



# Report of an inspection of a Designated Centre for Disabilities (Mixed).

## Issued by the Chief Inspector

Name of designated centre:	Mulcahy House (Respite)
Name of provider:	St Aidans Services
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	02 October 2025
Centre ID:	OSV-0001854
Fieldwork ID:	MON-0039374

## About the designated centre

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

Mulcahy House (Respite) is a designated centre operated by St Aidans Services. It provides respite care for up to six respite users, male and female, with moderate to severe intellectual disability and high physical support needs. The service is open seven days per week and supports adults and children at different times. At the time of the inspection, over 50 individuals availed of the respite service. The designated centre is a single story house which consists of kitchen, dining room, sitting room, office and seven individual bedrooms. There is a secure garden to the rear of the house. The designated centre is staffed by staff nurses, social care workers and care staff. The staff team are supported by a person in charge.

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

Number of residents on the date of inspection:	3
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## 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
Thursday 2 October 2025	09:45hrs to 17:30hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

This was an announced inspection and the purpose of the inspection was to monitor ongoing levels of compliance with the regulations and to inform a registration renewal decision for the designated centre. Overall, high levels of compliance were found with the regulations reviewed on this inspection.

There were three residents using the respite service on the day of inspection and the inspector met and spoke with the three residents. The service offered respite for both adults and children and there were adults availing of respite on the day of inspection. The inspection date and the inspectors name and picture had been communicated with the service users prior to the inspection day and the inspection notice was observed prominently displayed in the designated centre.

One respite user had recently started using the service and communicated with the inspector that they were very happy to be on their holidays in Mulcahy House and wished they could stay longer. They also spoke about their plans for the day ahead which included going swimming and getting their lunch out. The inspector met with another respite user as they were chatting with staff in the office in the morning. The resident spoke happily about their family and friends and recent trips and activities they had enjoyed. They communicated with the inspector that they planned to go out to a coffee shop that day with staff and they were looking forward to this. The third respite user spoke briefly with the inspector before they headed out for the day. They planned to do some shopping and look in the local charity shops. They appeared content with these plans and comfortable with the staff supporting them. Staff and service users appeared to have friendly and familiar interactions throughout the morning.

The inspector completed a walkaround the designated centre with the person in charge at the start of the inspection day. The building is a single story house which consists of a kitchen, dining room, sitting room, office and six individual bedrooms. Some works had been completed in the centre since the previous inspection and these included a refurbished outdoor area which had new swings, a trampoline, outdoor tables and chairs. The centre had also recently gotten a new sensory room installed. The service had reduced the overall number of bedrooms in the house from seven to six to accommodate this new sensory room and this had been reflected in the centres application to renew registration. Staff commented that both adults and children liked the new sensory room and were using this regularly. One respite user commented to the inspector that they like to relax in there sometimes. Toys, games and books were noted in storage around the centre for use by children when they were staying in the centre. Overall, the premises was maintained in a good state of repair.

Overall, the respite service was used by 71 individuals which included 11 children and 60 adults. Usually, the house accommodated up to 3-4 guests per respite stay – depending on the level of assessed needs, compatibility of individuals and staffing

requirements. The management team completed an assessment of suitability prior to admission into Mulcahy Respite, to determine if the service could meet the needs of the potential respite user. Respite users were supported by a consistent staff team. The staff team comprised of staff nurses, a social care worker and care assistants. The centre was also supported by a full-time person in charge who divided their time equally between two designated centres.

Satisfaction questionnaires were sent to the service for respite users to complete as part of the registration renewal process and these were completed by five individuals. Overall, these reflected high levels of satisfaction with the respite service, with lots of positive feedback on their stays in the centre. One individual wrote "I would like to come back again..". Another wrote "It's the best holiday..". One service user said "Respite is very relaxing" and "its beautiful". Another service user was happy with their meals in respite and wrote "food is very good". There were no complaints communicated in these questionnaires, although one individual noted "I would like more respite".

All respite users had personalised plans of care in place and goals. Service user goals focused on enjoying their individual respite stay and maximising their time in the centre. All respite users experienced a meeting with staff following admission to the respite service where they discussed their plans for their week and their individual preferences in areas such as menu options and laundry arrangements. Some residents attended day services with the provider, others attended day services with external providers. Some respite users did not attend day services and instead enjoyed individualised supports and activities during their stay. Service users regularly enjoyed activities such as swimming, cooking, shopping, walks, social outings, meals out, and cinema trips. Children were supported to attend school during their respite stay, when required.

Overall, the inspector found that respite users were in receipt of a high standard of care during their stay in the service. High levels of compliance were found with the specific regulations reviewed and actions from the centres most previous inspection had been appropriately addressed.

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

## Capacity and capability

Overall, there were management systems in place to ensure that the service was suitably monitored. The inspector found that the people using the respite service were receiving good quality care and support while they availed of the service. There were suitable arrangements in place to ensure resources were in place to meet the needs of those in receipt of respite. From a review of the roster, it was

demonstrable that there were sufficient staffing levels were in place to meet the assessed needs of the respite groups.

The provider had systems in place to monitor the quality and safety of the care and support provided to the people using the service, including an annual service review, six-monthly provider visits and local audits. Through a review of documentation, discussion with staff members, management and interactions with people attending the services, the inspector found that the providers systems were effective and appropriately self identifying areas in need of improvements.

#### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations. This information was submitted in a timely manner.

Judgment: Compliant

#### Regulation 15: Staffing

There was an established staff team in place which ensured continuity of care and support. Respite users were supported by a consistent staff team. The staff team comprised of staff nurse, a social care worker and care assistants. The staffing in the respite service operated on a rolling basis. The rosters were well maintained and were reflective of staff on duty. These demonstrated that there was appropriate staffing levels in the centre to meet residents needs day and night.

The inspector completed a review of a sample of three staff files and found that they all contained the items set out in Schedule 2, including Garda Vetting, staff qualifications, references and records of experience. The inspector observed positive interactions between the resident and the staff team.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team had completed training in areas such as Fire safety, Safeguarding, Medication management, Manual handling, Infection control, Childrens First and First Aid. Where it was identified that refresher training was required, this had been reviewed

and refresher training scheduled. This meant that the staff team had up-to-date knowledge and skills to meet the assessed needs of respite users.

One to one formal staff supervision was completed twice per year. The inspector reviewed a sample of supervision minutes and found that appropriate actions were identified for staff to complete when required during supervision with management using a supportive and collaborative approach.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that the centre had an appropriate contract of insurance. This had been an item of prescribed information submitted by the provider as part of the registration renewal process.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had good governance and management arrangements in place to monitor and oversee the service provided. There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge who shared their role with one other centre and divided their time equally between the two centres.

The provider's systems to monitor the quality and safety of the service provided for residents included unannounced provider visits every six months and an annual review. The annual review sought feedback from residents and their representatives regarding their views on the service provided. The service quality and compliance team also completed an additional unannounced annual audit in the centre. The audits were comprehensive and completed to a high standard and identified both areas of good practice and areas where improvements were required. Areas reviewed included safeguarding, care planning, accidents and incidents, resident daily notes, staff knowledge, risk managements, medication management, and infection control. The service had moved to a social model of care in recent years and audits were highlighting areas where improvements were required to ensure that language used by staff in documentation promoted this model of care. Audits were appropriately self identifying areas in need of improvements and clear actions plans were then developed to address any actions required.

Judgment: Compliant



## Regulation 24: Admissions and contract for the provision of services

There was a clear process in place for admissions to the respite service, as well as a service policy that guided practice. The management team completed an assessment of suitability prior to admission into Mulcahy Respite, to determine if the service could meet the needs of the potential respite user. Upon identifying suitability with the service, the potential respite user then completed three day time visits to the centre, prior to a respite stay.

Management considered a number of criteria before deciding what service users stayed together in the respite house such as levels of assessed needs, compatibility of individuals and staffing requirements. The house was supported by full time administration staff who supported the service to contact respite users and their families and to send out pre-admission documentation prior to any respite stay. All residents had clear assessments of need and personal plans in place which guided staff on the delivery of care during any respite stay. All respite users experienced a meeting with staff following admission to the respite service where they discussed their plans for their week of respite and their individual preferences in areas such as menu options and laundry arrangements.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations and was found to be an accurate description of the service providers

Judgment: Compliant

## Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre, and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services, in line with the regulatory requirement. The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the management systems in place ensured the service was effectively monitored and provided appropriate and safe care and support to the respite users. The inspector reviewed a number of areas to determine this including personal plans, accidents and incidents, risk management documentation and fire safety checks. The provider had ensured that the premises was in a good state of repair and was suitable to meet the needs of the different respite users using the service.

## Regulation 17: Premises

The designated centre was a single story house which consisted of a kitchen, dining room, sitting room, office and six individual bedrooms. Overall, the premises was maintained in a good state of repair internally and externally.

Some works had been completed in the centre since the previous inspection and these included a refurbished outdoor area which included new swings, a trampoline, outdoor tables and chairs and a new sensory room within the centre. This had been identified as an action during the centres most previous inspection and the provider had appropriately addressed this. The service had reduced the overall number of bedrooms in the house from seven to six to accommodate this new sensory room. Toys, games and books were noted in storage around the centre for use by children when they were staying in the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The service had a clear risk management policy in place. The inspector reviewed the risk register and found that general and individual risk assessments were in place. Risk assessments were up-to-date and reflected the control measures in place to mitigate identified risks. All residents had missing persons profiles in place.

A record was maintained of all accidents and incidents occurring in the centre, and the person in charge was aware of the requirement to notify specific adverse incidents to the Chief Inspector of Social Services.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements in place for fire safety management. The centre had suitable fire safety equipment in place such as emergency lighting, detection systems, a fire alarm and fire extinguishers which were all serviced regularly by a fire safety specialist. The inspector completed a check on all fire doors in the designated centre. These were all connected to the fire safety system and were all in working order and providing appropriate containment measures in the centre. Fire evacuation procedures were prominently displayed in every room.

Each respite user had a personal evacuation plan (PEEP) in place which appropriately guided the staff team in supporting the individuals to evacuate. These detailed residents support requirements in the event of an evacuation. Staff and respite users completed an evacuation drill during every respite stay. The fire drills demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.

Staff were completing daily fire safety checks on the centres escape routes and detection systems, and weekly checks on the emergency lighting and containment systems and environment. All staff had up-to-date fire safety training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

All respite users had clear assessments of need and personal plans in place which guided staff on the delivery of care during any respite stay. The service had recently moved to an online system for documenting care planning and assessments of need and there had been extensive work completed in this area since the centres most previous inspection. All residents were assigned key workers and had up-to-date communication passports in place. Plans in place were regularly audited and reviewed.

Service user goals focused on enjoying their individual respite stay and maximising their time in the centre. All respite users experienced a meeting with staff following admission to the respite service where they discussed their plans for their week and their individual preferences in areas such as menu options and laundry

arrangements. Some residents attended day services with the provider, others attended day services with external providers. Some respite users did not attend day services and instead enjoyed individualised supports and activities during their stay. Service users regularly enjoyed activities such as swimming, cooking, shopping, walks, social outings, meals out, and cinema trips. Children were supported to attend school during their respite stay, when required.

Judgment: Compliant

### Regulation 6: Health care

Service users were supported to manage their health during their respite stays. All individuals had care plans in place for identified healthcare needs when required. Specific guidance was available to staff to provide care for respite users with support requirements in the area of feeding, eating and drinking.

Residents had health passports and these were in place for use if a respite user required admission to an acute service during their stay. These included details of staffing requirements, allergies, communication needs and medical history. Residents had access to nursing support in the service when needed. This was need was reviewed prior to service users admission to the centre for respite.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	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