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:	Mullingar Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	28 July 2026
Centre ID:	OSV-0004213
Fieldwork ID:	MON-0042561

About the designated centre

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

Mullingar Centre 4 is a designated centre, providing support for a maximum of two adults with an intellectual disability and high dependency and support needs. The centre comprises of two bungalows situated in a quiet, historical village in North Co. Westmeath, surrounded by Lough Derravaragh. One bungalow has two medium sized bedrooms, one with an en-suite, staff office, a utility room, an open plan kitchen, dining and sitting room and a main bathroom. To the rear of the house is a large fenced enclosed garden and a lawn area to the front of the house. The second bungalow has two medium sized bedrooms, one with an en-suite, staff office, a utility room, an open plan kitchen, dining and sitting room and a main bathroom. There is a large fenced enclosed garden to the rear of the house and a lawn area to the front of the house. Both houses are wheelchair accessible. Services are provided from the designated centre to male and female adults (i.e. over 18 years old). 24 hour support is provided 7 days a week, with waking night and sleepover staff support. The centre is close to local amenities including shopping centres, numerous pubs/bars and restaurants, cinema, swimming pools and town park. The staff team consists of direct support workers and social care workers managed by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 July 2026	10:10hrs to 18:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of this announced monitoring inspection, the inspection findings were very positive, and the centre was found to be in full compliance with the regulations reviewed. The inspector found several improvements in relation to oversight as well as the quality and presentation of information since the inspection in February 2026. The inspector noted that staff were very familiar with the residents' support needs. The assessment of need document was updated during the inspection to further reflect this high level of staff knowledge, for example regarding road safety. The residents were found to receive high-quality care provided by a consistent, familiar staff team who delivered it in a relaxed and person-centred manner.

The inspector spent time with both residents who were living in the centre. They briefly shared their views, preferring to focus on topics of personal interest to them. They both said they were happy living in their home and both said the staff were nice. One resident said the food was nice and that their support staff was a good cook. The inspector observed both residents at different times of the day. They appeared very relaxed and comfortable in their surroundings as well as in the presence of their support staff and the person in charge.

The residents were found to participate in different activities based on their interests. On the day of the inspection, one resident went for a walk around a lake while the other had lunch out. Afterwards, they met up with each other to go to the cinema. One resident bought a takeaway late lunch and had it upon their return from the cinema.

As part of this inspection process, residents' views were sought through questionnaires provided by the office of the Chief Inspector of Social Services (The Chief Inspector). The residents each completed a questionnaire with staff support. Feedback was positive, and all questions were ticked 'yes' to indicate they were happy when asked about the service and care provided.

The inspector spoke with the person in charge and three staff members on duty in the centre on the day of the inspection. They demonstrated that they were familiar with the residents' support needs and preferences. They were observed to interact with residents in a relaxed and fun manner. For example, one staff member was observed to say that they would 'forget their own head if it wasn't screwed on'. The resident and the staff member both laughed at the comment.

The provider had arranged for staff to have training in human rights. One staff member explained that while they always ensured they promoted human rights, the training helped keep them focused on continuing to promote the residents' rights.

Feedback was also sought from one family representative on the phone. Feedback received was very positive. The representative had no concerns regarding the

service saying "absolutely none, whatsoever" and confirmed they would feel comfortable raising a concern if they were to have one. They felt that their family member now had consistent support and familiar staff working with them. They felt that it had made a big difference and their family member could be confident knowing who was working with them. They believed that the staff team treated their family member with respect and they were like extended family. They said that staff were 'so lovely' with their family member and greeted their family member warmly when they came on shift. They went on to say that staff knew their family member so well and were responsive to their needs. They felt very welcome to visit the centre and that their family member was 'most definitely safe living there'. They felt their family member had a "great life" and they joked that their family member "got out more than them".

The inspector conducted a walk around the centre which was made up of two houses next door to one another. The houses were found to be very neat and tidy.

Each resident had their house and private en-suite bedroom. Their bedroom provided adequate storage facilities for their personal belongings, and their room was decorated to suit their preferences. For example, one resident had a poster of one of their favourite singers displayed on their wall. Each house had access to a private back garden.

At the time of this inspection, there were no visiting restrictions in place. There was a visitors' protocol in place to help support one resident and their mental health, for example around them not to receive too many visitors at once. There were no vacancies. The inspection found that no complaints were recorded since the last inspection.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken as part of the provider's application to renew the registration of the centre as well as part of ongoing monitoring of compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in February 2026.

The inspector found that there were effective governance and management arrangements in place at the time of this inspection to ensure a safe and effective

service was provided for the residents. For example, the provider completed unannounced provider-led visits every six months as required by the regulations.

The provider had prepared a statement of purpose and function and a directory of residents. The centre was adequately insured against risks to the residents.

The inspector reviewed a sample of staff rosters and found that there were appropriate staffing levels in place to support the residents. Furthermore, staff had access to a range of training and development opportunities to support them to carry out their roles effectively, for example medication management.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations, the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They managed two centres and split their time evenly. They were supported in their role by a team leader for each house. The person in charge was an experienced social care professional with an appropriate qualification in management.

The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the registered provider had ensured appropriate staffing levels were in place to meet the assessed needs of the residents.

The inspector reviewed a sample of rosters across a four-month period from April to July 2026. While the centre did not have a full staff complement and required one vacancy to be filled, this was a recent occurrence. It was in response to a calculated decision to move a staff member for the benefit of one resident due to increased

behaviours of distress that were being displayed by the resident. The person in charge ensured that familiar consistent agency staff filled the vacant shifts while recruitment was undertaken. This facilitated continuity of care for the resident involved. The second resident had a full staff complement. This helped the residents feel secure and supported by people who knew their support needs and understood their preferences.

Full staff personnel files were not reviewed as part of this inspection. Instead, the inspector reviewed the three agency staff members' Garda vetting disclosures as well as police clearance certificates for two of the agency staff members. All three Garda vetting disclosures were completed within the last three years. This demonstrated that the provider had arrangements for safe recruitment practices in line with best practice.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had received training as required, including refresher training.

The inspector completed a review of the training oversight document. Additionally, the inspector sampled training certifications for six courses. This included files for core staff, day service staff, and the three agency workers being utilised in the centre. This review confirmed that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs and provide safe care.

Examples of the training staff had completed included:

- safeguarding vulnerable adults
- training related to positive behaviour support
- fire safety
- medication management
- epilepsy and related emergency medication
- falls prevention management
- assisted decision making
- training related to infection, prevention and control (IPC), such as hand hygiene.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in the 'what residents told us and what inspectors observed' section of the report.

Documentation for three staff members, one of which was an agency staff, showed they received formal supervision, providing them with a forum to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained and made available to the inspector. It contained all information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

As per the requirements of the regulations, the provider had ensured that the centre was adequately insured against risks to the residents. Evidence of the insurance was submitted to the Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient management systems to ensure that the service provided was safe and appropriate for the residents.

The provider had carried out an annual review of the quality and safety of the centre which included feedback from family and the residents.

There was a schedule of monthly audits completed by staff to review aspects of the service provision and the person in charge completed monthly spot check audits on different topics. Additionally, there were arrangements in place to complete six-monthly provider-led unannounced visits.

Team meeting minutes since February 2026 showed staff regularly discussed updates on the residents, incidents, IPC, and fire safety, to ensure everyone was kept informed.

The inspector spoke with three staff members on duty. They communicated that while they did not have any concerns at this time, they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date and described the service provided and contained all the information required by Schedule 1. For example, it contained the arrangements for complaints, and the fire precaution arrangements for the centre.

Judgment: Compliant

Quality and safety

This inspection found that a good quality of service was provided for the residents living in this centre.

There were arrangements in place to assess residents' needs and provide guidance to staff on how to support the residents appropriately. There were suitable arrangements in place that helped protect residents from different forms of abuse. For example, staff were trained in how to recognise and respond to signs of abuse. Additionally, residents were provided with nutritious food of their choice.

The inspector completed a walk-about of the premises and found that it was clean and homely.

There was a residents' guide made available in each of the houses to provide them with relevant information they may want to know.

There were arrangements for risks to be identified, assessed and monitored to mitigate the chances of the residents being negatively impacted.

Regulation 17: Premises

The inspector found that the layout and design of each of the premises were appropriate for the assessed needs of the residents. The residents had access to the cooking and clothes washing facilities.

Both houses were found to be clean, tidy and in a good state of repair. Improvements had been completed since the last inspection, such as both en-suites

had been renovated, the staff bedroom floor had been replaced, and the room painted. Those alterations helped improve the appearance of the houses.

The residents had their own bedrooms with private bathrooms. They had sufficient storage facilities for their personal belongings. They had personal pictures displayed in their home which promoted a homely feel. One resident pointed out several pictures for the inspector to review.

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities and interests.

From a review of one month's worth of shopping receipts and the food available in one house, the inspector found that a range of different healthy as well as treat foods were being purchased and made available. For example, different types of beans, nuts, fruit, vegetables, and meat etc.

A family representative spoken with felt that their family member was supported to 'eat quite healthily and that staff promoted exercise'.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was made available to the residents in their bedroom that contained the required information as set out in the regulations. For example, it discussed visiting arrangements and how residents could access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks

specific to individuals, such as epilepsy risks, had also been assessed to inform care practices.

From a review of incidents that occurred in the centre from January 2026, there was a low level of incidents taking place. They were found to have been reported, reviewed and learnings taken where possible.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that the oil boiler had received an annual service. From a sample of one of the centre's vehicles, it was noted that it was taxed, insured and had an up-to-date national car test (NCT).

Judgment: Compliant

Regulation 27: Protection against infection

There were adequate measures in place to control the risk of infection in the centre.

For example:

- there was a centre specific outbreak contingency plan available
- the centre was maintained in a clean and hygienic condition throughout
- there was colour coded cleaning equipment, such as mops and buckets
- there were colour coded chopping boards and guidance available
- hand washing facilities with hot water, soap and disposable towels were available for use
- infection control information and protocols were available to guide staff
- staff had received relevant training.

These measures ensured that residents were protected from the risk of healthcare-associated infections in their home.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that an assessment of the residents' health and social care needs had been completed and care plans were developed for any identified needs.

While the assessment of need document was updated on the day of this inspection to include some additional information, such as road safety skills, the inspector was

satisfied that the information was already well-known to staff and was effectively implemented in practice to keep the resident safe and support them as required.

The inspector reviewed a sample of care plans, for example for epilepsy, communication, raised cholesterol, and mental health and found that plans were informed, where required, by health and social care professionals. Care and support was provided in line with their care needs and any emerging needs.

Since the last inspection, the person in charge had arranged for one resident to engage the services of a dietitian, and an appointment was scheduled to take place within the coming weeks of this inspection. Plans were in place for a speech and language therapist to complete resident specific communication training with the staff team in September 2026 and there was a plan to trial communication devices for a resident.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. For example, there was an organisation policy to guide staff.

Staff were appropriately trained in safeguarding vulnerable adults. There was an established reporting system in place with a designated safeguarding officer (DO) nominated for the organisation. Two staff members spoken with correctly identified the DO to the inspector and an information poster identifying the DO was displayed in each house.

There were no reported safeguarding concerns in the centre since the last inspection. A staff member spoken with was familiar with the steps to take should a safeguarding concern arise and gave suitable examples on how they would manage an incident and keep the residents safe.

The inspector reviewed the residents' documentation and found that each had an intimate care plan in place that clearly guided staff as to the support the residents required, including residents' preferences.

Additionally, staff completed daily checks of residents' finances to ensure their finances had appropriate oversight and were safeguarded from potential abuse.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant