



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	29 April 2025
Centre ID:	OSV-0005478
Fieldwork ID:	MON-0038259

About the designated centre

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

The designated centre comprises two attached but self contained apartments location near to the local town. Full time residential services are provided from the designated centre to two residents with intellectual disability. Each apartment includes kitchen and living areas, bedroom and bathroom facilities, and there is a pleasant back garden area, and parking for several vehicles to the front. The centre provides 24 hour support with both waking and sleepover night staff and the staff team comprises nursing support, social care workers and support workers. The residents can access a number of local amenities including, shops, restaurants and leisure facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 29 April 2025	11:00hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision.

There were two residents on the day of the inspection, each living in a self-contained apartment with a private garden. The two apartments were operated separately, each with its own staff team, and each resident being consulted with on an individual basis.

On arrival at the designated centre, the inspector found that both residents had already been out on their morning activities. One resident liked to go to the local shop every morning to buy their cigarettes for the day, and biscuits or treats. This resident was in their bedroom being assisted by their staff member, and the inspector could hear the conversation between them, the resident using vocalisations (and gestures that the inspector could not see at the time) and the staff member responding. They then went out to their garden area before returning and meeting the inspector.

The person in charge and staff members explained the ways in which the resident communicated, for example, they were wearing slippers and this meant that they wished to go out and buy new shoes. The resident greeted the inspector with a smile, and told the story about having visited their sister the day before. They also told the inspector about a fall they had had on their patio area, and demonstrated the fall. The inspector later reviewed this incident and found that additional control measures had been put in place, and that further improvements to the patio were planned.

The resident invited the inspector to come and see their television, by making a square gesture, and the inspector visited their room. The resident looked from the tv to the inspector with a big smile, and showed the remote control. The resident then made facial gestures which staff explained indicated that they wished to end the interaction.

The other resident returned later in the morning from a hair appointment, and looked pleased with the compliments about their hair. Their supporting staff member had sourced a local hairdresser who only had one client at a time on their premises, which suited the needs of the resident who could become overwhelmed if there were too many people.

The inspector observed the resident to be enjoying their time in their apartment, listening to music and watching tv, and having a cup of tea with staff.

Each apartment was laid out and decorated in accordance with the preferences and needs of each resident. There were personal items throughout, such as family photos, and easy-read information was readily available. For example, one resident

had a set of photos of various items and activities which staff used to aid understanding.

One resident particularly enjoyed using their outside patio and garden area, and this was furnished with a table and chairs and a sheltered smoking area. The resident had recently moved their usual seating area in the garden to a sunny part of the garden, and was observed to be enjoying the sunshine.

Both residents had completed questionnaires which had been sent out by HIQA prior to the inspection, with the assistance of staff members. The person in charge explained that she had observed staff going through the questionnaire with residents. The responses were all positive in relation to residents feeling happy and safe in their homes, and there was some additional information, for example a comment relating to the preference of residents to living alone.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

The next two sections of the report 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 delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff and who was supported by a competent team lead.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents,

and that they had an in-depth knowledge of their support needs.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff. If additional staff were required, they came from a regular relief panel, or agency staff who were known to the residents.

Each resident had one-to-one staffing, and following the recent identification of a new risk relating to falls, both residents were now supported by waking staff at night, whereas previously there had been one waking staff and one sleepover staff.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to both staff members on duty, the person in charge and the team lead during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident, and that there was a timely response to any changing needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including menopause in intellectual disability, lamh and dementia in intellectual disability. Staff could describe their learning from their training, and relate it to their role in supporting residents, and the inspector observed some of the learning being implemented, for example the use of lamh, and the support offered to a resident in relation to fluctuating body temperature.

The person in charge maintained a training matrix which included information about the dates that staff had received training and the dates that refreshers were due. The inspector compared the certificates on file for three staff members and found

the training matrix to be accurate.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of two supervision conversations and found a clear agenda for discussion including continual professional development and feedback from staff. These records indicated a meaningful conversation.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and of their reporting relationships. The person in charge (PIC) was supported by a team lead, and in the absence of the PIC and team lead staff were supervised by the organisation's nursing team and the on-call managers.

There were various monitoring and oversight systems in place. An Annual Review of the care and support of residents had been prepared as required by the regulations which had incorporated the views of residents and their families. Areas for improvement were identified, and those actions reviewed by the inspector had been completed, for example, there had been an improvement in the information made available to residents during meetings with them, all training had been reviewed and was up-to-date, and the annual review had been made available to residents in an easy-read version.

Six-monthly unannounced visits had been conducted on behalf of the provider. And the required actions identified during this process related to future planning, for example, it identified improvements that might be required to the premises if the mobility of a resident continued to deteriorate.

A suite of monthly audits as undertaken, including audits of finances, fire safety and medication management. There was an additional spot check' each month undertaken by the PIC or team lead, which focused on a different area each month. These checks also resulted an action plan for improvement, and the person responsible for each action was identified.

Any required actions identified during these processes were monitored until complete, and there was oversight by senior management via a 'Regional management governance report' which was submitted by the PIC on a monthly basis to the area manager.

Regular team meetings were held and minutes were maintained from each meeting. Items for discussion included the care and support needs of each resident, audits

and any actions that required the input of staff. The records of these meetings indicated that they were useful and meaningful discussions.

Daily communication between the staff team was managed by a written and verbal handover at the change of each shift. The inspector reviewed the records of these handovers and found them included detailed information on each resident so as to inform the care and support on a daily basis.

The designated centre was well resourced, so that there were sufficient staff to meet the needs of each resident, and there were two vehicles so that each resident always had access to transport.

Overall there were effective oversight strategies that ensured that any areas for improvement were addressed, and it was evident that staff were appropriately supervised.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and the satisfaction of the complainant was ascertained.

The inspector reviewed a recent complaint and found that steps had immediately been taken to address the issue. The complaint related to the uneven stones on one of the patio areas, and the PIC had immediately taken action to rectify the issue, and at the time of the inspection funding had been sourced, and the work was planned for the coming weeks.

It was evident that residents were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal

planning system in place, and residents were supported to engage in various activities in accordance with their preferences.

The inspector observed staff offering care and support to residents in accordance with their assessed needs, and it was evident that staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. Medication was safely and effectively managed, and staff had received appropriate training in the safe administration of medication.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan. There was clear evidence that residents were protected from all forms of abuse.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, there was a clear rationale for each, and evidence that they were the least restrictive available to mitigate assessed risks.

Residents received support in managing their money on a day-to-day basis, however significant improvements were required in ensuring the rights of all residents to have their own personal bank accounts and in having autonomy over the management of their finances.

The rights of the residents were well supported, and residents indicated that they were happy in their home, Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

Each resident had a communication care plan and communication dictionary, and the inspector reviewed these plans for both residents. The documents were very detailed and described exactly how each resident communicates. For example, an entry in one of the passports described the resident vocalising and showing their teeth, which meant that they wanted their food to be cut into smaller pieces. Rubbing their chin meant that they were talking about a man, and the inspector observed the resident rubbing their chin and pointing at a red sign on the wall, which staff explained meant that they were talking about Christmas.

Each resident also had a detailed assessment in relation to the ways in which they expressed discomfort or distress, and these included information such as the way a

resident might grimace if they felt they were not understood.

In addition to the in-depth knowledge of staff that were apparent in the ways in which the inspector observed them to communicate, they had also been in receipt of training in Lamh, so that they were aware of the signs that residents might use. Each resident had been assessed by a speech and language therapist in relation to communication, and following a change in personnel in the organisation's speech and language department, appointments had been made for continuing assessment.

There were examples of information being made available to residents throughout the designated centre, for example social stories had been developed in relation to how the vocalisation of one resident might affect the other, and around being a good neighbour within their local community.

It was evident that all efforts were being made to ensure that information was made available to residents, and to ensure that their voices were heard.

Judgment: Compliant

Regulation 12: Personal possessions

Practices in support offered to residents in relation to the management of their personal finances were not all in accordance with the regulations.

One resident did not have their own bank account, and their income was paid directly into a Patient Private Property Account held by the organisation. The residents then received a weekly allowance. If they wished to spend any further amounts of their money, a request had to be made in writing, and the amount requested was then issued. There was one day of the week on which these additional amounts were issued for collection at the organisation's head office, although a request could be made for the money to be sent directly to the house, which took two days.

However, the management of money in the designated centre that residents received was robust in that receipts were kept for each transaction, and the balance of money was counter-checked by the night staff every day. The inspector checked the balance of money for one resident and found it to be correct.

Where there was a restriction in the amount of money a resident had available to them each day, this was well managed as detailed under Regulation 7: Positive behavioural support of this report, and there was a clear rationale for this type of support.

Overall the inspector was not satisfied that management of money was always person centred or supporting residents to retain control of their own finances.

Judgment: Not compliant

Regulation 13: General welfare and development

There was a clear emphasis in the designated on ensuring that residents had a meaningful life, and they were making choices about their activities, both in the community and in their home, and both daily activities and bigger events.

Residents had been supported to go away for short breaks supported by their staff, and the breaks were planned in accordance with their preferences. For example, one resident chose to only be away from home for one night on their next break, so it was planned so that they would have two full days, but still be back to their own home for the second night.

Staff were gradually introducing residents to new activities, for example going to a nearby lake for ice-cream. Staff used pictures of the activity to offer the choice to residents, who then made their own decision. Sometimes one resident would arrive at the location of an activity, and change their mind, and this was always respected by the staff team, who would then try again another day.

This residents enjoyed having a fairly rigid daily routine, in particular they chose to go to the local shop at the same time every morning, and this choice was always accommodated.

One resident's supporting staff member had taken them on an outing near a river, and had discovered that they were very relaxed and enjoyed just listening to the sounds and watching the water, so this activity was repeated.

Each resident had a person-centred plan, and these included goals which had been set with residents and were reviewed at monthly person-centred planning meetings. These goals included the introduction of new activities, and consideration towards learning new skills. For example, the resident who particularly enjoyed their garden area was learning how to plant flowers. The inspector saw the progress that had been made towards this goal in the garden, and the resident had just bought a watering can, indicating that this was a meaningful activity for them.

There were clear records maintained of each activity for residents, and the inspector reviewed the daily notes for one resident, and saw a record of each activity and the resident's response to it. Overall it was clear that there was a person-centred approach to activities, and that each resident was making their own decisions and choices with the support of the staff.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. It had been identified that self-contained living areas were best suited to meet the needs of each of the residents, and there had been a significant decrease in behaviours of concern, and improved relationships with staff members since the residents had moved to their own apartments from shared homes three years ago.

Each resident arranged and decorated their home as they chose, and made use of areas of their homes, including their private gardens, as they chose. They each had ample storage, and there was a private bathroom and an additional toilet in each apartment.

The designated centre was well maintained and visibly clean, and there was a detailed cleaning schedule which was signed and dated by staff as they completed tasks. All staff members had been in receipt of training in infection prevention and control.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to self-injurious behaviour, safe transport and the risks associated with healthcare issues. The inspector reviewed three of these plans and found that they were based on a detailed assessment, and clearly identified the control measures that were necessary to mitigate the risks. For example, the control measures in place for the management of a recurrent healthcare issue outlined the steps staff should take to prevent a flare up of the condition, and identified the requirement for continual monitoring by the clinical nurse.

Risk management plans were kept under continual review, for example the risk management plan in relation to falls for one resident had been updated following a recent fall, and additional control measures put in place, including the addition of a second waking staff member at night, and referrals to the appropriate members of

the multi-disciplinary team. The rights of the resident were respected while introducing new control measures, for example, the physiotherapist had recommended that the resident's bed be moved next to the wall. However, the resident did not like this change, so a plan had been put in place to gradually move the bed nearer and nearer to the wall to minimise any distress to the resident.

General and local risks were identified, and each of these also had detailed management plans, including fire safety, infection prevention and control and the risks associated with the potential difficulties with access to the designated centre during severe winter weather due position of the house. The control measures for this identified risk included guidance for staff in relation to keeping the driveway clear by the use of salt during icy conditions, and the inspector saw that there was a supply of salt available.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment and there were fire doors throughout. There was a current fire safety certificate and regular fire drills had been undertaken which indicated that residents could be evacuated in a timely manner in the event of an emergency.

All staff members had received fire safety training, and the inspector discussed fire safety with them, and they were confident about their role in ensuring the safety of residents.

There was a detailed personal evacuation plan in place for each resident, which had been regularly reviewed, and included guidance for staff in the event that one of the residents might refuse to evacuate. Staff explained that this resident was aware of the difference between a fire drill and an actual fire, and that they had indicated that they would evacuate as required if there was a emergency. However there was a 'just in case' emergency plan in place which included objects of preference, and the inspector was assured that all residents would be evacuated in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the management of medications. The staff member on duty demonstrated to the inspector their practice in administering medication and it was clear that it was appropriate and in accordance with best practice.

The residents had current prescriptions, and staff were knowledgeable about each medication. Most medications were supplied by the local pharmacist in 'blister packs', and receipt of medication orders was carefully checked. Where medications were supplied loose in containers, there were regular checks on stocks, and a reducing balance was maintained. The stock of two medications checked by the inspector was correct.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, the changing mental health for one resident was monitored closely, and referrals had been made and assessments completed in relation to monitoring for signs of dementia, following the observations of changes in the resident's presentation. On another occasion, staff had noted a change while delivering personal care to one resident, and this was followed up immediately, and following timely interventions, a more serious outcome was prevented.

Regular and detailed healthcare assessments were conducted, and residents had access to various members of the multi-disciplinary team, including their general practitioners, physiotherapist, speech and language therapist, psychologist, psychiatrist and behaviour support specialist as required. Residents were supported to have their health closely monitored. For example, one resident needed regular blood tests, and found attending a busy practice challenging. The person in charge and staff team had sourced a much quieter location for these tests to be conducted, which the resident sometimes agreed to attend, and had arranged for the community nurse to attend the house on other occasions.

The inspector reviewed a healthcare plan in relation to epilepsy for one resident, and found that it included sufficient detail as to guide staff in the event of an emergency. Another care plan in relation to a recurring infection included detail about managing an infection if it occurred, and also detailed guidance for staff to help prevent the recurrence, including infection prevention and control measures, vaccinations and continual monitoring.

One resident had an end of life care plan which had been developed with the support of their staff team. There was a record of discussions held between the staff and resident, which included the ways in which staff assisted the resident to understand.

Both residents had been offered healthcare screening appropriate to their gender and age, and had agreed to some of the screening.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a comprehensive assessment of needs. The inspector reviewed the plans in place for both residents. Proactive strategies were identified, and staff could discuss the ways in which they were supporting residents to reduce the occurrence of incidents of behaviours of concern. The plans outlined any identified precursors and triggers to incidents of behaviours of concern, and a record of the antecedent to any incidents of behaviours of concern was kept on each occasion and reviewed by the positive behaviour support specialist.

Guidance in the plans was detailed and person-centred, and included direction for staff at various stages of the presentation of behaviours of concern. For example, if the resident was observed to be crying, the guidance was to use humour, and if that was unsuccessful, to allow space.

The behaviours support plans were continually monitored, and formally reviewed by the multi-disciplinary team annually. The inspector reviewed the record of the last two review meetings for one resident, and found that a detailed discussion was documented, and any changes to the plan agreed and recorded.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks. There was a restrictive practices register in place which included each intervention and the rationale for its use. All restrictions were overseen at a six-monthly review meeting. Each restriction was discussed at these meetings, with an emphasis on reducing or removing restrictions where possible.

Where a resident posed a risk to staff members whilst travelling in the car, the consent of the resident was sought, and the information made available to them by use of a social story. The first intervention attempted had been unsuccessful, as the resident did not consent to its use, so a different intervention was suggested, and the resident agreed to this, meaning that car journeys were now safely managed, and there were no restrictions to the resident accessing the community.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

Staff were familiar with any safeguarding plans in the designated centre, and there was clear evidence that a plan in relation to the impact of the noisy behaviour of one resident on the other was being implemented. For example, additional soft furnishings had been sourced so as to increase the absorption of sound so that it might reduce the sound travelling to the other apartment, and further plans were being explored in relation to sound proofing.

Each resident had a personal intimate care plan in place which included detailed guidance to staff as to the care and support that was required by each resident, and had information about the gender of staff that residents preferred to have assisting them in this area. It was clear from a review of the staff roster and from discussion with staff that these preferences were respected.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights, and could speak about the importance of supporting the rights of residents. They spoke about the ways in which they ensured that the voices of the residents were heard, and the importance of safeguarding of residents.

Residents were supported to communicate in various ways in accordance with their abilities, and staff were observed throughout the inspection to be supporting residents in a knowledgeable and caring manner. Residents were consulted on a weekly basis about the operation of the designated centre and the care and support they were receiving, and these discussions were held on an individual basis, and clearly recorded.

The preference of residents as to the staff members supporting them was acknowledged, and only those staff chosen by, or agreed to by the residents supported them.

Residents were supported to make their own decisions, and where their decisions might be unwise, the PIC and staff team made sure that all the relevant information was available to them. For example, a resident who smoked cigarettes was given information about the associated health risks, and had been offered safer alternatives. The safer alternatives had been trialled unsuccessfully, and the resident's choice to continue smoking was respected. They had been encouraged to only smoke outside, and had come to enjoy their outdoor smoking area, and accessed this happily.

As previously mentioned in this report, the right of residents were upheld in various ways while care and support is being offered, including the management of hairdressing, blood tests and the prevention of falls.

Overall it was clear that staff were making all efforts to ensure that the voices of residents were heard and responded to, that residents were supported to have a good quality of life, and to make choices in ways which were meaningful to them.

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 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullaghmeen Centre 3 OSV-0005478

Inspection ID: MON-0038259

Date of inspection: 29/04/2025

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 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>To ensure compliance with Regulation 12 and to promote a more person-centred approach, the following actions will be undertaken:</p> <p>The Person in Charge (PIC) and the Person Participating in Management (PPIM) will support the resident to engage with the Decision-Making Support Service. This collaboration will provide guidance and education on the process of opening and managing a personal bank account.</p> <p>Where the resident expresses the wish to open a personal account, appropriate assistance will be provided to facilitate this. If the resident proceeds, arrangements will be made for the closure of their existing Private Patient Property (PPP) account.</p> <p>The resident's weekly income will be redirected to their newly established personal account, ensuring that they maintain full and independent access to their financial resources.</p> <p>In line with best practice and safeguarding requirements, a comprehensive and robust risk assessment will be developed. This assessment will ensure appropriate financial protections are in place while supporting the resident's autonomy and informed decision-making.</p> <p>These steps will ensure that resident is supported to exercise control over their personal possessions and finances in a safe, respectful, and person-centred manner.</p>	

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 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Not Compliant	Orange	30/12/2025