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:	Millmount
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	21 May 2026
Centre ID:	OSV-0002480
Fieldwork ID:	MON-0047658

About the designated centre

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

Millmount is a designated centre operated by the Health Service Executive (HSE). The designated centre consists of a semi-detached house in a small housing estate close to a small town. There are five bedrooms in the house, three bathrooms, and three communal living areas. There is also a small but nicely laid out back garden. The service is offered to residents with an intellectual disability over the age of 18, and there are no gender restrictions. The centre is staffed by two staff during the day and one waking night staff, there is a nurse on duty most days, and access to a nurse at all times. Residents also have access to various members of the multi-disciplinary team as required. There is a vehicle for the use of residents, and residents have access to various activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Thursday 21 May 2026	09:00hrs to 17:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the four residents living in this centre received quality and person centred care. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. High levels of compliance found on this inspection reflected a compliant and quality service.

This centre comprises of a five bedroom two story semi-detached house. It is located in a town in county Westmeath. The centre is registered for five adult residents but there were only four residents living in the centre at the time of this inspection. One of the former residents had moved out of the centre in the preceding period as the layout of the centre was no longer suitable to meet their needs. Consequently. there was one vacancy at the time of inspection and no new admission had yet been identified. The four residents had been living together for an extended number of years. It was evident that the residents were compatible and knew each other well but enjoyed their own space and engaged in individualised activities versus group activities. A number of the residents were progressing in years but remained independent in many of their activities of daily living. Each of the residents required low levels of staff support. Three of the four residents accessed the community independently. All four of the residents managed their medications and finances independent following regular cognitive assessments.

The centre was observed to be homely and overall well maintained. However, small amounts of worn and chipped paint was observed on wood work in some areas. The surface of press doors and the work top in the kitchen were worn in areas. The provider had identified these issues through their own auditing processes and approval had been granted to install a new kitchen but a date for same to be installed had not yet been agreed. Each of the residents had their own bed room which they had personalised according to their own preferences and their own unique personalities. One of the residents was an avid Elvis Presley fan and had various soft furnishings and memorabilia of the star in their room. There was a main bathroom with an accessible shower. There was a separate toilet with wash hand basin on the ground floor and on the first floor. There was a good sized kitchen come dining room and two separate sitting rooms. One of the sitting rooms was larger and included a dining table. There was a good sized enclosed garden to the rear of the centre. This included a number of seating areas and potted planters.

The inspector met with three of the four residents living in the centre on the day of inspection. Each of the residents told the inspector that they were very happy living in the centre, felt safe and that staff were kind to them. One of the residents reported that ' the staff couldn't be nicer' and that they got to choose what activities they engaged in. Another resident told the inspector that the food was 'always great' and that they got to choose what they ate but chose not to cook themselves as preferred for the staff to cook for them. They also indicated that they they made

choices about their lives and that their voice was respected. Each of the residents appeared in good form and content in the company of staff and their peers. Individual residents could be heard chatting with staff about the events of their day and Westmeath's recent victory in a sporting fixture. One of the residents enjoyed having their hair styled professionally in a local hairdressers on a regular basis and was observed to be fashionably dressed with matching accessories to complement their outfit for the day.

Over the course of the inspection day, one of the residents attended their active retirement club for coffee and bingo which they told the inspector that they enjoyed. Another resident went out for a coffee and walk with staff before going out independently for a cycle. One of the residents attended their place of work for the day. This resident had full time employment. The fourth resident was noted to have a late breakfast and spent time relaxing in their sitting room. This resident told the inspector that their favourite activity was relaxing and watching their favourite shows on telly but that the staff were always available and encouraging them to go out. Staff were observed to treat residents with kindness and respect. This included observations of a staff member knocking and seeking permission before entering a resident's bedroom, sitting and enjoying a television programme with a resident while another staff member shared lunch with a resident while chatting about upcoming events in a news letter from the residents day service.

There was an atmosphere of friendliness in the centre. Each of the residents present appeared in good form and were observed smiling and chatting with staff. Staff reported that the residents engaged well in their local community and had good relations with their neighbours in the cul de sac. On the day of inspection one of the residents had their weekly session with their aroma therapist who visited the centre weekly. Two of the residents were noted to have a lengthy conversation with staff in choosing various items for the weekly shopping list, before going with staff to complete the weekly shop. One of the residents was heard discussing the schedule of activities from their social club and upcoming planned trips for the zoo, boat trip and hotel stay.

Each of the residents engaged in numerous meaningful activities in their local community. It was noted that one of the residents who was progressing in years preferred not to engage in many activities outside of the centre, particularly on days when the weather was poor outside. Two of the residents was engaged in a day service/ active retirement programme. One of the residents was in full-time paid employment while another resident had part-time employment two days per week. The provider had an activity coordinator who coordinated activities for residents across the service. The residents in this house generally didn’t engage in these activities as they had their own interests and hobbies established. Activities that one or more of the residents engaged in included, visits to family, shopping trips, cycling, walks in parks, beach visits, cooking and baking, coffee and meals out, cinema trips. In the previous period, a number of the residents had individually with staff support, engaged in overnight hotel stays.

The centre had a dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. The majority of the staff

team were named drivers which meant that there was always a driver on shift to support residents.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with, and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that families were happy with the care and support being provided for their loved ones.

There had been no recorded complaints in the centre in the preceding six-month period. Appropriate policies and procedures for the management of complaints were in place. Information on resident rights, complaints processes, decision-making capacity and the national advocacy service were available in the centre.

In summary, this was a well run service which provided quality care for the four residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. There was one whole time equivalent staff vacancy at the time of inspection. The vacancy was generally being covered by other members of the staff team completing additional shifts and on infrequent occasions an agency staff member. Recruitment for this position was underway.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had been in the position since 2017. They were in a full time position and were also responsible for one other centre in the same geographical area. The person in charge had a background as a registered nurse in intellectual disability and held a degree in management. They had more than 12 years management experience. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their

responsibilities and who they were accountable to. The person in charge had protected management hours for their role. They reported to the assistant director of nursing who in turn reported to the director of care. The inspector reviewed meeting records which showed that the person in charge and assistant director of nursing held formal meetings on a regular basis.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and supporting information required under Schedule 1 of the Regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was responsible for one other centre located nearby. In interview with the inspector, the person in charge demonstrated a good knowledge of the four residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. However, at the time of inspection, there was one whole time equivalent staff vacancy. This vacancy was being covered by staff completing additional hour and on infrequent occasions by regular agency staff. Recruitment for the position was reportedly underway. A number of the staff team had been working in the centre for an extended period. The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate

number of staff with the required skills to meet residents' assessed needs. The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection. The staff team comprised of seven care staff members and the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place. Team meetings were undertaken on a regular basis. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the Regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, infection prevention and control audits, medicines management, finance audit and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the chief inspector of social services in line with the requirements of the regulations. The inspector noted that in the preceding period, there were a overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to the maintenance of the premises.

The residents' well being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support and care plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. An annual review of the personal plan in line with the requirements of the regulations had been undertaken for each of the residents in the preceding 12 month period. The residents individually and collectively presented with minimal behaviours of concern and overall the majority of the residents were independent in many of the activities of daily living.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. There were low numbers of incidents reported in the centre but actions were put in place where required, which were then shared with the staff team to ensure that they

were implemented and prevent re occurrence. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 17: Premises

The inspector observed that all of the matters set out in schedule 6 of the Regulations were in place. However, worn and chipped paint was observed on woodwork in some areas, the surface of a small number of presses and the work top in the kitchen were worn in areas. This had been identified through the providers own auditing system and a new kitchen for the centre had been approved. A date to have same installed had not yet been agreed. In addition, the provider had identified that the wardrobes in each of the residents bedrooms required updating and replacement.

Each of the residents had their own bedrooms which they had personalised according to their individual taste. unique personality and preference. Pictures of loved ones and other memorabilia were on display in each of the residents bedroom and some communal areas. It was evident from speaking with a number of the residents that they were proud of their home.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk, which were completed at regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents. Overall, there was a low number of incidents. There was evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments were updated to mitigate their re-occurrence. The provider had a risk officer in place who could support the centre management with risk register monitoring, reviews of incident trends and or in conducting serious incident reviews where required.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review. The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the front of the house. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support and care plans for a sample of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Meaningful and measurable goals had been identified for each of the residents and there was evidence that progress in meeting those goals were being monitored. An activity schedule for each resident was maintained. The provider had an advanced nurse practitioner in place who supported staff in the centre, specifically in relation to completing any required referrals for residents. An annual review of each resident's personal plan had been completed in the preceding 12 month period, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP)

who they visited as required. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding concerns reported in the centre in the preceding 12 month period. The residents individually and collectively presented with minimal behaviours of concern. The provider had a clinical nurse specialist in behaviour support to provide guidance and support for staff were required. There were no safeguarding plans in place at the time of inspection. Suitable safeguarding procedures and reporting arrangements were in place. The provider had a safeguarding policy in place. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures. There were no recorded restrictive practices in the centre. Intimate care plans were in place for each of the residents which provided good detail so as to guide staff on how best to support residents with their intimate care needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in the centre. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. There was a complaints procedure in place. There had been no recorded complaints in the preceding 12 month period. Staff met with presented with a good knowledge of the complaint procedure. Residents met with outlined that they had no area that they could think to complain about but that if they did have any concern that they would speak with a staff member or the person in charge. Each of the residents managed their own finances and medications following appropriate regular assessments. Three of the four residents accessed the community independently.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Millmount OSV-0002480

Inspection ID: MON-0047658

Date of inspection: 21/05/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The kitchen will be upgraded to comply with the requirements of schedule 6 of the regulations and will be maintained in good state of repair and condition. Suitable contractors have been identified, and the project has been issued for tender. The kitchen improvement works are scheduled for completion by 31 May 2027.In the meantime until the completion of the kitchen upgrade works the cleaning program to include the cleaning procedure and frequency has been reviewed to ensure a high standard of cleanliness. New fitted wardrobes will be installed in the identified bedrooms to provide adequate storage capacity and improve functionality. These works are scheduled to be completed by 01st September 2026 Worn and chipped paint on woodwork will be repainted to ensure a good standard of décor	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2027