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 4
Name of provider:	Muiríosa Foundation
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	20 March 2026
Centre ID:	OSV-0005787
Fieldwork ID:	MON-0045665

About the designated centre

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

Meath Westmeath Centre 4 is a designated centre operated by Muiríosa Foundation. The designated centre is a community house in close proximity to the nearest town which accommodates four adults, both ladies and gentlemen, with an intellectual disability. Each resident has their own bedroom, and there is sufficient private and communal space including a functional outside space at. The centre is staffed by two members of staff during the day, and a sleepover staff at night. There are vehicles for the use of residents, and a variety of activities available and supported.

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
Friday 20 March 2026	09:00hrs to 17:30hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to monitor the registered providers ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Overall, the inspection showed high levels of compliance with the regulations. The inspector observed residents in the centre were supported in a rights based, person centred manner with the provider implementing strategies that ensured residents could age in place in their home despite their changing needs.

Meath Westmeath Centre 4 is a large bungalow located in Co. Meath that is currently registered for up to four residents. On the day of this inspection the provider had two resident vacancies in the centre following a previous resident move and one resident passing away in late 2025. One person had been identified by the provider as a potential resident for one vacancy.

The centre consisted of five bedrooms one of which was en-suite, a bathroom, an open plan large kitchen/dining space, utility room and garden space at the rear of the centre. One of the bedrooms in the centre was a staff sleepover room.

On the day of inspection the inspector had the opportunity to meet with and speak to both residents currently living in centre, the person in charge, person participating in management, the residential leader and two members of the front line staff team.

On arriving in the centre the inspector was met by two staff members one of whom was finishing their shift. One staff member completed a walk-around with the inspector while centre management were on their way to the centre. The inspector observed the centre to be well maintained, bright, homely and each residents bedrooms appeared to be decorated to the residents choosing.

The inspector met with one resident at the kitchen table where they were having breakfast and listening to music on their electronic tablet. The resident appeared to be very healthy and happy. They engaged positively with the inspector telling the inspector that they were happy in their home. The resident showed the inspector photographs they had taken on both their digital camera and electronic tablet. The resident told the inspector they liked the staff team in the centre and they also referred to their housemate as their friend.

The resident left the centre shortly afterwards with staff for an outing. When they returned to the centre the resident showed the inspector their bedroom. The resident proudly showed the inspector photographs of loved ones they had in their room. The resident told the inspector they liked their bedroom and had helped pick items for their room.

The inspector briefly met and spent some time with the second resident in the centre in the kitchen, the inspector also observed the resident through the day of the inspection. Again the resident appeared to be very happy in the presence of the staff team, for example, the inspector observed the resident playing table top games with staff and moved about their home freely throughout the day of the inspection. The inspector observed the resident engaging in their preferred activities for example, threading beads. The resident's bedroom was decorated in line with their preferences with evidence of photos of the resident with friends engaging in outings and activities. The resident has been experiencing changing needs over the past number of months and the inspector observed the provider had implemented a number of strategies to increase supports to the resident.

The residential manager explained to the inspector that one of the residents in the centre attended day services four days a week and was on a day off on the day of this inspection. The resident spoke positively about their day service telling the inspector that they enjoyed going to day service. The second resident did not attend day service due to changing needs. This resident was provided with a wrap around service from their home. The inspector observed that the provider had the required resources in place to provide a meaningful day for the resident.

Staff who met with and spoke to the inspector were knowledgeable in terms of key resident support needs and care plans. Staff commented on the changing needs for one resident and informed the inspector of changes to care plans that have been made to support the resident. Staff spoke positively in regard to promoting resident's choice and ensuring that the centre is resident led. The inspector observed throughout the day of inspection that the staff team interacted with the residents in a patient, caring and person centred manner.

The next two sections of the report will outline in greater detail the governance and management arrangements of the centre and how these systems impact on the quality and safety of the care provided to residents.

Capacity and capability

The inspector found that the provider had systems in place that ensured they had both the capacity and capability to effectively manage the centre.

The provider had ensured that despite the person in charge having multiple centres in their remit, additional measures were in place to ensure effective day-to-day oversight systems were in place . The provider had effective auditing systems in place that were aimed at continual service improvements.

The provider had ensured that the staff team had been in receipt of mandatory and centre specific training to effectively support the residents with their assessed needs.

The provider had an effective system in place that ensured openness and accountability in terms of their complaints processes.

Regulation 15: Staffing

The provider had planned and actual rosters that were maintained by the person in charge as part of their oversight responsibilities. The inspector reviewed the rosters for January and February 2026 and observed that the provider had sufficient staffing levels in place to meet the assessed needs of the residents.

The roster review showed shift patterns of one sleepover and one day duty per day. The inspector observed that on each day of the rosters reviewed the provider had ensured all shifts had been filled. The provider used both relief and agency staff as part of their contingency plan to cover staffing vacancies, planned and unplanned leave. Feedback was given to centre management from the inspector to ensure the names and agency of all agency staff used was available in the centre.

The current person in charge, who has the role on an interim basis, told the inspector that the centre currently had staffing vacancies for a person in charge and one staff member on a career break. The inspector observed that the staff member on a career break was noted on the roster and their shifts were covered as discussed by familiar relief and agency staff.

The inspector observed through the inspection the staff on duty were comfortable in supporting residents with their assessed needs. The residents were also observed to be comfortable in the presence of staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training log that evidenced mandatory and refresher training completed by the staff team. The training log was maintained by the person in charge who scheduled training for staff as required. The inspector reviewed the training completed by the staff team and observed that the provider had ensured staff were provided with training that meant they could support residents with their assessed needs.

The inspector observed staff had completed training in areas such as:

- intellectual disability and dementia
- fire safety
- manual handling
- safeguarding
- managing feeding, eating, drinking and swallowing in people with an intellectual disability (FEDS)
- human rights
- infection prevention and control

The inspector observed that where staff required refresher training this was forwarded to the providers training department by the person in charge. The inspector observed that refresher sessions were in place for staff in the following areas:

- safeguarding
- food safety
- FEDS

As discussed earlier in this report, the provider had identified a person for one of the residential vacancies. This person had a diagnosed condition. The inspector observed evidence of the provider planning for the staff team to have a specific training to enable the resident to be supported.

The person in charge and residential leader maintained a supervision schedule to ensure staff were in receipt of professional supervision in line with the providers policy. The inspector reviewed the supervision records for two staff. The supervision sessions were completed in January and February 2026. Agenda items discussed included general welfare, training and career development. The inspector also observed that the supervision sessions also included a discussion on staff welfare following the sudden passing of a resident with the employee assistance program offered to staff.

Judgment: Compliant

Regulation 23: Governance and management

Despite staffing vacancies in the management team the provider had ensure there were clear lines of authority and accountability in the centre. The management team consisted of a person participating in management, person in charge and residential leader.

The current person in charge holds the role on an interim basis and also has oversight responsibilities for three other locations. The provider had implemented effective measures to ensure the person in charge had the capacity to manage their remit. The provider had also employed a residential leader in the centre who linked

with the person in charge on a regular basis regarding day-to-day operations in the centre.

The provider had systems in place to audit and monitor the service. These systems consisted of an annual review, provider led unannounced six monthly audits, governance meetings and local team meetings. On the day of inspection the inspector reviewed the providers annual review, previous two six unannounced six monthly audits and the previous two governance and local team meeting minutes.

The annual review and providers own unannounced audits were used to develop an action plan aimed at improving service delivery. The audits and reviews undertaken identified the following actions:

- maintenance issues including repairs to walls
- the required updating of resident's care plans
- the implementation of supervision sessions
- easy read documents to be made available
- gaps in staff fire checks to be addressed
- policies required staff signatures
- refresher training to be booked for staff

On the day of inspection the inspector observed evidence of the actions identified either completed or a plan was in place to address the action, for example the scheduling of refresher training.

Team meetings occurred on a monthly basis and the inspector reviewed meeting minutes from January and February 2026. Agenda items included health and safety, safeguarding, resident review, service development and maintenance. An action plan was developed at each meeting, actions observed by the inspector included updating of risk assessments and staff attending dementia training. The inspector also observed discussions around a plan to introduce a possible new resident to the current residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had systems in place that ensured complaints could be made and were responded to appropriately in line with the provider's policy.

The provider's complaints policy was available in the centre that was last reviewed and updated in December 2025. The person in charge also maintained a complaints log in the centre. The provider had ensured residents were supported to make complaints where necessary. Residents had made complaints to the provider in 2025 due to resident incompatibility that led to an increase in safeguarding incidents.

The inspector reviewed the complaints process in regard to resident complaints and observed that the provider engaged with residents in line with their policy. Residents were observed to be satisfied with the outcomes with one resident being supported to move to a more suitable environment. The centre had no open complaints and no complaints had been made since a resident move had been facilitated.

The inspector observed the provider had a complaints folder that informed residents of who to contact in the event they wished to make a complaint and information regarding advocacy services.

Judgment: Compliant

Quality and safety

This inspection found that the provider was providing a safe and quality service to the resident's. Risk and safeguarding were important themes at each meeting within the centre and staff were given clear guidance in mitigating risk. Where safeguarding incidents had occurred they were subject to appropriate reporting and safeguarding measures.

The provider had robust and strong systems in place to ensure fire safety was maintained.

Resident's had comprehensive assessments and corresponding support plans in place. Plans were subject to input from the providers mutli-disciplinary team and offered clear guidance to staff in supporting resident assessed needs.

Residents were engaged in their local communities and planned their weeks with the support of staff to ensure they participated in meaningful days. Residents were supported to either attend day services as frequently as they wished or be supported by staff in their home.

Regulation 13: General welfare and development

Resident's in the centre were being supported to engage in social and recreational activities in line with their assessed needs and preferences.

The inspector reviewed the person centred plans of both residents' in the centre on the day of inspection. The inspector observed evidence of residents' engaging in activities of their choosing such as beauty treatments in their local community,

gardening, zumba, horse riding, dining in restaurants, visiting family graves and overnight stays in hotels.

Resident's had goals that were developed from planning meetings that occurred in January 2026. One resident enjoyed cooking and their goal was to increase the amount of recopies they can cook. The inspector observed evidence of the resident engaging in cooking with recipes increasing in steps and difficulty to help develop the residents skills. Another resident had goals set around their changing needs and the introduction of new equipment. The inspector observed evidence of the new equipment in place for the resident and of the resident engaging in their use.

Key workers held monthly meetings with resident's and the inspector reviewed a sample of the key worker meeting records. Meetings discussed residents' medical needs, social activities, accidents and incidents, life events and an update on the progress of resident's goals. The key worker meetings also contained photographs of resident's engaging in their goals and activities across the previous month. For example one residents' meeting minutes contained photographs of a recent family catch up.

One resident had a goal planned for an overnight stay away. The inspector observed evidence in a key worker meeting that this goal had been achieved with photographs of the apartment where the resident stayed in their key worker meeting.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify, assess, mitigate and review risk in the centre. The provider had a risk management policy in place and also a register of both centre and resident specific risk assessments. The risk registers were maintained by centre management as part of their oversight responsibilities. Risk assessments were completed by centre management and subject to regular review. The inspector observed evidence that risk was also a regular agenda item in all meetings within the centre.

The inspector reviewed a sample of the risk assessments in place for both residents on the day of inspection. As outlined earlier in this report one resident had experienced a changing need in recent times. The inspector observed that the provider had completed a thorough review of all aspects of the residents environment and day-to-day life to ensure they were safe to remain in their home. For example, the provider had utilised supports of a clinical nurse specialist from another region of the providers remit. The clinical nurse specialist visited the centre and met with the resident and staff team. Following this meeting a list of actions were devised including environmental changes aimed at reducing the risk of harm to

the resident. The inspector observed that the environmental changes recommended had been implemented.

The inspector also reviewed the risk register in place for centre specific risk assessments. The inspector observed that the provider had suitably reviewed and assessed a wide range of potential risks including:

- lone working
- medication errors
- infection prevention and control
- fire safety
- poor housekeeping
- impact of living with others

The inspector reviewed the risk assessment in place regarding the impact of living with others. The assessment had last been reviewed in January 2026 and contained control measures such as:

- supports from the providers behaviour support team
- on-call manager support
- the use of behaviour support and safeguarding plans where necessary
- promoting individual choice
- recording and reviewing of incidents in the centre

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adequate firefighting systems in place that included fire detection, and alarm systems, fire doors, fire extinguishers, emergency lighting and fire signage.

On the day of inspection the inspector reviewed the providers fire folder, servicing dates for fire fighting and fire detection equipment, record if fire drills, fire safety checks completed by staff and fire training completed by staff. The inspector observed the following:

- fire fighting equipment such as fire extinguishers and fire blankets had been serviced in February 2026
- servicing of the detection and alarm system had taken place in May 2025
- servicing of the emergency lighting had taken place in November 2025 and March 2026
- daily and weekly checks of evacuation routes and fire alarm panel were completed
- fire drills had taken place in line with the regulations with residents observed to evacuate in a timely manner

The inspector also reviewed the resident's personal emergency evacuation plans. Each plan was individual to each resident. Specific supports required for each resident to evacuate safely were outlined to staff. Guidance was also evident in terms of the supports resident's require at night time and during the day.

The inspector also observed that all staff had completed fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The centre had systems in place that allowed for the safe recording, storage and administration of medication.On the day of the inspection the inspector reviewed the systems in place for the storage of medications, one residents kardex and spoke to one staff member regarding one residents medications.

The inspector observed that resident's medications were stored in a double locked cupboard located in the staff office. Each resident had their own storage box with regular medications blister packed by the resident's pharmacy. PRN (medications administered as required) medications were stored separate to the resident's regular medications. The inspector observed that medication storage spaces were clean with no overstock of medications evident.

The inspector reviewed one residents' kardex and observed that the kardex contained details of the following:

- regular and PRN medications
- medication administration times
- photograph of the resident
- signature of residents doctor

Staff who spoke with the inspector on the day of this inspection were knowledgeable in terms of the medications being administered to the resident. The staff member had also administered a PRN medication to the resident on the of the inspection. The inspector observed that the staff member had referred to the residents PRN protocol and completed the required documentation.

The inspector observed evidence that all staff had completed the providers safe administration of medication training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident's in the centre each had a comprehensive suite of assessments and plans that guided and supported staff in meeting the residents assessed needs.

On the day of the inspection the inspector reviewed the care plans in place for both residents. The inspector observed plans and assessments in place in areas such as:

- managing feeding, eating, drinking and swallowing (FEDS)
- communication
- mobilising
- diagnosed health conditions
- emotional well-being

The inspector that all plans for resident's had been reviewed by the provider between December 2025 and March 2026. The provider used an online system that provided automatic alerts to review plans on at least six monthly basis. The provider had also ensured that all relief and agency staff had access to the online system. On the day of this inspection one of the staff members on on duty was a relief staff and they confirmed to the inspector that they can access resident care plans using the providers online system.

Plans gave specific guidance for staff in supporting resident's. For example, the inspector reviewed one residents' FEDS plan. Guidance was in place for staff regarding how the resident chooses favourite foods, specific dietary requirements in place for the resident, how the resident uses recommended eating and drinking aids and a reference for staff to review further speech and language therapy recommendations in place.

The inspector also reviewed a care plan in place for a residents' dementia diagnosis. The inspector observed guidance in place for staff to maintain residents communication skills, to help reduce stress and anxiety for the resident and to help maintain the residents cognitive functions. The inspector observed the strategies outlined to staff in place throughout the centre, for example, the use of visuals was evident to support the residents cognitive functioning.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place that ensured residents were safe in their home. The provider had a safeguarding policy in place and log of incidents of a safeguarding nature. The providers safeguarding log was maintained by the person in charge as part of their oversight responsibilities. On the day of this inspection the inspector reviewed the providers safeguarding log, safeguarding plans and the intimate care plan for one resident.

The providers safeguarding log showed five incidents of a safeguarding nature in 2026. All were reported in line with national safeguarding guidelines. The inspector

also reviewed safeguarding plans in place and observed that interim safeguarding plans were in place and all plans were agreed and closed by the national safeguarding team.

The inspector also observed the following:

- staff were knowledgeable in terms of what constituted a safeguarding concern and how they would report same
- staff had completed the providers safeguarding training
- safeguarding was a constant agenda item on all meetings in the centre
- there had been a significant reduction in safeguarding incidents since a resident had moved to a more suitable location

The inspector reviewed one residents' intimate care plan. The plan gave staff clear instruction and guidance on resident preferences in areas such as showering, hair care, dental care, dressing and undressing. The inspector observed evidence of parts of the intimate care plan in place on the day of inspection. For example, the plan outlines the importance of loose fitting comfy clothes for the resident, the inspector observed the resident was wearing such clothes.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights, choice and independence were central themes in the centre. The provider had systems in place that ensured these themes remained central. On the day of inspection the inspector reviewed resident house meetings, training records of staff and spoke to staff regarding how they ensure residents rights are supported.

The inspector also observed that the provider had ensured significant efforts had been made to ensure a resident who had recently been diagnosed with dementia was supported to maintain as much choice and independence as possible. The inspector observed evidence of positive risk taking to support residents access to their environment including moving bedrooms and continuing to engage in meaningful activities. It was evident that supports were aimed at maintaining the residents independence and choice.

The inspector reviewed the weekly house meetings. Discussion items included a topic of the week, resident activities and plans, menu planning, maintenance issues and complaints. The inspector observed that the topic of the week changed every week and discussed important topics such as fire safety, safeguarding and human rights.

The provider ensured that key documents were in easy read format and discussed at resident meetings. One example observed by the provider was the national

consent policy which was discussed as a topic of the week using an easy read for the resident's.

The staff team had completed human rights training and the staff who spoke with the inspector spoke positively about promoting and enhancing residents rights.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant