



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

Issued by the Chief Inspector

Name of designated centre:	Cluain Lir Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Longford Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	25 February 2026
Centre ID:	OSV-0000739
Fieldwork ID:	MON-0044833

About the designated centre

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

Cluain Lir Community Nursing Unit is located on the outskirts of Mullingar and is within close proximity to the regional general hospital and the town centre. The centre is a modern two-storey premises. Inny Unit is located on the first floor and Brosna unit is located on the ground floor. The centre can accommodate a total of 44 residents. All residents' bedrooms have en-suite facilities. There are enclosed, safe external grounds for use by residents on each floor level. The provider states in their statement of purpose and function that Cluain Lir Community Nursing Unit residential services provides continuing care to a maximum of 44 male and female residents with assessed maximum, high, medium and low dependency needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 February 2026	09:00hrs to 16:00hrs	Fiona Cawley	Lead
Wednesday 25 February 2026	09:00hrs to 16:00hrs	Sandra Rowland	Support

What residents told us and what inspectors observed

Inspectors observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Feedback from residents was that they were satisfied with life in the centre. Residents reported feeling safe and comfortable in the care of staff, who they described as kind and caring. There was person-centred approach to the care provided which ensured that residents were at the heart of the service. Cluain Lir Community Nursing Unit is located on the outskirts of the town of Mullingar, County Westmeath. This announced inspection took place over one day. There were 43 residents accommodated in the centre on the day of the inspection and one vacancy.

On arrival at the centre, inspectors met with the person in charge. Following an opening meeting, inspectors conducted a walk through the building, giving an opportunity to review the living environment, and to meet with residents and staff. Staff were observed attending to residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout the centre and friendly, familiar chats could be heard between residents and staff.

Residents spoke positively about their experience of living in the centre. Residents told inspectors that they were happy with their bedroom accommodation and general surroundings, which were comfortable and suitable for their needs. A number of residents explained their reasons for moving to the centre. One resident told inspectors that although they would have preferred to be at home, they recognised that this was not possible and they said they were 'happy to be here, I have all I need and I feel safe'. Residents stated that staff were kind and always provided them with assistance when it was needed. 'Good here, nice people', 'it's lovely here and I'm delighted with it' and, 'I'm happy, I love my time here' were among some of the comments from residents.

The centre is a two-storey, purpose-built facility which is registered to provide accommodation for 44 residents. Residents' living and bedroom accommodation areas were located on both floors, which were serviced by an accessible lift. Bedroom accommodation comprised of single bedrooms, all with ensuite facilities. The size and layout of bedrooms was appropriate for residents' needs and ensured their privacy and dignity. Residents were encouraged to decorate their bedrooms with personal items, such as ornaments, photographs, art work and furniture. There was access to facilities for the safekeeping of residents' valuables. There were a number of communal areas available to residents throughout the centre for rest and recreation, including sitting rooms, dining room and activity rooms. There was a chapel available, which provided a tranquil space for residents. Seating areas were also available along corridors. There was sufficient space available for residents to meet with friends and relatives in private.

There was safe, unrestricted access to outdoor areas, which provided residents with direct access to nature and fresh air. The enclosed gardens contained colourful, seasonal flowers beds and lawns and a variety of appropriate outdoor furniture and shelter.

The centre was clean and generally well-maintained, and the majority of areas were styled and furnished to create a comfortable and accessible living environment for residents.

The centre was warm and well-ventilated throughout. Corridors were wide, with appropriately placed handrails, and were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Call-bells were available in all areas and were observed to be answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents.

As the inspectors walked through the centre, it was evident that residents' choices and preferences in their daily routines were respected. The majority of residents were up and about, many relaxing in the communal areas, or mobilising freely through the centre. Other residents chose to remain in the privacy of their own bedrooms. Residents were observed to be content as they went about their daily lives, and were comfortable and familiar with one another and staff. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. As the day progressed, residents were observed watching TV, reading, chatting to one another and staff or participating in activities. Communal areas were appropriately supervised and those residents who chose to remain in their bedrooms were supported by staff. Inspectors observed that personal care was attended to in line with residents' wishes and preferences. Staff who spoke with inspectors were knowledgeable about residents and their needs.

The dining experience at lunchtime was observed to be a social, relaxed occasion and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, and other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided. One resident told inspectors 'it's a good dinner, I pick what I like'.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. Residents were also provided with access to television, radio, internet, newspapers and books. There was a schedule of activities in place, including arts and crafts, exercises, and music. Residents told the inspector that they were free to choose whether or not they participated in planned activities. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

In summary, this was a good centre with a responsive team of staff, delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors reviewed the action taken by the provider to address previously identified areas of non-compliance found on the previous monitoring inspection in February 2024.

Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. The provider had addressed the majority of actions of the compliance plan following the last inspection. The findings of this inspection were that the provider had completed the compliance plan in respect of governance and management. However, the actions taken in respect of premises and fire precautions were not sufficient to meet the requirements of the regulations.

The registered provider of this centre was the Health Service Executive (HSE). There were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. There was an established and clear management structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. The person in charge, who was new in post since the previous inspection, facilitated this inspection. They demonstrated a good understanding of their role and responsibility, and were a visible presence in the centre. The clinical management team consisted of the person in charge supported by an assistant director of nursing and three clinical nurse managers. The person in charge was further supported by a full complement of staff, including nursing and care staff, housekeeping, catering, administrative, activity and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by the service manager for Older Person Services.

There were a number of management systems in place to monitor and review the quality and safety of the service. A range of clinical and environmental audits had been completed, which evaluated practices such as infection prevention and control, falls management, medicines management, and care planning. Where areas for improvement were identified, action plans were developed and completed.

There was evidence of effective communication systems in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by inspectors showed that a range of issues were discussed including training, supervision, staffing, and other relevant issues.

A review of the staffing rosters found that staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents, given the size and layout of the building. Inspectors observed that there were adequate numbers of suitably qualified staff available throughout the day to support residents' assessed needs. Communal areas were appropriately supervised and staff were observed working together as a team to ensure residents' needs were addressed and were observed to be interacting in a positive and supportive way with residents.

Staff were facilitated to attend training that was up-to-date and appropriate to the service. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were appropriate arrangements in place to ensure staff were appropriately supervised.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the office of the Chief Inspector of Social Services within the time frame specified under the regulations.

The provider had systems in place to ensure that records were available, safe and accessible, and maintained in line with the requirements of the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

This inspection found that the standard of care which was provided to residents living in this centre was of a good quality. There was a person-centred approach to care, and residents' wellbeing and independence were promoted. Residents were satisfied with the care they received, and spoke positively about the support they received from staff.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments was carried out using validated nursing assessment tools. The outcomes were used to develop an individualised care plan for each resident, which addressed their individual health and social care needs. A sample of residents' records was reviewed and inspectors found that care plans reflected person-centred guidance on the current care needs of residents. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Nursing and care staff were knowledgeable regarding the care needs of the residents.

Residents received a good standard of nursing care and there was appropriate oversight of residents' clinical care by management. Residents had access to medical assessments and treatment by their general practitioners (GPs). Arrangements were in place for residents to access the expertise of health and social care professionals when required. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by professionals were implemented. Regular multi-disciplinary meetings were held in the centre for each resident.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails, and records reviewed showed that appropriate risk assessments had been carried out. Staff had the required knowledge and skills to support residents who may display responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents who experienced responsive behaviours had appropriate assessments completed, including sensory assessments. Person-centred care plans were developed that detailed the supports and interventions to be implemented by staff to support residents. Interactions observed between staff and residents were observed to be person-centred and non restrictive.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their responsibility in recognising and responding to allegations of abuse. The provider acted as a pension agent for a small number of residents, and there were systems in place to safeguard residents' monies.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choices in their daily lives and routines. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place, and there were sufficient staff available to support residents in their recreation of choice and ability, including arts and crafts. Inspectors observed many items of artwork created by residents on display throughout the centre. Residents were also provided with opportunities to participate in projects and workshops such as creative writing and story telling. Residents had the opportunity to meet together and discuss management issues in the centre. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service. The centre was generally suitable for its stated purpose and met residents' individual and collective needs.

While the centre had a sufficient number of suitable storage areas available, inspectors observed that the organisation and management of storage were not adequate. Inspectors observed multiple examples of inappropriate storage arrangements for residents' equipment and clinical supplies. This will be discussed further under Regulation 17: Premises.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available, and serviced, as required. However, the floor plans on display throughout the centre contained different room naming conventions to the room names in use in the centre on the day. This will be discussed further under Regulation 28: Fire precautions.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions. Laundry services were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care, and comfort, during their end of life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end-of-life care.

Judgment: Compliant

Regulation 17: Premises

The premises were found not to conform fully to the matters set out in Schedule 6 of the regulations. The management of storage was inadequate on the day. For example,

- Numerous storage areas were cluttered and disorganised. These areas contained a mixture of items such as residents' furniture, clinical equipment, clinical supplies, cleaning products and catering supplies. These storage arrangements did not support effective segregation of clean and dirty items and therefore increased the risk of environmental contamination and cross infection.
- Items of residents' equipment and furniture were inappropriately stored in communal bathrooms and along corridors.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 28: Fire precautions

The floor plans on display throughout the designated centre contained a number of different room names compared to the room names in use on the day of the inspection. This posed a risk of confusion as staff and fire fighting personnel may receive incorrect instructions during an emergency situation and thereby compromise the safety of everyone in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

A review of the residents' clinical records found that care plans viewed were person-centred and reflective of residents' care needs. Care plans were reviewed within the required time frame, and there was evidence of consultation with residents' and their families, where appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical, health and social care professionals to meet their assessed needs.

Residents had access to general practitioner (GP) services, including out-of-hours service. Residents had the opportunity to keep their own GP if it was their preference. There was access to a range of health and social care professionals, such as speech and language therapy, dietitian, psychiatry of old age, tissue viability, and palliative care. The centre is located in close proximity to the primary care centre, where further resources such as dentistry, opticians and audiology were available to residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cluain Lir Community Nursing Unit OSV-0000739

Inspection ID: MON-0044833

Date of inspection: 25/02/2026

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All storage areas have been reviewed and decluttered. Storage rooms have been re-assigned for specific storage purposes which mitigates the risk of environmental contamination and cross infection.</p> <p>Items inappropriately stored in communal bathrooms and along corridors have been removed and stored in assigned store rooms with unwanted items removed from site. ADON/Domestic Supervisor will ensure a system in place, that all staff are aware of and adhere to appropriate storage of equipment.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Room names have been amended on site to reflect the actual purpose of the rooms. Fire floor plans and fire panel room names have been reviewed and updated to reflect the amended names of rooms to ensure that there will be no confusion in an emergency situation and thereby ensure the safety of everyone in the Centre</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/05/2026