Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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|---|---|
| Name of designated centre: | St. Brendan's High Support Unit |
| Name of provider: | Mulranny Day Centre Housing Limited |
| Address of centre: | Mulranny, Westport, Mayo |
| Type of inspection: | Unannounced |
| Date of inspection: | 30 April 2026 |
| Centre ID: | OSV-0000389 |
| Fieldwork ID: | MON-0048169 |

## About the designated centre

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

St. Brendan's High Support Unit is a purpose-built facility which can accommodate a maximum of 26 residents. It provides care to dependent persons aged 18 years and over who require long-term residential care or who require short-term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. This centre is situated in the village of Mulranny on the N59 Newport to Achill road and just off the Great Western Greenway. It is part of a supported housing complex and day care service operated by Mulranny Day Centre Housing Limited. The building is split level over two floors with lift access to the upper floor. Bedroom accommodation for residents is available on both floors, and all bedroom accommodation is provided as single rooms. A variety of communal spaces are available for residents to use during the day, including two sitting rooms, a dining area, and a visitor's room. The centre is set in spacious grounds and overlooks the sea.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 24 |

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

**1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

**2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Thursday 30 April 2026 | 09:00hrs to 16:00hrs | Celine Neary | Lead |

## What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on safeguarding and the measures the provider had in place to safeguard residents from abuse. The purpose of the inspection was to ensure that residents felt safe in the centre and their human rights were respected and promoted.

The inspector found that residents were supported to live a good quality of life in this centre, which provides accommodation for 26 residents. Residents told the inspector that they felt safe living in this centre, and knew who to speak with if they had any concerns. Staff were knowledgeable in their roles and responsibilities and could tell the inspector what they would do if they had a safeguarding concern relating to a resident.

On arrival, the inspector was met by the person in charge, and following a brief introductory meeting, the inspector did a walk around of the premises. There was a relaxed atmosphere in the centre, with staff observed assisting residents in a respectful and unhurried manner. Observations confirmed that staff were aware of residents' assessed needs, and were able to provide care and support in line with residents' preferences. Some residents were sitting in their communal room to the front of the premises, while others were in their dining room or bedrooms having breakfast or a lie-in. Call-bells were answered in a timely manner, and it was evident to the inspector that there were sufficient numbers of staff on duty to assist residents with varied dependency levels.

Residents told the inspector that "staff are doing a good job", "I like staying here" and "they are very helpful". The inspector observed various activities taking place throughout the day, and residents and staff told the inspector how they had visited places of interest in their local community, such as parks, beaches and cafes. This centre had its own bus and driver, and they brought residents to outpatient appointments, if required. Residents were encouraged to maintain their links with their local community and were facilitated to visit the local village amenities in Mulranny. They told the inspector that it was important to them that they could still live close to their family and friends, in their local community. They said it allowed their family and friends to visit regularly and maintain contact.

The centre is a split-level, designed building located on an elevated site on the edge of the town. Residents' accommodation was arranged in single bedrooms on the lower and upper ground floor levels. Residents' sitting and dining accommodation and a visitor's room were located on the lower ground floor level. The premises are arranged into three areas with 'East' and 'West' wings on the lower ground floor and 'St Brids' on the upper ground floor. Access between the floors was provided by a ramp and a lift, both of which were accessed from one of the communal sitting rooms. The premises were well maintained, with the exception of some furniture, such as beds and wardrobes. Residents had ample storage facilities available to

them and bedrooms were decorated with personal belongings, such as family photographs, blankets and other memorabilia. The inspector observed that a number of communal toilets did not have any locking system in place to maintain residents' privacy and dignity.

There was an enclosed garden area to the side of the premises and an open garden area to the front of the premises, overlooking Clew Bay. It had a seating area and was decorated with plants and ornaments of interest. The provider had invested in converting the centre's heating system from oil to gas and had installed a new boiler where the existing boiler was. However, due to the extensive size of the new boiler, extra space was needed to accommodate it, which was housed within an area within the boiler room. This space was taken from an existing toilet area. This did not negatively impact on residents as there were a further five toilet rooms available within this area. The provider has submitted an application to vary the footprint of the designated centre to the Office of the Chief Inspector of Social Services.

The inspector observed that residents' relatives and friends were welcomed when visiting, and there were no restrictions in place.

The inspector observed the dining experience at lunchtime. There was a calm and unhurried atmosphere as residents ate their lunch and dessert. There was a menu available with a choice of courses, and various drinks were offered to residents. There were sufficient numbers of staff assisting residents as required. Staff spoken with were knowledgeable of residents' dietary needs, including relevant modified diets. Feedback received from residents on the day of the inspection was that they enjoyed the food on offer. All interactions between staff and residents were observed to be patient and respectful.

The inspector observed a staff member providing enhanced support throughout the day to one resident, to support them with their care needs. This staff member was able to support and reassure this resident by providing one-to-one care, as assessed in their care plan.

Information, including details for the nominated safeguarding officer, was prominently on display in the centre, alongside details for independent advocacy services and how to make a complaint.

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

## Capacity and capability

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents

from all forms of abuse. Residents were receiving a good standard of care where their individual social, religious and health care needs were being met in a safe and secure environment.

The level of good compliance in this centre continued to be maintained. The person in charge had settled into their role, which had a positive impact on the quality of service provided. The governance and management arrangements and oversight in the designated centre were effective. The provider continued to engage with the regulator and was committed to achieving full compliance.

The registered provider of St Brendan's High Support Unit is Mulranny Day Centre Housing Limited. A clearly defined management structure was in place with clear lines of authority and accountability. There were established systems in place to monitor key clinical indicators and the quality and safety of the service provided. The person in charge is an experienced nurse with the required management experience for the role. A number of staff had worked in the designated centre for many years, which helped to provide continuity of care for the residents.

The numbers and skill-mix of staff across all departments, for example, nursing, healthcare assistant, management and cleaning staff, were in line with the provider's statement of purpose, with the exception of one clinical nurse manager's (CNM) role. The provider had an additional nurse in a position and was actively recruiting for a clinical nurse manager.

Staff were provided with appropriate training in relation to identifying, reporting and supporting residents in a safeguarding incident. Staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

## Regulation 15: Staffing

From a review of the staff rosters and staffing observed on the day of inspection it was evident that there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents, taking into account the size and layout of the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and all mandatory training for staff was up to date.

All staff had completed training in the safeguarding of vulnerable residents. This was completed in person and online. Other relevant training, such as fire safety, the management of responsive behaviours and moving and handling of residents, was also completed.

Judgment: Compliant

## Regulation 21: Records

The inspector reviewed a sample of staff personnel files. These contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, two references of previous employment and employment histories for each staff member employed.

All nursing staff were registered with the Nursing and Midwifery Board of Ireland, and registered pin numbers were in date.

Judgment: Compliant

## Regulation 23: Governance and management

The governance of this centre was good. The person in charge, the clinical nurse manager and a person participating in management, who is a company director and the provider representative, met on a monthly basis, and minutes of these meetings were available for review. The agenda and minutes showed that all areas of governing the centre were discussed, and where necessary, appropriate actions were taken to address issues.

An audit schedule for the year and a review of a sample of audits completed in 2025 and 2026 assured the inspector that continuous auditing of practices ensured residents were safeguarded by robust and effective management processes.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts for the provision of services and found that all contracts reviewed were in an accessible format, and stated clearly the terms and conditions upon which the agreement was made, including the type of room offered to the resident. The contracts reviewed were signed and

dated, and set out the costs of the placement. There were no additional costs charged to residents in this centre.

Judgment: Compliant

## Regulation 34: Complaints procedure

The centre had a robust complaints policy and procedure in place. The person in charge was the nominated person with responsibility to investigate and manage complaints. A review officer was also in place. This centre had a low level of complaints for 2025, and these complaints had been appropriately investigated and responded to.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had policies in place, as required under Schedule 5 of the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

Judgment: Compliant

## **Quality and safety**

Overall, residents appeared happy living in the centre, and many said that they were happy with the care they received. This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre and to ensure all measures were taken to protect residents from harm. There was a safeguarding policy in place, which staff had a good knowledge of.

The premises were mostly well-maintained, with the exception of some furniture. However, some bedroom and communal toilet doors did not allow residents to maintain their right to privacy as discussed under Regulation 9: Residents' rights.

The food, drinks and snacks provided were nutritious and readily available to residents. Additional portions were offered, and staff were available to assist and provide support for residents at mealtimes. Residents had a choice at mealtimes and were consulted regarding their likes and dislikes. Modified diets were available, and

staff were aware of each resident's individual nutritional needs. Residents' weights were recorded regularly, and where there was a risk of malnutrition identified, they were appropriately referred to a dietitian in a timely manner.

There was a low level of restraint use within the centre. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors, if identified, for individual residents and de-escalation techniques that staff could use to prevent the behaviour escalating. Where restraint was used, it was used in accordance with national policy published by the Department of Health.

All staff had An Garda Síochána (police) vetting disclosures on file. Nursing staff were registered with the Nursing and Midwifery Board of Ireland. Staff had completed bespoke safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse. There was a low incidence of allegations and notifications of abuse within this centre for many years.

Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Residents' feedback was sought in areas such as activities, events, mealtimes, and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy and safeguarding services was displayed in the centre. Residents had access to local and national newspapers, televisions, and radios.

## Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances. Residents had a lockable storage space in their bedroom if they wished to use it.

Residents' valuables were kept safely, and there were systems in place to ensure they were kept securely. A sample of valuables was reviewed and matched with the records accordingly. Valuables were checked in and out by two members of staff and signed accordingly. Each transaction was documented.

Residents' personal laundry was appropriately laundered and returned to them in a timely manner.

Judgment: Compliant

## Regulation 13: End of life

Staff provided end-of-life care for residents with the support of their general practitioner. Where additional input was needed, referrals and the involvement of specialist palliative care services were readily available. Appropriate care plans were in place for residents requiring end-of-life care.

Each resident's resuscitation status was assessed and appropriately discussed and recorded. Residents' end-of-life wishes were assessed and documented, including their physical, psychological and spiritual care and preferences regarding where they would like to receive care at the end of their lives, which were established and regularly updated. Residents' relatives were supported to be with them, during this time, as they wished.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment.

Fire drills were completed. Records documented the scenarios created, timings and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

There were arrangements in place to ensure that staff received suitable training in fire prevention and participated in regular fire drills.

All fire exits were unobstructed and personal emergency evacuation plans, were in place for each resident, and they accurately described their evacuation needs in the event of a fire emergency.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Comprehensive, validated assessments were completed for all residents, and these informed each resident's individualised care plan. A sample of safeguarding care plans was reviewed and found to detail the specific interventions required to keep residents safe.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

All restrictive practices were implemented in line with the centre's local policy and guided by the national guidance. Where alternative, less restrictive practices were tried, this was detailed in the resident's care plan. A restrictive practice risk assessment was completed before any form of restrictive practice was implemented. Staff had received appropriate training in how to manage responsive behaviours.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse, and it was being implemented in practice. The inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. The provider was a pension agent for one resident, with the appropriate procedures in place.

Judgment: Compliant

## Regulation 9: Residents' rights

The absence of security locks on some communal toilet doors, did not support the residents to maintain their right to privacy, when in use.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

# Compliance Plan for St. Brendan's High Support Unit OSV-0000389

## Inspection ID: MON-0048169

## Date of inspection: 30/04/2026

**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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 9: Residents' rights | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights: Security locks have been placed on communal toilet doors, to support the residents to maintain their right to privacy, when in use. | |

## 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 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private. | Substantially Compliant | Yellow | 05/05/2026 |