Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Respite
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	25 February 2025
Centre ID:	OSV-0006455
Fieldwork ID:	MON-0037678

About the designated centre

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

Mullingar Respite is a community respite house located on the outskirts of a busy town in Co Westmeath. The centre is a bungalow and has access to amenities, such as supermarkets, restaurants, and cafes. Services are provided from the designated centre to both male and female adults (over 18 years old) and male and female children (5-18 years old). Respite breaks are offered on a sequence of two weeks adults respite and one week's children's respite. (Children & adults are not facilitated to attend services together). The maximum occupancy for overnight support in the house is for 4 individuals. The building design is currently suitable for individuals with high support needs. There are four bedrooms in total and with one being en-suite and a large entrance hall with spacious corridors. A main bathroom is also provided with suitable fixtures and fittings to meet the assessed needs of the residents. There is an open plan kitchen and dining facility, utility room, bathroom facility and a suitably decorated sitting room. To the rear of the house is a garden with a patio area and there is also garden area to the front of the property. The centre is accessible and adapted to meet the assessed needs of all residents. It is managed by a person in charge and is staffed on a 24/7 basis by a team of both nursing and social care staff.

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 25 February 2025	10:20hrs to 18:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspection findings were positive. The inspector observed improvements in how the centre was operating since the last two inspections. Residents were receiving a pleasant respite break by a caring staff team who were aware of and understood their assessed needs.

However, some improvements were required and they will be discussed in more detail later in the report. They related to the areas of assessment of need and personal plans, communication, and risk management procedures.

The inspector had the opportunity to meet with the four residents that were attending the centre on a respite break. One resident declined to speak to the inspector and this choice was respected.

The inspector had the opportunity to speak with three residents and they said they were happy coming to the centre for stays and that staff were 'nice'. When two residents were asked if they felt safe in the centre they answered 'yes'. They said if they had a concern or were not happy with something that they would tell a staff member.

The inspector had the opportunity to speak with the two staff on duty, the team leader, and the person in charge. They demonstrated that they were familiar with the residents' support needs and preferences. The person in charge spoke fondly of one resident attending respite on the day of the inspection saying they were ''a breath of fresh air for the soul''.

Residents appeared to be comfortable in the presence of the staff on duty. The inspector also observed each staff to support residents in a respectful and caring manner. For example, one staff was observed knocking and asking permission to enter a resident's bedroom.

The centre staff confirmed that the majority of activities took place at weekends as residents often just wanted to relax in the evenings midweek as they were tired after their day service programmes. Activities residents participated in depended on their interests and were chosen by the residents themselves when they were admitted for their respite stay. These included; going out for walks, going shopping, going to the cinema, and going to parks to watch the swans.

On the day of the inspection, three residents had attended different day service programmes. When they returned to the centre they relaxed in different areas of the centre either in their room, the dining table chatting with staff or in the living area using their electronic devices. One resident, when they had returned from their day service, went straight to their room and got into their pyjamas as they wanted to watch television in their room alone. The three residents either wanted to stay relaxing in the centre for the evening or hadn't made up their mind if they wanted

to do something else when the inspector had spoken with them.

One resident did not attend a separate day service programme that day. They went out for coffee and later went our for dinner with the centre staff. They completed some knitting and baked brownies while in the centre. They told the inspector that they had a lovely day.

The provider had arranged for staff to have training in human rights. The staff member spoken with communicated how they had put that training into every day practice. They communicated that in the past they may have relied more heavily on care plans and staff knowledge when supporting residents and may not have always based their support provided on asking the person their opinion on each occasion. They now ask the person's opinion and used visual aids to gather the residents' opinions. For example, what they would like to drink.

The inspector observed the house to be nicely decorated and it was observed to be clean and tidy. The sitting room had a new addition of a sensory area since the last inspection. It contained colourful soft padding, a water tube and sensory lighting. There were many sensory objects available for use.

Each resident had their own bedroom while staying on their respite break. Their rooms had adequate storage facilities for any personal belongings they wished to bring with them. Each bedroom had a television for use.

There was an accessible front and back garden. The gardens had different plants and potted flowers which provided a colourful view. The back garden had a web swing for use. The person in charge talked the inspector through plans in place to add a sensory garden area in the back garden. They communicated that funding had been sourced and they believed the sensory garden would be completed within 2025.

As part of this inspection process residents' views were sought through questionnaires provided by the Office of the Chief Inspector of Social Services (the Chief Inspector). Feedback from all five questionnaires was returned by way of the residents themselves or family representatives supported the residents to answer the questions. One resident wrote that they ''love respite''. One family representative wrote that their family member was 'very happy in respite'. The majority of answers were answered 'yes' for being happy with the care and support. Some answers were marked as 'it could be better'. For example, on one questionnaire, the question 'do staff know what you dislike' was marked 'could be better' but there was no elaboration provided.

At the time of this inspection there were no visiting restrictions in place and no volunteers were used in the centre. The person in charge confirmed that while there had been complaints raised in 2024 and 2025, they were all closed to the satisfaction level of the complainants. Some complaints raised related to the short notice cancelling of respite stays to facilitate emergency respite breaks for other residents which the provider had deemed unavoidable.

Due to the nature of this type of service, there had been some admissions and

discharges to the respite service since the last inspection and the person in charge confirmed they were planned.

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

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in May 2023 as an infection prevention and control (IPC) only inspection. That inspection found IPC to be not compliant. It found that while there were some arrangements in place to manage infection control risks and some good practices identified, improvement was required in a number of key areas where adherence to national guidance and standards required improvement. On this inspection the inspector reviewed a sample of the identified actions arising from the IPC inspection and found the majority to be completed, for example the colour coded mops and buckets were now found to be correctly stored.

The findings of this inspection indicated that the provider had the capacity to operate the service within substantial compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The provider and the person in charge were operating the service in a safe manner which ensured the delivery of care was meetings residents' needs. The provider had also taken out insurance that insured residents against risk of injury and building cover for the centre.

The inspector reviewed the provider's governance and management arrangements and found there were appropriate systems in place in order to ensure the quality and safety of the service. For example, there were six monthly provider led unannounced visits to the centre as prescribed by the regulations.

The inspector found that there was adequate staffing arrangements in place to meet the assessed needs of the residents. Staff were found to be in receipt of necessary training, for example in relation to fire safety.

There were sufficient arrangements in place for admissions and contract of care. For example, prior to each respite break, staff contacted families to gather up-to-date information that may be applicable since their last respite break in the centre.

Regulation 14: Persons in charge

The person in charge satisfied the criteria in order to be in compliance with this regulation. The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role.

They also were person in charge for another designated centre and they split their time between the two centres. They were supported in their role by a team leader who was only responsible for this centre.

The person in charge demonstrated that they were familiar with the residents' care and support needs. For example, they discussed with the inspector some of the additional support needs that residents had. For example, they were able to discuss with the inspector residents who required support in relation to epilepsy, diabetes, and Percutaneous endoscopic gastrostomy (PEG).

Judgment: Compliant

Regulation 15: Staffing

There were adequate arrangements in place at the time of this inspection to meet the requirements of this regulation.

The staffing arrangements in the centre were effective in meeting residents' assessed care needs. The staff on duty on the day of the inspection were observed to be kind and knowledgeable with regard to the residents. Three residents spoken with were complimentary with regard to the staff team.

The centre required two whole time equivalent (WTE) staffing posts in order to have a full complement of a staff team. The person in charge was ensuring that consistent relief staff were filling the positions in order to ensure safe minimum staffing levels and to facilitate continuity of care for the residents. The area manager confirmed that the provider was actively recruiting to fill the posts.

There was a planned and actual roster maintained by the team leader and person in charge which contained the full names and role titles of staff. A sample of rosters were reviewed over a two month period from January to February 2025. They indicated that safe minimum staffing levels were being maintained at the time of the inspection to meet the assessed needs of the residents.

The inspector reviewed a sample of three staff members' Garda Síochána (police) vetting (GV) certificates. All three were completed within the time frames of the provider's policy. That demonstrated to the inspector that the provider had arrangements for safe recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to support training and staff development.

There was an oversight document of training the staff had participated in. The inspector reviewed that documents and reviewed a sample of the certification for five training courses for the core staff. In addition, a sample of certification for three trainings was reviewed for staff who worked in the centre on a relief basis. Those reviews demonstrated to the inspector that staff received a variety of trainings in order for them to carry out their roles safely and effectively.

Staff received training in areas determined by the provider to be mandatory, for example fire safety and safeguarding adults. Refresher training was made available as required.

The inspector observed that staff had received training in additional areas specific to residents' assessed needs.

Examples of additional training staff had completed included:

- Feeding, eating and drinking (FEDS)/Dysphagia
- medication management
- positive behavioural supports
- Autism awareness
- assisted decision making
- epilepsy awareness and emergency medication for epilepsy

Staff also received a range of training related to the area of infection prevention and control (IPC). For example, standard and transmission based precautions and hand hygiene competencies.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

While some staff required basic life support training this is being actioned under Regulation 26: Risk management procedures.

The inspector also reviewed supervision files for three staff. The inspector found that there were formalised supervision arrangements in place which facilitated staff development and they were occurring as per the organisation's performance supervision guidance.

Judgment: Compliant

Regulation 22: Insurance

The inspector observed that, the provider had ensured that the centre was adequately insured against risks to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance and management systems in place at the time of this inspection and found improvements in the systems since the last two inspections.

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge and team leader. One staff spoken with was clear on the reporting structure if required.

Management systems ensured that the service provided was safe, consistent and regularly monitored. For instance, there were arrangements for annual reviews and the inspector reviewed the annual review for 2024. The review included family and resident consultation through questionnaires issued. There was a 54% return rate and feedback from the questionnaires was positive. For example, one family representative communicated "staff are helpful and friendly". Some families wanted more respite or preferred to get weekends over midweek respite stays.

There were six-monthly unannounced provider led visit reports occurring as per the requirements of the regulations. In addition, there were local audits completed by staff and overseen by the person in charge. They included a quarterly health and safety audit last completed December 2024. Monthly audits were being completed and the inspector reviewed the audits for January 2025. For example:

- medication audits
- fire safety audits
- vehicle audits
- finance audits

The inspector observed from a review of the records of the minutes of five team meetings that they were occurring monthly. The minutes demonstrated that incidents were reviewed for shared learning with the staff team and meetings were an opportunity to raise concerns if any. Topics at meetings included, safeguarding, fire safety, restrictive practices, infection prevention, and notifiable events.

Additionally, from the two staff spoken with they communicated that they would feel comfortable going to the person in charge if they were to have any issues or

concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Prospective residents were provided with an opportunity to visit the premises in advance of their first respite break. The person in charge maintained a list of residents that were not compatible with one another in order to ensure they did not attend a respite break together. This minimised the chances of any peer-to-peer related incidents occurring.

From speaking with the person in charge, the team leader, and from a review of the files from the four residents attending respite on the day of this inspection, staff contacted families in advance of respite breaks to complete a participation engagement plan. This was in order to check had there been any changes for the person since their last respite break and to ensure all applicable information would be captured. For example, had there been any changes to a person's eating, drinking or swallowing since their last break or have they had a seizure since their last break.

Residents were provided with a contract of care that laid out the services and conditions of their service and fees to be charged to the resident and they were signed. The person in charge confirmed that the contracts were going to be reviewed for all respite users post this inspection to elaborate further on some of the topics that were included in order to provide further clarification of information currently captured.

Judgment: Compliant

Quality and safety

The residents attending this service were supported to have a fun and relaxing respite break based on their individual choices. There were systems in place to meet their assessed needs while on their respite stays. However, improvements were required in the areas of assessment of need and personal plans, communication, and risk management.

While residents had assessment of need documents completed, the documents required further information or elaboration in order to fully guide staff on what supports were required. Furthermore, one support plan required more information to appropriately guide staff.

While residents were supported with their communication, aspects of this regulation required improvement. For example, the majority of residents who required support with their communication had not been assessed by an appropriate professional to ensure appropriate supports were being provided and in the correct manner.

For the most part, there were adequate arrangements in place to meet the requirements of the risk management regulation, for example there was a risk management policy in place. However, some areas required further review, for instance to ensure all control measures listed were in place.

There were suitable arrangements in place to support residents' positive behaviour supports, general welfare and development, and to ensure they were safeguarded in the respite centre and in the community.

The inspector observed the premises to be clean and tidy. Additionally, there were suitable fire safety management systems in place. For example, there were fire containment doors in place where required and they were fitted with self-closing devices.

Regulation 10: Communication

For the most part, communication was facilitated for residents in accordance with their needs and preferences.

The inspector observed that the residents had access to radio, televisions, phones and Internet within the centre.

From a review of three residents' documents related to communication the inspector found that, communication plans were in place for those that may have difficulty understanding or being understood. Additionally, information on communication was found in their hospital passports and in some other relevant plans, their communication abilities and required supports were also documented. Topics included how to know when a resident may be in pain or if they were content. For example, one plan said a resident may purse their lips when unhappy.

Four staff had received additional training in the use of the the most commonly used sign language signs from a manual signing system and there were pictures of signs available in the centre to support communication.

Residents' communication styles were documented in their personal plans. There were visual aids available to support residents to make decisions regarding food and activity choices. The inspector also observed easy-to-read documents available to support residents' understanding of certain areas. For example, safeguarding, and the centre's annual review.

However, from the three residents' files reviewed (all of whom required supports with communication) only one had been assessed by a speech and language (SLT)

therapist in order to assess their communication needs and supports that they may require. In the absence of this assessment it would be difficult to ensure that supports were being provided in the appropriate manner to adequately support each resident's communication.

From a review of the one resident's SLT communication assessment, the inspector observed that the centre had not followed through on the communication recommendations made by the therapist. Therefore, the inspector was not assured that the resident's communication needs were being appropriately addressed. This had the potential that the communication needs were not familiar to staff to ensure that the resident could communicate appropriately while staying in the centre.

Notwithstanding that, from speaking with the team leader and a staff member they demonstrated that they were familiar with how best to communicate with the residents.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in the respite centre and in the community.

Residents were supported to engage in activities of their preference while on their respite break. For example, one resident liked to bake while on their respite break and as previous stated they had baked on the day of this inspection. This demonstrated to the inspector that the staff respected and supported residents' preferences.

The majority of residents that attended the respite service attended separate day service programmes during the day Monday to Fridays. Those that only attended part time were facilitated to stay in the respite centre when they weren't due to attend their day programme. The inspector observed this to be the case for one resident on the day of this inspection.

From talking with the person in charge and reviewing the minutes of meetings from February 2025 the inspector found that, on the first night of each admission, a residents' meeting took place. Residents decided on what they would like to eat and participate in for the duration of their respite stay.

The person in charge communicated that they had started doing memory books for each resident of some activities they did while attending the centre. They said that when the books were full the resident could bring them home. The inspector had the opportunity to observe two of the memory books and saw that they contained lots of pictures of residents' activities. For example, attending a heritage park, going

bowling, and playing arcade games.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet the needs of the different residents that attended the centre. For instance, the centre was wheelchair accessible and had both a manual hoist and ceiling hoists available to accommodate wheelchair users to attend for a respite break.

The premises was found to be aesthetically well kept. It was observed to be tidy and to be in a state of good repair. The inspector observed the centre was clean and there were systems in place to facilitate this. For example, colour coded chopping boards, buckets, and mops. Additionally, there was signage in place to guide staff in order to minimise cross contamination and healthcare related illnesses.

Residents had access to cooking and laundry facilities. Each resident had their own bedroom with sufficient space for their belongings while attending the respite service. The inspector observed that there was adequate communal space in the centre for the residents. For example, there was a separate sitting room and there was a living area in the open plan kitchen and dining area. These areas were available for use and it demonstrated that residents had a space to have visits in private.

Judgment: Compliant

Regulation 26: Risk management procedures

For the most part there were appropriate systems in place to manage risk.

There were centre specific and individual risk assessments on file with control measures to mitigate identified risks so as to support residents' overall safety and wellbeing. However, one control measure listed on a risk assessment was for staff to be trained in either basic life support or first aid. While the majority of staff had that training, two core staff and two relief staff were found not to have that training. There were two occasions on the February roster were a staff had worked alone on shift at night without this training which had the potential to impact the residents should an emergency occur. Notwithstanding that, a staff spoken with was aware to contact emergency services if an emergency was to happen.

The inspector reviewed a sample of incidents that took place in the centre across 2024 to 2025 and this included a sample of four medication errors. The inspector found that while the incidents were reported to a manager and learning was taken

from the incidents and implemented, there was no evidence to suggest that clinical advice was sought. For example, on review of one medication error whereby a resident only received half their dose of a particular medication the resident's general practitioner (GP) was not contacted for advice. In the absence of clinical advice on the situation this had the potential to pose a risk to the resident's health.

On review of other arrangements in place to meet the requirements of this regulation the inspector found the provider had in place:

- a risk management policy last reviewed December 2024
- a centre specific safety statement that was last reviewed in April 2024
- there was also a risk register which was last reviewed January 2025
- there was a system to ensure lint was removed from the dryer to prevent the possibility of it posing a fire risk
- medication including controlled medication was found to be stored appropriately
- there was a controlled drug log in place as required
- the centre's boiler was observed to last be serviced February 2025 to order to ensure it was safe for use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety measures and arrangements in place in order to safeguard residents from the risk of fire.

They included:

- fire detection, emergency lighting and firefighting equipment
- the fire detection and emergency lighting was serviced quarterly and the inspector observed the last four quarters
- the firefighting equipment's last annual service was February 2025
- there were fire containment doors in place were required and they were fitted with intumescent strips, cold smoke seals and self-closing devices
- staff had received training in fire safety.

Regular fire evacuation drills were taking place and the inspector reviewed the last five which demonstrated that the provider was able to evacuate all residents to safety. Drills included using alternative doors and a drill was practiced with maximum resident and minimum staffing levels. The person in charge had an oversight documents in place for resident and staff participation in fire drills to ensure people experienced a practice drill.

From a review of three residents' files (two adults and one child), there were personal emergency evacuation plans (PEEPs) in place to guide staff as to their

support requirements. While more elaboration and information was required for one PEEP, the person in charge reviewed it on the day of the inspection to ensure it more thoroughly guided staff. A fire evacuation plan was in place and displayed prominently in the hall in order to guide staff and there was a cleared identified fire evacuation meeting point identified in the garden.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

For the most part, there were appropriate systems in place to meet the requirements of this regulation. However improvement was required to the thoroughness of the assessment of need document and the information gathered. Additionally, one personal plan required more detail to fully guide staff.

Based on a review of two assessments of need and from speaking with the person in charge, it demonstrated that each resident had an up-to-date assessment of need in place. The assessments for the most part, identified residents' health, social and personal care needs. The inspector observed that, the assessments reviewed required further elaboration both in the questions asked and the answers provided in some areas. For example, mobility, and a person's dietary information.

The inspector found that in the case of one assessment, the information contained under their respiratory section said 'good'. In a different area it listed the inhalers they took as they had asthma and had a separate asthma care plan in place. Thorough information and elaboration was required to ensure staff had all applicable information to ensure no required information was missing and in turn to appropriately inform the care plans in place to guide staff practice.

The inspector found that assessments in place informed the residents' personal support plans, these plans were up to date and for the most part suitably guided the staff team.

Personal plans reviewed included an epilepsy care plan, feeding, eating and drinking plan, a specific care plan in relation to a person's allergies, and a hypertension plan (high blood pressure). The majority of plans were detailed, for example the epilepsy care plan guided staff of possible triggers that may result in a seizure. They also described what it may look like when the person was having the seizure. The allergy care plan discussed signs and symptoms to look out for if the person was to have an allergic reaction and response required.

However, the hypertension care plan although it did contain good information, such as signs and symptoms to look out for, further information was required. For instance, there was no guiding average range for what was to be deemed an acceptable blood pressure reading for the individual. Staff were not guided for when to seek medical attention when the person's blood pressure went beyond a certain

reading.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where required, residents had access to professionals to support them to manage behaviour positively. For example, they had access to a behaviour therapist or behaviour analyst. The person in charge communicated that healthcare professional access was done though the school system for children who attended this centre. A business case was submitted to the provider's funder in order to have behaviour support access from within the provider's own resources.

From a review of two residents' files, the inspector found that there were behaviour support plans in place as required. This was in order to guide staff as to how best to support the residents which in turn would help minimise the impact a resident's behaviour may have on themselves or others. The plans were observed to have been reviewed since September 2024 by the behaviour analyst.

The team leader and a staff member were clear on the steps to support a resident which aligned with the resident's behaviour support plan or behaviour guidelines.

There were some restrictive practices in use in the centre for residents' safety, for example splints, and a harness for a wheelchair. They were periodically reviewed by the restrictive practice committee. At the last review in January 2025 recommendations were made and the person in charge was following up on those.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect residents from the risk of abuse. For example:

- there was an organisational adult safeguarding policy in place which was last reviewed June 2023
- staff had training in adult safeguarding
- there was a reporting system in place with a designated officer (DO) nominated for the centre and the poster of the DO was displayed
- a staff member spoken with was familiar with the steps to take should a safeguarding concern arise.

It was found that concerns of potential abuse were reviewed, reported to relevant agencies, and where necessary, a safeguarding plan was developed. Compatibility

was reviewed upon any safeguarding concerns arising and the provider was found to appropriately respond to incompatibility among residents. For example, that certain residents would not attend respite together again going forward.

From a review of two residents' files, the inspector observed that there were intimate care plans in place to guide staff as to supports required.
The inspector found based off a review of one residents' finance check records that, two staff each evening completed daily finance checks of residents' money balances. Additionally, an monthly finance audit was completed. These systems were in place in order to assure the provider that there was appropriate oversight of residents' finances in order to ensure their money was safeguarded.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mullingar Respite OSV-0006455

Inspection ID: MON-0037678

Date of inspection: 25/02/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: • All individuals who require support with communication will be referred to speech and language therapist. Currently awaiting appointment details. • All communication care plans have been updated to demonstrate how best to communicate with the residents. • Agreed with HSE, that all future admissions of residents with communication needs to Mullingar Respite will require a Speech & Language Therapy/Communication Assessment or referral for same.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • All Clinical care plans are currently being reviewed to ensure that all information required is recorded and advice will be sought from GPs if further guidance is required. • The Person in Charge has devised a local protocol to ensure that any medication errors that occur within the Centre will be reported to the GP/Out of Hours GP. • Person in Charge has liaised with training department to schedule CPR/First Aid for all staff. • The Person in Charge will review the training records on a monthly basis.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The Re-assessment of need has been reviewed and is currently being updated for each individual who avails of respite. • All Clinical Care plans are being reviewed to ensure that all necessary information is recorded and further guidance is sought from GPs when required. • Further training on Vital Signs has been requested for staff.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/09/2025
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/09/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of	Substantially Compliant	Yellow	30/04/2025

	risk, including a system for responding to emergencies.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/06/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2025