home Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Flor McCarthy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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</tr>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
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<tr>
<td>26 January 2015 10:30</td>
<td>26 January 2015 17:00</td>
</tr>
<tr>
<td>27 January 2015 09:30</td>
<td>27 January 2015 15:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Governance and Management</th>
<th>Outcome 03: Information for residents</th>
<th>Outcome 04: Suitable Person in Charge</th>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
<th>Outcome 06: Absence of the Person in charge</th>
<th>Outcome 07: Safeguarding and Safety</th>
<th>Outcome 08: Health and Safety and Risk Management</th>
<th>Outcome 09: Medication Management</th>
<th>Outcome 10: Notification of Incidents</th>
<th>Outcome 11: Health and Social Care Needs</th>
<th>Outcome 12: Safe and Suitable Premises</th>
<th>Outcome 13: Complaints procedures</th>
<th>Outcome 14: End of Life Care</th>
<th>Outcome 15: Food and Nutrition</th>
<th>Outcome 16: Residents' Rights, Dignity and Consultation</th>
<th>Outcome 17: Residents’ clothing and personal property and possessions</th>
<th>Outcome 18: Suitable Staffing</th>
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</thead>
</table>

**Summary of findings from this inspection**

Maynooth Lodge Nursing Home is a purpose-built, single storey residential centre with places currently for 79 residents.

This centre had been built and designed to comply with requirements of 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. There are presently no residents living in the new centre as it is not operational as yet. All proposals outlined and plans agreed will be verified at the next inspection. The person authorised to act on behalf of the provider (who will be referred to as the provider throughout this report) and person in charge were
available on the days of inspection.

The inspector reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. Separate fit person interviews were carried out with the provider and the person in charge.

Plans were in place to ensure that the health needs of residents were met. Residents will have access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care will be provided.

The person in charge told the inspector that staff will receive the mandatory training as part of the induction process. The provider discussed the proposed fire procedures to be introduced and the inspector was satisfied that if implemented they are sufficiently robust.

Improvements required related to clinical and operational policies and the completion of policies and assessments relating to health and safety and risk management. The complaints policy also required additional work to meet the requirements of the Regulations.

These are discussed further in the report and included in the Action Plan at the end.

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**Section 41(1)(c) of the Health Act 2007. 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.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
The inspector reviewed the statement of purpose which described the service that is to be provided in the centre and met the requirements of the Schedule 1 of the Regulations.

The provider stated that he intended to keep this document under review at all times and will make a copy available to residents on request.

**Judgment:**  
Compliant
**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was informed that the quality and safety of care delivered to residents will be monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The person in charge discussed the plan to complete audits on several areas such as complaints, falls, medication and restraint. She indicated that results of these would be analysed for the purposes of learning and improving practice.

Data will also be collected each week on the number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

There will be a clearly defined management structure that will identify the lines of authority and accountability. The proposed organisational structure was defined in the statement of purpose.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector read a proposed contract of care and saw that it met the requirements of the Regulations. It included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it too met the requirements of the Regulations. It will be available to all residents.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge is a registered nurse with the required experience in caring for older people. She told the inspector that she will work full-time in the centre.

She had completed a certificate course in further education and training and a certificate course in mentorship. She was also a moving and handling instructor. She attended numerous clinical courses such as medication management, wound care and nutrition.

The inspector interviewed the person in charge during which she demonstrated a good understanding of her responsibilities as outlined in 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.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**
**Governance, Leadership and Management**

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Although additional work was required to some of the policies the inspector was satisfied that the records listed in Part 6 of the Regulations will be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records.

Most of the written operational policies required by Schedule 5 of the Regulations were in place although some needed additional detail to ensure that they provided adequate guidance to staff. The risk management policy and the health and safety policy had not yet been developed and this is discussed under Outcome 8.

The provider undertook to forward the insurance details to the Authority once the building is handed over officially. All information requested by the inspector was readily available.

**Judgment:**
Non Compliant - Moderate

**Outcome 06: Absence of the Person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. The person in charge will be supported in her role by an assistant director of nursing who will deputise for her in her absence. Recruitment is underway to fill this post.

**Judgment:**
Compliant
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):
This was the centre’s first inspection by the Authority.

Findings:
Although some improvement was required to the policy the provider and person in charge were knowledgeable regarding their responsibilities in the event of an allegation of elder abuse.

They told the inspector of the measures that would be put in place to protect residents from being harmed or abused. However the inspector read the policy and found that it did not contain sufficient detail to guide staff. For example it did not outline the procedure to follow should there be an allegation of abuse. Action relating to this is included under Outcome 5.

The provider and person in charge told the inspector that training in the detection and prevention of elder abuse would be scheduled for all staff prior to opening the centre and will be provided on an ongoing basis. The provider also told the inspector that all staff would be recruited in line with the recruitment policy and be required to have Garda Síochána vetting.

The provider and person in charge described proposed robust procedures that will be in place to safeguard residents’ finances.

Judgment:
Compliant

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):
This was the centre’s first inspection by the Authority.
Findings:
The inspector was satisfied that the health and safety of residents, visitors and staff will be sufficiently promoted and protected although improvement was required to the emergency plan and there was no risk management policy.

An emergency plan was in place which identified what to do in the event that evacuation of the premises was required. There was also a procedure to follow in the event of flooding. However the inspector saw that additional detail was required to provide guidance for staff on other possible emergencies such as loss of water or power. Alternative accommodation for residents was not documented should a total evacuation be necessary.

As yet there was no health and safety statement or risk management policy in place. The provider discussed plans to complete this once the building was complete to ensure all potential hazards were identified and an up to date risk register is available.

The provider told the inspector that contracts will be in place to provide quarterly servicing of the fire alarm system and yearly serving of the equipment. Both the person in charge and the provider discussed plans to ensure that all staff had received training prior to commencing work in the centre. The inspector noted that plans were in place to carry out fire drills on a minimum of a six monthly basis and routine checks of the fire panel and escape routes will be carried out.

A plan was in place to ensure that, if required, all staff will attend mandatory training in moving and handling as part of their induction programme. This training will include the use of hoists and slings.

Judgment:
Non Compliant - Moderate

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the medication policy which was comprehensive and gave clear guidance to nursing staff on areas such as medication administration, refusal and
withholding of medications, medications requiring strict controls, disposal of medications and medication errors.

The person in charge explained that nurses would keep a register of controlled drugs and that two nurses would sign and date the register at the time of administration and that the stock balance would be checked and signed for by two nurses at the change of each shift.

The person in charge told the inspector that all staff nurses involved in the administration of medications will undertake a medication management course.

The person in charge said she had secured the services of a pharmacy to supply the medication and provide additional training and guidance for staff and residents.

Judgment:
Compliant

**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Judgment:
Compliant

**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):
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that based on the proposals outlined by the provider and person in charge, residents’ wellbeing and welfare will be maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare.

General practitioner (GP) services will be provided by a local practice. A full range of other services will be available on referral including speech and language therapy (SALT), occupational therapy (OT), physiotherapy and dietetic services. It is intended that ophthalmology and chiropody services will be provided in the centre and dental services will also be locally sourced.

The inspector reviewed the proposed nursing documentation and noted that it included nursing assessments and additional risk assessments to be carried out on all residents. Comprehensive person-centred care plans will be put in place for all residents’ needs. The person in charge stated that residents’ and relatives’ would be involved at assessment and review stages and this would be documented.

A comprehensive system will be put in place for the recording of accidents and incidents. The person in charge outlined how she intended to collect this clinical data and analyse it to identify possible trends. She outlined how all beds in the centre were low-low beds and crash mats will be in place to minimise the risk of injury for those residents identified at high risk of falling.

An activity coordinator will be employed in the centre and the person in charge outlined the plans to have an extensive range of activities available for residents. A schedule of activities will be available based on the assessed needs of residents. The person in charge outlined how residents who may be confused or who may have dementia related conditions will be encouraged to participate in the activities.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.
Findings:
The building, a bungalow, had been designed to comply with the requirements of the Regulations.

The inspector was satisfied that the bedroom accommodation would meet residents’ needs for privacy, leisure and comfort. In total there were 75 single and two twin rooms, all with full en-suite facilities. The provided discussed the plans for the furniture for each room which included a specialised bed, wardrobe, locker, chair and desk.

All bedrooms had call bell facilities. Under-floor heating was provided in all rooms, which could be thermostatically controlled in each room.

There are additional assisted toilets and bathrooms throughout the premises; these were located strategically, for example, close to sitting rooms and along the corridors. A wheelchair accessible visitors’ toilet was also available.

A variety of communal day and dining space will be available. The day and dining rooms were bright with large windows.

The corridors were wide and will allow residents to easily move about when using assistive equipment such as walking frames and wheelchairs. Handrails were provided in all corridor areas to promote independence.

There are three sluice rooms which will be fully equipped. There will be adequate storage space provided to ensure that equipment and assistive devices are stored in a safe and discreet manner. Additional facilities available include a hairdressing salon, a kitchenette for visitors’ use, staff changing rooms and dining room, a dispensary, a treatment room, a flower room and offices.

There were three internal courtyards and a rear seating area which the provider said would be fitted out with appropriate garden furniture. There were also extensive garden areas to the front and side of the building. There was a plan in place to develop an ornamental lake with walkways and garden furniture. Adequate parking was available.

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):
This was the centre’s first inspection by the Authority.
Findings:
The provider and person in charge both had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

The inspector reviewed the complaints policy and found it described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. However it did not contain details of the nominated person available to ensure that all complaints are appropriately responded to and records maintained.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that caring for a resident at end-of-life will be regarded as an integral part of the care service provided in the centre.

This practice will be informed by the centre’s policy on end of life care. Additional facilities will be provided for relatives including accommodation to stay in the centre if that is required.

The local palliative care team will be available to provide support and advice when required. Additional training will be provided for staff as required.

The person in charge discussed plans to introduce 'Think ahead' which will allow exploration of the residents’ wishes regarding end of life. (Think Ahead is a national project which encourages and provides a way for people to think about and pre-record their wishes in the event of serious illness or death).

There will be a procedure in place for the return of possessions. A specific bag will be set aside for this and relatives will be given adequate time to return to the centre to gather any belongings they wished to keep.

The person in charge discussed with the inspector plans to introduce other initiatives such as the hospice friendly hospital (HfH) initiatives. This included the possible use of the spiral symbol to alert others to be respectful whenever a resident was dying.
**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The kitchen was large and plans were underway to install stainless steel equipment. Adequate storage space was provided.

There was a large dining room situated beside the kitchen. The person in charge told the inspector that residents could choose where to have their meals, either the dining room, in other communal areas or in their own bedroom.

The person in charge told the inspector that menus would be designed following resident admissions and would be based on residents’ food preferences. Plans were in place to have these menus assessed by a dietician to ensure they were nutritionally adequate. She said that residents requiring special diets or a modified consistency diet would be catered for. She confirmed that choice would be available at every meal and that conventional meal times would be in place.

The inspector reviewed the policy on monitoring residents’ nutritional intake and food and nutrition. The person in charge told the inspector that all residents would be nutritionally assessed and weighed monthly. She said that weight loss would be closely monitored and that referrals to the GP and dietician would be made if required.

The person in charge confirmed that snacks and drinks would be available from the kitchen throughout the day and night.

**Judgment:**
Compliant
### Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge told the inspector that they planned to set up a residents’ committee. She told the inspector that minutes of meetings will be documented and circulated to all residents. The provider and person in charge stated that they intended to act upon any issues that may arise and view it as a way of improving the service and quality of life for residents.

A separate visitors’ room had been provided to allow residents to receive visitors in private. The provider told the inspector that relatives will be able to visit at any time and that residents would be encouraged to go out to visit and attend family occasions. He also said that families would be invited to attend special occasions in the centre such as birthday parties and other events.

Most residents will have single bedrooms to ensure privacy and dignity is maintained. Residents may also avail of a shared room if they wish. There will be sufficient screening in the shared rooms to maintain privacy.

The person in charge told the inspector that residents’ religious and political rights would be facilitated. One of the sitting rooms will be set aside for religious ceremonies and available for use by residents of different religious beliefs if required. The person in charge was also currently exploring the possibility that religious ceremonies could be relayed to the centre from the local churches. She stated that arrangements will also be made regarding in house voting.

**Judgment:**
Compliant
**Outcome 17: Residents' clothing and personal property and possessions**

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider and person in charge told the inspector that they would put measures in place to protect residents’ personal property and possessions.

The inspector was informed that particular attention would be taken to ensure that residents’ clothes were well managed. The inspector visited the laundry. It was spacious and plans were afoot to provide suitable equipment. In addition there was ample storage room for clean linen.

The person in charge told the inspector that residents’ clothing will be marked discreetly by relatives or on admission by staff and all residents’ clothes can be laundered on site or by relatives who may wish to take them home.

The inspector saw that all bedrooms were of sufficient size. Furniture was not yet in place but the provider described what will be provided which included a wardrobe and locker with lockable storage space.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

Findings:
There was a comprehensive staff recruitment, selection and vetting policy in place. The provider told inspector that advertising for the recruitment of new staff had commenced. No staff files were yet available.

The provider and person in charge told the inspector that they hoped to have volunteers and outsourced service providers attending the centre. They were familiar with the requirements of the Regulations and had plans in place to ensure that all would be vetted appropriate to their role and have their roles and responsibilities set out in a written agreement.

The inspector reviewed the staff induction policy/checklist which included the core areas that staff were expected to understand during their induction. The provider and person in charge stated that records of induction training would be maintained on staff files. The person in charge told the inspector that she planned on introducing a formal staff appraisal system and that she would discuss training needs and development with staff on an ongoing basis.

Both the provider and person in charge told the inspector that staffing levels would be based on the number and assessed dependency levels of residents. The provider stated that residents will be admitted on a planned and phased basis and that staffing levels will be increased accordingly based on the assessed needs and number of residents. A proposed schedule of admissions and staffing arrangements were discussed with the inspector and was deemed appropriate.

Judgment:
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:
Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Maynooth Lodge Nursing Home
Centre ID: OSV-0004593
Date of inspection: 26/01/2015
Date of response: 06/02/2015

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 05: Documentation to be kept at a designated centre

Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the schedule 5 policies were not yet developed and some were incomplete.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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:
All policies discussed at handover have been improved and/or enhanced. Additional policies also discussed have been added.

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<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The provider’s insurance was not yet in place.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 22(1) you are required to: Effect a contract of insurance against injury to residents.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Once the builder has handed over the building to us, we will immediately put our own standard nursing home insurance policy in place. We expect builders handover to be c. 25th February 2015</td>
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| Proposed Timescale: 25/02/2015 |

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

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<thead>
<tr>
<th>Theme: Safe care and support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> There was no risk management policy in place.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The risk management policy is now in place. This has been developed in conjunction with the health and safety statement and the fire evacuation policy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 06/02/2015</th>
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</tr>
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<td><strong>The Registered Provider is failing to comply with a regulatory requirement in</strong></td>
</tr>
</tbody>
</table>
A full emergency plan was not in place.

**Action Required:**
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

**Please state the actions you have taken or are planning to take:**
The emergency plan has been completed and also relates to the induction policy and fire policy. Arrangements have been made in the event of evacuation with a local hotel.

**Proposed Timescale:** 06/02/2015

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### Outcome 13: Complaints procedures

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

The complaints policy did not meet the requirements of the Regulations.

**Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**
This policy has now been updated to comply with the above requirement. Both an internal and external complaints officer have been included.

**Proposed Timescale:** 06/02/2015