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:	Lir House
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0004904
Fieldwork ID:	MON-0049840

About the designated centre

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

Lir House is located in close proximity to a small town in the midlands and provides care and support to four adults with disabilities. The centre comprises one detached bungalow with four bedrooms, a fully furnished kitchen/dining area, a sitting room and two communal bathroom/shower facilities. It is staffed on a 24/7 basis by a full-time person in charge, a team of staff nurses and a team of care assistants. Residents have access to a number of amenities in their local community including shops, hotels, restaurants and leisure facilities. Transport is also provided to residents for holidays and other social outings. The house has its own private garden areas to the front and back of the property with adequate private parking available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 31 March 2026	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the four residents living in this centre received quality and person centred care. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. Areas for improvement were identified in relation to maintenance of the premises.

This centre comprises of a four bedroom bungalow. It is located in a town in county Westmeath. The centre is registered for four adult residents and there were no vacancies at the time of inspection. The four residents had been living together for an extended number of years and it was evident that the residents were compatible and knew each other well. The four residents were of a similar age range and were progressing in years. This is a staff nurse led service with a registered staff nurse on duty 24/7. A number of the residents had complex medical needs and required high levels of support with all activities of daily living.

The centre was observed to be homely and overall well maintained. However, worn and chipped paint was observed on wood work and walls in some areas. The provider had also identified that painting on the exterior of the house also required attention. Each of the residents had their own bed room which they had personalised according to their own preferences and their own unique personalities. There was a main bathroom and one ensuite bathroom. Both of these rooms had accessible showers for use by the residents. There was a good sized kitchen come dining room and separate sitting room. There was a small sized enclosed garden to the rear of the centre and front of the centre. Residents had access to an accessible patio area where they could look over their garden. This included seating for outdoor dining. Colourful flower pots adorned the exterior of the premises.

The inspector met with each of the residents living in the centre on the day of inspection. A number of the residents were unable to verbally tell the inspector their views of the service but they appeared in good form and content in the company of staff and their peers. Two of the residents spoke with the inspector individually and told the inspector that they were happy living in the centre and that staff were kind to them. They also indicated that they enjoyed the food in the centre and felt that they made choices about their lives and that their voice was respected. One of the residents was noted to have beautiful fresh cut flowers in their bedroom and they told the inspector that they enjoyed purchasing fresh flowers in their bed room every week or so which was supported by staff.

Over the course of the inspection day, two of the residents went out to an organised activity to play Bocce. Another resident had a trip out with the person in charge to run an errand and enjoyed a coffee out. A resident was noted to enjoy playing telly bingo with staff. Staff were observed to treat residents with kindness and respect. This included observations of a staff member knocking and seeking permission

before entering a resident's bedroom and advising the inspector of one of the resident's preferences not to be observed while being supported to have their meal. This preference was respected by the inspector. On the morning of inspection, a safety issue was identified with one of the resident's wheelchairs. This was responded to promptly and measures were taken for an external company to fix the issue before the end of the inspection day. It was evident that the resident who owned the wheelchair was frustrated when they could not go out on a planned activity. However, they appeared delighted when the wheelchair was returned fixed later in the day and staff had plans to take them out on an alternative outing.

There was an atmosphere of friendliness in the centre. Each of the residents appeared in good form and were observed smiling and vocalising to each other. Staff reported that the residents engaged in a number of initiatives within the local area such as street parades for special times of the year such as recently St Patrick's Day. A number of residents also attended a local community group once a week for knitting which was a passion for one of the residents. One of the residents attended bingo in the local community with the person in charge once a month. This resident told the inspector that they very much enjoyed the evening out although they had not had a win for some time.

A number of the residents enjoyed a consistent routine and engaged in numerous meaningful activities in their local communities. One of the residents was engaged in a day service programme for part of a day, one day per week. The provider had an activity coordinator who coordinated activities for residents across the service and a number of the residents engaged in activities such as Bocce, bowling, and cinema outings. Activities that one or more of the residents engaged in included, visits to family, shopping trips, walks in parks, beach visits, cooking and baking, coffee and meals out, arts and crafts, knitting, cinema trips. A talented musician visited the centre on a weekly basis to play music and sing songs for the residents. Staff reported that each of the residents really enjoyed this visit. In the previous period, a number of the residents had individually with staff support, engaged in overnight hotel stays. One of the residents had a significant collection of costume jewellery and were observed wearing a number of pieces on the day of inspection.

The centre had two dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. A good percentage of the staff team were named drivers which meant that there was always a driver on shift to support residents.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with, and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes. The provider had completed a survey with the residents and their relatives as part of their annual

review of the quality and safety of care. This indicated that families were happy with the care and support being provided for their loved ones.

There had been one recorded complaint in the centre in the preceding six-month period. This had been appropriately responded to in line with the provider's policies and procedures. Information on resident rights, complaints processes, decision-making capacity and the national advocacy service were available in the centre.

In summary, this was a well run service which provided quality care for the four residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. There was one whole time equivalent staff nurse vacancy and one care staff member out on sick leave at the time of inspection. Recruitment for this position was underway and the vacancy was generally being covered by staff completing additional hours and regular agency staff.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had been in the position since 2017. They were in a full time position and were not responsible for any other centre. The person in charge had a background as a registered nurse in intellectual disability and held a degree in community nursing and a certificate in management. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge had protected management hours for their role. They reported to the acting director of nursing who in turn reported to the general manager. The inspector reviewed meeting records which showed that the person in charge and acting director of nursing held formal meetings on a regular basis.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was not responsible for any other centre. In interview with the inspector, the person in charge demonstrated a good knowledge of the four residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. However, at the time of inspection, there was one whole time equivalent staff vacancy. This vacancy was being covered by staff completing additional hour and regular agency staff. Recruitment for the position was reportedly underway. A significant number of the staff team had been working in the centre for an extended period. The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection. The staff team comprised of staff nurses, health care assistants and the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place. Team meetings were undertaken on a regular basis. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the Regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, infection prevention and control audits, medicines management, finance audit and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was available in an accessible format for residents and their families. However, as outlined under Regulation 4, the complaints procedure was overdue for review. There was a nominated complaints officer. There had been one recorded complaint in the centre in the preceding six month period. This had been appropriately responded to in line with the providers policies and procedures.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to the maintenance of the premises.

The residents' well being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support and care plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. An annual review of the personal plan in line with the requirements of the regulations had been undertaken for each of the residents in the preceding 12 month period. The residents individually and collectively presented with minimal behaviours of concern.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 17: Premises

The inspector observed that all of the matters set out in schedule 6 of the Regulations were in place. However, worn and chipped paint was observed on a number of walls and woodwork throughout the house. In addition painting to the exterior of the house was also required. The provider had identified these issues through their own audit processes. An outside building was used to store cleaning items and other matters and as the laundry area. Some refurbishment work had been identified as required in this area.

Each of the residents had their own bedrooms which they had personalised according to their individual taste. unique personality and preference. Pictures of loved ones and other memorabilia were on display in each of the residents bedroom and some communal areas. It was evident from speaking with a number of the residents that they were proud of their home.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk, which

were completed at regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents. Overall, there was a low number of incidents and evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments were updated to mitigate their re-occurrence. The provider had a risk officer in place who could support the centre management with risk register monitoring, reviews of incident trends and or in conducting serious incident reviews where required.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review. The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the front of the house. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support and care plans for a sample of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Meaningful and measurable goals had been identified for each of the residents and there was evidence that progress in meeting those goals were being monitored. An activity schedule for each resident was maintained. There was a seven day menu plan in place which as revised on a weekly basis at the residents weekly meeting. Communication passports were in place for residents identified to require same and there had been a recent speech and language communication

assessment for one of the residents. The provider had an advanced nurse practitioner in place who supported staff in the centre, specifically in relation to completing any required referrals for residents. An annual review of each resident's personal plan had been completed in the preceding 12 month period, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. This is a staff nurse led service with a staff nurse on duty 24/7. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding concerns reported in the centre in the preceding 12 month period. The residents individually and collectively presented with minimal behaviours of concern. The provider had a clinical nurse specialist in behaviour support to provide guidance and support for staff were required. There were no safeguarding plans in place at the time of inspection. Suitable safeguarding procedures and reporting arrangements were in place. The provider had a safeguarding policy in place. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures. All restrictive practices in the centre were implemented as prescribed by members of the multidisciplinary team and reviewed quarterly by the provider's restrictive practice committee. Intimate care plans were in place for each of the residents which provided good detail so as to guide staff on how best to support residents with their intimate care needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in the centre. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. There was a complaints procedure in place. There had been one complaint in the preceding 12 month period which was found to have been dealt with promptly and in line with the provider's complaint procedure.
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 14: Persons in charge	Compliant
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 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lir House OSV-0004904

Inspection ID: MON-0049840

Date of inspection: 31/03/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A comprehensive review of maintenance requirements has been undertaken. The HSE Maintenance Department will complete a review of all painting and external works. Subject to weather conditions, all required external painting works will be completed by 18 September 2026. Identified internal painting works will be completed by 31 July 2026. In conjunction with the Estates Department, a review of the shed will be completed by 20 July 2026 in order to develop a plan for the required works.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	18/09/2026