



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

Issued by the Chief Inspector

Name of designated centre:	Mullinahinch House Private Nursing Home
Name of provider:	Mullinahinch House Private Nursing Home Limited
Address of centre:	Mullinahinch, Monaghan
Type of inspection:	Unannounced
Date of inspection:	20 January 2026
Centre ID:	OSV-0000148
Fieldwork ID:	MON-0049396

About the designated centre

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

Mullinahinch House Private Nursing Home is a purpose built facility that can accommodate a maximum of 46 residents. It is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours general nursing care for both long term residents and short term such as respite, convalescence, palliative and end of life care. Based on a pre-admission assessment, residents with dementia can also be admitted if it is established that the facilities and services provided could adequately meet their needs. Care is provided for people with a broad range of needs: low, medium, high and maximum dependency. The centre is a two storey building situated 2.5 km from Monaghan town in a quiet country area on over an acre of landscaped gardens. Accommodation comprises of single and twin bedrooms, each with its own en-suite facility. There are also two common rooms, a dining room, day room, activities room, a hairdresser salon and an Oratory on site. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. The centre's stated aims and objectives are to provide excellent health care, tailored to each individual resident needs in a place designed to emulate an environment as comfortable, welcoming, safe, and pleasant as residents' own homes. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 January 2026	07:30hrs to 15:30hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, conducted with a focus on adult safeguarding, and a review of the measures the registered provider had in place to safeguard residents from all forms of abuse.

From the observations of the inspector and from speaking to residents and their families, it was evident that residents were living in a centre where their rights were upheld. There were adequate resources, policies, procedures and supervision in place, ensuring that residents were safeguarded in their home.

The centre was calm and peaceful at 07:30 in the morning. The majority of the residents were in bed asleep; a small number of residents had already started their morning routine in the privacy of their bedroom.

On the day of inspection, the inspector spoke with 11 residents and three visitors. Residents stated that they were well cared for by staff, describing staff as 'kind' and 'always willing to help'. Residents said that they felt safe living in the centre, saying they trusted that staff would act promptly, if any concerns arose.

The premises was warm, clean and well maintained. The physical environment was designed to minimise risk including, secure entry systems and well-lit areas. Fire exits and escape pathways were noted to be clear from obstruction.

Residents had access to television, radio, newspapers, and telephones to ensure they were informed regarding current affairs and connected to their community. There was a varied schedule of activities displayed on the notice board such as bingo, exercises and games. Residents confirmed that there were adequate activities provided informed by their interests, preferences and capabilities.

Arrangements were in place for residents to give feedback on the service provided to them. There were resident meetings, where residents could contribute to the organisation of the service.

The inspector observed that staff endeavoured to keep residents safe, by providing supervision to them when in the communal living areas and in the dining rooms. The inspector saw that residents had access to their call bell when in their bedroom alone, and all residents spoken with said their call bell was answered promptly.

The inspector heard about the in-house safeguarding awareness campaign in operation in the centre; this included daily 'safety pause meetings', where many topics including safeguarding were discussed. Information posters on recognising abuse and accessing support services were on display in prominent areas throughout the centre.

Relatives said the communication between staff and families was very good; staff called them and reported any issues, in a prompt manner. All relatives spoken with expressed satisfaction with the high standard of safe care provided to residents.

The complaints policy was on display in prominent places throughout the centre and it included the contact details for the advocacy services. A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There was one open complaint at the time of inspection. Residents and their families said they knew who to complain to if they needed to.

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

Capacity and capability

The findings of this inspection were that the registered provider had good governance and oversight procedures in place, which ensured the delivery of a sustainable quality service.

The inspector followed up on the compliance plan from the previous inspection, and observed that the registered provider had taken action to address the ventilation in the treatment room. The installation of an air flow mechanism ensured continuous air circulation within the room, and a review of the room temperature records demonstrated that the room temperature remained within the desired range.

This was an unannounced inspection reviewing the governance, leadership and management arrangements in place with respect to adult safeguarding and how effective these arrangements were in ensuring the residents were kept free from harm.

This centre was found to have the capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

Mullinahinch House Private Nursing Home Limited is the registered provider. The senior management team supported the person in charge and the deputy person in charge in the day-to-day running of the centre. The management team were supported by staff nurses, health care assistants, activity, catering, household, administration and maintenance staff.

The registered provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

There were sufficient resources available to provide the service in line with the statement of purpose and to ensure residents' safety and wellbeing at all times.

Mandatory safeguarding training and other relevant training was provided to all staff. Training included recognising the signs of abuse and responding appropriately. Staff demonstrated a good knowledge of what constituted abuse and what procedure they would follow if they witnessed any form of abuse.

Regulation 15: Staffing

The number and skill-mix of staff on duty were adequate to ensure that the care needs of the residents were met in a prompt and safe manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. A review of training records indicated that the majority of staff had completed mandatory training, with a small amount of staff who were due refresher training booked into upcoming dates. On the day of inspection, the level of supervision was appropriate to ensure the care being delivered was safe and person-centred.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. Management systems were effectively monitoring quality and safety in the centre including, ongoing audits and subsequent action plans were in place to improve safety and quality of care.

Judgment: Compliant

Quality and safety

This inspection found that overall, the provider was proactive in their approach to safeguarding residents. Appropriate measures were taken to protect residents from harm and to promote resident's safety.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. Care plans reviewed were person-centred and reflected the care needs of the resident.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents and de-escalation techniques that staff could use to prevent the behaviour escalating.

The registered provider had taken all reasonable measures to protect residents from abuse. Any concerns were addressed promptly through clear reporting lines and escalation pathways to senior management and external agencies.

There was an open and transparent communication culture where residents, staff and families were facilitated to communicate, and enabled to exercise choice and control over their life. Individual residents communication needs and personal preferences were outlined in clear and comprehensive care plans. The registered provider had ensured accessible communication methods for all residents, including assistive technology, as needed.

Residents reported that their rights were respected and were satisfied with the activities and facilities available to them. Activities were tailored to meet residents needs, and they had input into planning their schedule including trips out of the centre. Feedback from residents and families was actively sought and used to inform service improvements.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were personalised and contained detailed information specific to the individual needs of the residents. There was evidence of resident and family involvement, where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice register in place and available for review. The centre was actively promoting a restraint-free environment, in line with national policy.

Judgment: Compliant

Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

The provider acted as a pension-agent for a small number of residents and a separate account had been created to protect residents finances.

Staff files reviewed contained all the required documents, providing assurance that residents were safeguarded through robust human resources practices. All staff files reviewed had obtained Garda vetting prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed to be treated with dignity and respect; residents were living in a safe and supportive environment, where their individual choices and rights were upheld.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant