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:	Meath Westmeath Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	15 April 2026
Centre ID:	OSV-0003957
Fieldwork ID:	MON-0041433

About the designated centre

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

Meath Westmeath Centre 1 is a designated centre operated by Muiríosa Foundation. The centre comprises two detached bungalows in close proximity to the nearest town. A full-time residential service is offered to five adults (male and female), each of whom has their own bedroom, and access to communal space and gardens in the houses. The provider describes the centre as offering support to individuals with medium support needs, including behaviours of concern and autism. The centre is staffed over 24 hours including sleepover staff at night. The staff team consists of social care workers and support workers. Residents are supported to access local amenities including GAA pitch, restaurants, leisure facilities and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 15 April 2026	09:00hrs to 18:15hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This announced inspection was carried out in Meath Westmeath Centre 1 to inform a decision on the provider's application to renew the registration of the designated centre and to monitor the provider's ongoing compliance with The Health Act 2007 (Care and Support of Resident in Designated Centres (Children and Adults) With Disabilities Regulations 2013. The designated centre comprises two bungalows and the inspector spent time in both locations on the day of this inspection.

The inspection showed significant concerns regarding the compatibility of residents in one of the locations. The incompatibility between residents in one of the bungalows, that made up the centre, had a direct impact on the rights one resident and their free access around their home. The provider had been aware of the issues for some time and had been discussing alternative options for the resident including a move to the second bungalow that formed part of this designated centre.

Shortly after this inspection the provider informed the Office of the Chief Inspector of Social Services that they had implemented a transition plan for the resident to move. The implementation of the residents' transition to the other bungalow reduced the incompatibility risk issue that was present on the day of inspection.

Meath Westmeath Centre 1 comprises of two centres both located in a quiet housing estate in a town in Co. Westmeath that can accommodate up to five adults. On the day of this inspection the centre had no resident vacancies. The inspector had the opportunity to meet with and speak to the five resident's living in the centre, the person in charge, person participating in management, two of the staff working across both houses and, the family members of two resident's living in one of the houses.

On arriving at the centre the inspector had the opportunity to meet with one of the residents who was about to go to day service, the other resident's in the . The resident shook the inspectors hand and introduced themselves and appeared to be very happy and looking forward to their day. The inspector told the resident they would speak to them later in the day on their return from day service.

The inspector completed a walk around of this centre with the person in charge. The inspector observed that the bungalow comprised of three resident bedrooms, a staff office/sleepover room with an en-suite, a bathroom, kitchen/dining area and, a utility space. The inspector observed that each resident's bedroom was decorated individually to resident's choosing. The inspector observed evidence of each resident having a smart television in their room, along with evidence of resident's favourite sports teams, hobbies and photographs of resident's loved ones.

The inspector observed the home was warm, bright, clean and in the main well maintained. There were some maintenance issues to be addressed including the

replacing of bedroom floors, however. the inspector observed evidence of a plan and time-line in place to rectify maintenance issues.

The inspector had the opportunity to meet with the resident's in this location on their return from day service. The resident's all appeared to have a had a good day and were in a very positive mood. Resident's met with the inspector and told the inspector that they liked living in their home. One resident told the inspector that they enjoyed the company of the staff team and felt that the staff look after them.

One resident proudly showed the inspector pictures they had painted in day service, telling the inspector which was their favourite painting. The inspector observed resident's moving freely about their home as they wished, for example one resident went out to the back garden and sat outside for a few minutes.

The inspector observed the resident's were all comfortable in each others presence and the residents appeared happy to be with each other. The resident's spent a short time in their home before getting ready to go out bowling together for the evening. The inspector also observed that the staff team appeared to be at ease in supporting the residents and comfortable communicating with resident's.

One staff member who spoke with the inspector in this location had worked in the centre for over three years. The staff member spoke positively about working in the centre including the management team and the positive dynamic in the staff team. The staff member spoke competently and confidently regarding the assessed needs of the residents. They were knowledgeable in terms of key resident support needs such as mobility, eating, drinking and swallowing and, promoting residents' independence.

The inspector spoke to the staff member regarding compatibility and a new resident potentially moving in. The staff member told the inspector the proposed resident often spent time with the residents that lived in their proposed new home and there had not been any concerns noted to date.

The inspector visited the second bungalow after lunch. The inspector briefly met with one of the resident's in this centre in the morning of the inspection when they came with staff to collect a vehicle. The person in charge had spoken with the inspector regarding the needs of one of the resident's in the second centre. The person in charge outlined that they may not wish for the inspector to be in their home. However, the inspector was able to visit the centre and meet with one of the residents. The second resident remained in their room asleep for the duration of the time the inspector was in the centre.

The inspector completed a walk around of the centre with the person in charge. The centre comprised of two resident bedrooms, one staff sleep over room which was also en-suite, a staff office, a sensory room, a kitchen/dining area, a sitting room, two bathrooms, a shower room and, a store room. The inspector observed that the centre was homely and well maintained. The inspector observed one residents' bedroom and observed it appeared to be decorated to their individual choices.

The inspector met with one of the residents' in the kitchen. The resident appeared happy to meet with the inspector for a short time before moving off with staff and then going for a short drive. The resident had a communication device that the staff and resident showed the inspector. Staff appeared to be comfortable in the presence of the resident and the resident was very comfortable with both staff on duty.

The inspector was aware of compatibility issues between the resident's in on location that made up the centre. The inspector observed that as a result of the incompatibility the day-to-day life and rights of one resident was being impacted in a negative manner. These impacts are discussed in greater detail in this report in the sections on Regulation 8: Protection and Regulation 9: Resident's Rights.

The inspector had the opportunity to meet with and speak to the family members of the residents. The family members told the inspector they were happy with the centre. They told the inspector they can visit on a weekly basis as is there preference and there is never an issue with visits. The family told the inspector that the provider will always keep them up to date with important information including medical issues. The family members told the inspector about some of the activities their loved ones participate in such as swimming. The family members told the inspector that they have not witnessed any of the incidents that have occurred in the centre but have been made aware of all incidents by the provider. The family told the inspector that they have been in conversation with the provider regarding the placement of one resident.

The inspector also met with and spoke to a staff member working in this centre. The staff member had a strong knowledge about the residents key plans such as eating, drinking and swallowing. The staff member spoke about the safeguarding concerns in the centre and was aware of the important strategies in place aimed at keeping resident's safe. The staff member also spoke positively regarding the centre's management team and the positive dynamic in the staff team.

The next two sections of this report will outline in greater detail the governance and management systems in place to allow the provider to oversee the day-to-day operations in the centre and, how these systems impact on the quality and safety of the resident's lives.

Capacity and capability

This inspection showed that while the provider had a robust management system in place, decisions regarding the transition of one resident were not taken in a timely manner. This was despite the provider accumulating significant evidence of ongoing impacts and gaining the consent of the residents involved on multiple occasions.

In the days after this inspection, the provider commenced the transition of one resident from one of the homes in the centre to the second home. This transition was in line with the plans observed by the inspector on the day of the inspection.

The centre was staffed in line with resident's needs and the staff team had been in receipt of the required training to allow them to meet the assessed needs of the residents.

This inspection was carried out in relation to the providers application to renew the registration of the centre. The inspection showed that the provider had submitted all the required documentation to support their application in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted within the specified timeline all documentation required for the renewal application of their registration to be assessed.

The provider had submitted with their application the floor plans, statement of purpose, insurance documents, residents guide, information on the management team and the appropriate renewal application form.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The provider had submitted to the Chief Inspector evidence of payment of their annual fee.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the centre was staffed with an appropriate number and skill mix to support the assessed needs of the residents. The provider had both planned and actual rosters in the centre and on the day of this inspection the inspector reviewed the rosters for the months of February and March 2026.

Maintaining the rosters was part of the person in charges oversight responsibilities. From the review of the rosters the inspector observed the following:

- shift patterns worked by front line staff in one centre are a sleep over shift from 15:00-11:00 Monday to Friday with sleepover shifts 15:00-15:00 at weekends
- day duty shifts from 15:00-21:00 Monday to Friday with day duty shifts 11:00-19:00 at weekends
- in the second centre shift patterns were a sleep over shift 09:00-09:00 five days a week with the remaining two sleep over shifts 15:00-11:00
- day duty shifts in the second centre were 15:30-20:00 Monday to Friday and 11:00-19:00 at the weekends
- this location also had a day service staff Monday to Friday from 09:00-16:00 to provide a wrap around service for one resident

The person in charge told the inspector that one residential bungalow had a full staff team and the second residential bungalow had a vacancy for one social care worker and one support worker in the second centre. The person in charge told the inspector the vacant support worker role had been recruited and they expected the staff member to commence in May 2026.

The provider did not use agency staff in this centre with the contingency plan for the vacant shifts, planned and unplanned leave consisting of a panel of familiar relief staff.

The inspector observed that the staff team in both centres engaged with all resident's in a person centred, warm and caring manner. Resident's in both centres appeared at ease in the company of the staff teams.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that a training log was available in the centre to show the training completed by the staff team and evidenced refresher training being scheduled as required. The person in charge maintained the training log as part of their oversight responsibilities. On the day of this inspection the inspector reviewed the training log and observed the staff team had completed training in areas such as:

- manual handling
- epilepsy
- safe administration of medication
- first aid
- fire safety
- safeguarding
- infection prevention and control

The inspector observed that the staff team had refresher training scheduled as trainings expired and observed refresher sessions scheduled for safeguarding and safety intervention training.

The inspector also reviewed the systems in place for the supervision of the staff teams. The person in charge told the inspector they schedule supervision sessions with the staff team. The inspector reviewed the supervision schedule and observed sessions were planned in line with the providers supervision policy.

The inspector reviewed the supervision records of three of the staff team members across both centres. The inspector observed that discussion items included general welfare, educational opportunities, key worker updates and safeguarding. Each session had an agreed action plan that was signed by both the person in charge and staff member with actions in place such as attending training.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place all required insurance documents. These documents were reviewed by the inspector prior to the inspection process.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured a clearly defined governance system was in place with each role within the management team having a clearly defined role.

The provider's system of audits and meetings in the centre included an annual review, unannounced provider led six monthly inspections, governance meetings and local team meetings. On the day of this inspection the inspector reviewed the provider's annual review of 2025, two provider unannounced audits, a sample of local team meetings and meetings held by with the providers governance team.

The inspector observed that the annual review considered opinions from resident's and their families. The inspector observed that three of the five families submitted feedback for the annual review and their feedback was positive in nature.

Comments from families included "is very happy here", this family member also commented that they "are very happy with all of the staff". Another family member of a resident commented that "staff have a good understanding and are always very helpful".

The inspector observed that as audits and meetings were completed actions plans were developed to address concerns highlighted including:

- maintenance issues such as replacing flooring and kitchen works
- food items stored in inaccessible locations for residents
- updates to risk assessments required
- resident care plans to be updated
- additional training requirements for staff teams
- planning for resident activities

The inspector observed that the provider had either addressed the issues identified or had timed action plans in place to address.

For example, the inspector observed time lines in place for maintenance issues, food items had now been moved to an accessible location for all residents. The inspector also observed additional training had been identified and scheduled in person led practice training and total communication.

While the provider had a suite of meetings and audits that were aimed at continual service improvement, the inspection showed that the provider had failed to act in a timely manner on overwhelming evidence regarding the compatibility of two resident's in one centre.

For example, in their annual review of 2025 the provider had identified in January 2025 serious compatibility issues with two residents in one centre. A move to the second premises in this designated centre was proposed, however, there were no time lines in place to address the concerns.

The inspector reviewed meeting minutes from January 2026 that included members of the providers multi-disciplinary team, senior members of the management team and an independent advocate for one resident who was proposed to move. The inspector observed that the meeting minutes confirmed the residents currently living in the centre had all independently consented to the resident moving. The meeting also highlighted that the resident proposed to move had consented to the move on three separate occasions prior to this meeting. On the day of this inspection no date had been confirmed for a transition despite the provider continuing to accumulate evidence of the ongoing impacts on the resident.

However, as discussed shortly after the inspection, the provider made arrangements to commence the resident's transition to move to another home and eliminate incompatibility risks.

Judgment: Substantially compliant

Quality and safety

This inspection showed that not all resident's living in the centre were supported in terms of protection from all forms of abuse and ensuring resident's rights were protected. The inspection also showed impacts on a resident in regard to them having free and equal access to visitors in their home.

Improvements were also required in the storage and disposal of food items in line with package recommendations.

Resident's living in the centre had robust care plans that guided staff in resident assessed medical, health care and day-to-day needs. The centre also had adequate systems in place to identify risk and protect from and respond to fire safety.

Regulation 11: Visits

The provider had not ensured that all resident's living in the centre could have access to visitors in their home as and when they wished. Due to the needs of one resident, a specific visitors policy had been drafted for this residents' home.

The inspector reviewed this policy and observed that it was additional to the providers visitors policy and centred on one resident's needs and did not factor or consider the impacts on the second resident living in the centre.

While both resident's had weekly visits from family, all other visits for one resident were subject to their housemate being in a position to allow visits. The inspector observed that one resident had friends in the second residential bungalow and visited them in there but was restricted from having friends over to their home. This was despite both houses being in the same housing estate and located very close by.

At the time of this inspection it was acknowledged by the provider that the resident had never been in a position to entertain friends in their home due to the compatibility issues presenting.

Judgment: Not compliant

Regulation 18: Food and nutrition

The provider had systems in place that ensured resident's were provided with nutritious food that was of their choosing. Where resident's required their food to be amended this was done in line with individual speech and language therapy recommendations. With this being said improvements were required in ensuring foods stored in the fridge were disposed of in line with package guidelines.

The inspector observed residents in one residential home had access to a variety of snack, treats and juices. The inspector also observed that in one audit the provider had identified that due to their assessed needs a resident in one residential home was not in a position to access such snacks and treats due to where they were stored. The inspector reviewed the storage systems in place on the day of this inspection and observed all residents in the centre could now access all food items.

The inspector reviewed the eating, drinking and swallowing guidelines in place for one resident. The resident' plan had last been updated in March 2026 and provided staff with clear guidance on resident preferences and assessed needs.

For example, guidance was in to help promote the residents' independence in relation to food with staff guided on how the resident likes to help staff cook meals. Guidance was also in place regarding the residents' seating preference and what to look for when the residents' plan may need to be updated outside of agreed review dates.

The inspector reviewed the storage systems of food items in one centre. The inspector observed that a number of items in one fridge were labelled with the date they were opened, however, they remained in the fridge past the dates by which they had to be disposed of once opened.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place that identified, assessed and mitigated risk in the centre. The provider had a risk management policy in place as well as risk registers for each centre and individual registers for each resident. The person in charge, as part of their oversight responsibilities, ensured the risk assessments and registers were reviewed in line with the providers policy.

On the day of this inspection the inspector reviewed the risk registers and a sample of resident's risk assessments. The inspector also spoke to staff members regarding key risks in the centre.

In reviewing the risk registers, the inspector observed that the provider had centre specific risk assessments in place in areas such as:

- accidents and incidents
- fire safety
- violence and aggression
- visitors
- absconding

The inspector observed that resident's had individualised risk assessments in place in areas such as:

- health care appointments
- damage to clothing
- eating, drinking and swallowing
- risk of living with others
- ingestion on non-edible objects
- aggression

The inspector reviewed risk assessments in place for one resident regarding aggression. The inspector observed that that risk assessment had been compiled with input from the providers multi-disciplinary team including behaviour support and psychology. The assessment was last reviewed in February 2026 and gave staff clear guidance on how to mitigate the risk associated if the residents' anxiety levels have increased.

Control measures included using clear language, using first/then and when/then visual charts and providing clear choice to outline a schedule to the resident. On the day of this inspection the inspector observed staff using the visual charts outlined in the risk assessments to offer the resident choice.

The inspector also reviewed the risk assessment in place for one resident regarding the risk of living with others. The provider had identified this as a high (red) rated risk with the latest review occurring in February 2026. The inspector observed control measures in place including 1:1 staffing, a specific visitors policy for the house and, private areas of the house for one resident such as a sensory room and the residents' bedroom.

As outlined in Regulation 23: Governance and Management, the provider had identified through this risk assessment compatibility issues that were impacting on the lived experience of one resident. These impacts are further discussed in Regulation 8: Protection and Regulation 9: Residents Rights.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adequate fire fighting systems in place including a fire detection and alarm system, fire doors, fire extinguishers, emergency lighting and fire signage.

In reviewing the centre's fire folder the inspector observed the following:

- fire fighting equipment such as fire extinguishers and fire blankets had last been serviced in February 2026

- each resident in the centre had comprehensive personal emergency evacuation plan's that were last reviewed in March 2026
- external quarterly checks of the centres fire alarm and detection systems were last completed in February 2026

The inspector also observed that the staff team completed daily and weekly checks on the fire alarm panel, fire doors and evacuation routes. The inspector reviewed this documentation for the months of March and April 2026 with all checks being completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that resident's living in the centre each had a comprehensive suite of assessments and plans that guided the staff team in supporting resident's with their assessed needs.

On the day of this inspection the inspector reviewed the care plans in place for two of the resident's. The inspector observed that the resident's each had an annual care plan review that involved all stakeholders including resident's and their family members. These reviews occurred in February 2026.

The inspector observed that resident's had care plans that guided staff in areas such as:

- eating and drinking
- communication
- personal and intimate care
- maintaining a safe environment
- mobilising

The inspector reviewed resident's personal and intimate care plans, communication care plans and mobilising care plans in greater detail. The inspector observed that the plans gave individualised guidance to staff in supporting resident's with their preferred choice and assessed needs. For example:

- intimate care plans were aimed at maintaining and promoting independence rather than staff completing tasks for resident's
- a mobilising care plan implemented recommendations from a recent occupational therapy review due to residents' changing need
- communication care plans were also observed to be implementing speech and language recommendations such as an augmentative and alternative communication (ACC) device for one resident

Judgment: Compliant

Regulation 6: Health care

Resident's living in the centre were being supported with their health care needs and had access to a range of health and social care professionals as they required.

The inspector reviewed two resident's health care plans and observed that the resident's had access to health and social care professionals such as:

- general practitioner (GP)
- behaviour support
- dentist
- chiropody
- speech and language therapy
- optician
- physiotherapy
- reflexology
- occupational therapy

The inspector observed that resident's had accessed health and social care professionals for vaccines such as flu, to have blood checks and for acute medical reasons.

The inspector also observed that to date in 2026 resident's had accessed dental appointments, physiotherapy, occupational therapy, speech and language therapy, chiropody and their GP.

Judgment: Compliant

Regulation 8: Protection

The provider had not ensured that all resident's living in the centre were being protected from all forms of abuse. On the day of this inspection the inspector observed that one resident was not compatible with a house mate and as a result was subject to repeated incidents of a psychological and emotional nature.

For example, the inspector reviewed correspondence from February 2025 from an independent advocate appointed to support the resident. The correspondence outlined some of the incidents that were ongoing in the centre such as a resident eating meals in their bedroom, however, when their housemate is not in the centre they will eat meals in the sitting room.

The correspondence also outlined that a resident will leave room doors open when their housemate is not in the centre. However, when the housemate is in the centre they will close all doors including the room that their housemate is in and the door then cannot be opened as it may cause distress to one resident.

As has been outlined through this report, the provider has accumulated evidence outlining protection concerns such as the examples outlined since January 2025. A safeguarding plan was in place for the two residents. Control measures in place included 1:1 staffing and supporting the vulnerable resident to express concerns. The inspector also observed an action was to focus on the residents' transition to another home.

However, the residents' transition had not progressed and the resident was still subjected to repeated incidents of a safeguarding nature.

While it is acknowledged the resident's transition plan was put into action shortly after the inspection, the provider was required to review their arrangements for ensuring all residents are safeguarded from all forms of abuse and where safeguarding risks present they are acted upon in a timely and effective manner to ensure the safety of all residents.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had not ensured that all residents' living in the centre had their rights respected or considered in full. In reviewing documentation regarding the ongoing transition plan for one resident, the inspector observed the provider had documented a number of incidents that outlined negative impacts on residents' rights.

For example, members of the provider's multi-disciplinary team met with the resident in their home in January 2026. The meeting occurred without the presence of the residents' housemate and therefore could take place in the sitting room. However, when one member of the team left the meeting and closed the front door the resident thought it was a housemate coming home and immediately left for their bedroom.

The inspector observed further examples of rights infringements for this resident in a report written by an independent advocate in February 2025. For example, the resident was observed to pick at food in their friend's home but could not do so in their own home. The resident could not explore the option of having their birthday party in their own home, instead having a choice of their friends home or a local pub.

The inspector also observed during a walk around of the premises that the resident had two areas of the house that they could access independently regardless of when

their housemate was in the centre. These two areas were a sensory room or the residents' bedroom.
Judgment: Not 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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 18: Food and nutrition	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	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Meath Westmeath Centre 1 OSV-0003957

Inspection ID: MON-0041433

Date of inspection: 15/Apr/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We acknowledge the findings of the inspection in relation to delays in progressing the identified move. Since the inspection, arrangements have been made for the individual to transition to the other Centre. Transition planning is underway to ensure the move is completed in a planned, person-centred and supportive manner - considering the individual's assessed needs, preferences and well-being. Overnights commenced for the individual on 24.04.2026 and will remain ongoing until 03.06.2026 – when the individual will move in on a permanent basis. This transition has been led by the individual.	
Regulation 11: Visits	Not Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: The specific visitor's policy will not apply when the individual moves on 03.06.2026. There will be no limitations in terms of visitors once the move takes place.	
Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
There is a system in place whereby all opened food is dated and labelled. Staff have become more vigilant in monitoring same. It has been discussed within team meetings. Oversight and spot checks on same has been incorporated into the Person in Charge's site visits.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Since the inspection the individual has been taking part in a person-led transition plan. They have stayed overnight in the identified Centre on several occasions. The moving-in date has been identified as 03.06.2026. This move will eliminate the highlighted incompatibility issues.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The provider has reviewed the Independent Advocacy report noted within the inspection and actions arising from this report have been incorporated into the transition plan. The transition is progressing positively. The transition will continue as per the wishes of the individual, with a final move-in date of 03.06.2026. This move will result in the individual living in an environment that promotes their well-being and self-determination. A Quality of Life audit will be carried out by the provider by 31.07.2026.

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 11(1)	The registered provider shall facilitate each resident to receive visitors in accordance with the resident's wishes.	Not Compliant	Orange	3/Jun/2026
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	23/Apr/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	3/Jun/2026

Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	3/Jun/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/Jul/2026