



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 7
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	22 October 2025
Centre ID:	OSV-0008971
Fieldwork ID:	MON-0046347

About the designated centre

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

This is a service providing care and support to four adults with autism. The service comprises of a large detached in a rural tranquil setting in County Westmeath. It is in close proximity to a large town and two modes of transport is available to the residents for social outings and trips further afield. On the first floor each resident has their own large detached ensuite bedroom with a walk in wardrobe. There is also a communal bathroom with a shower and a bathtub available to the residents. The ground floor comprises of a large open plan sitting room/dining room kitchen area, a sun room, a separate sitting room, a utility room, a bathroom and a staff room. The house is surrounded by gardens to the front side and rear of the property and, there is adequate private parking facilities available. The centre is staff with a person in charge, social care workers and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 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
Wednesday 22 October 2025	10:30hrs to 17:45hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

Overall, the inspector found that from meeting with residents, observing practices, reviewing records and speaking with management and staff, residents were being provided with person-centred care. Some improvements were required however, with regard to the management of risk and the maintenance of the rosters.

The centre was registered to support four residents in February 2025. This inspection was announced and residents had been informed that the inspection was taking place. While residents chose not to overly engage with the inspector, they appeared happy and settled in their home. Over the course of the inspection, the inspector met and spoke with the person in charge, the area lead for the centre and two staff members. They also observed some practices and reviewed records pertaining to the management of the centre.

This centre comprised of a large detached two-storey house on its own grounds in a tranquil and rural location in Co. Westmeath. Each resident had their own large ensuite bedroom decorated to their individual style and preference. They also had their own walk-in wardrobes. Additionally, a large bathroom available to the residents upstairs with a shower and a bathtub (for residents who preferred baths). The ground floor comprised of a very large open plan sitting room/dining room/living room, a sun room, a separate sitting room, a utility facility, a bathroom and a staff room.

The centre was observed to be clean, spacious and decorated to a high standard. The person in charge also informed the inspector that some residents chose their own bedrooms prior to moving in.

Three residents attended a day service and one attended a social farming programme each day. While there, they liked to meet up with their friends, and engage in social and recreational activities of interest. While in the centre, residents liked to go personal shopping, play football, go horse riding, take walks in sensory gardens and walks in the forest. Some liked to attend agricultural shows, music concerts, go to petting farms and go bowling. One resident was part of a sporting club and all residents liked to visit home regularly. Residents also had their own personal computers and phones where they liked to play games on them and listen to music.

One meeting with three residents on their return from day services, they all appeared happy, smiled and one gave the inspector a 'thumbs up'. They did not engage much more with the inspector however, they appeared relaxed and comfortable in their home and in the company and presence of the staff team. They also had their own routines which was respected and supported by the staff team. Staff were also observed to be kind, caring and person-centred in their interactions

with the residents. One resident showed the inspector their bedroom and it was observed to be decorated to their personal taste and preference.

The inspector spoke with one family member over the phone so as to get their feedback on the quality and safety of care provided in the service. They said that they were bowled over by the service provided and that their relative was 'living their best' life in the centre. They also said that since their relative had moved into the centre they had settled in very well and they were delighted with this. They reported that they found staff to be very helpful, approachable and flexible. They also informed the inspector that when staff supported their relative on a recent social outing to a concert, they took photographs of the event and sent those pictures to family members. They said they were delighted to have received the pictures and thought it was lovely gesture on behalf of the staff team. When visiting the house they said that they were always made to feel welcome and that their family member always looked very happy in the service. They also said that they were happy with the way in which their relative's healthcare needs were being supported and, they had no complaints about the quality or safety of care provided in the centre.

While some issues were found with risk management and rosters, residents appeared settled and happy in their home. Staff were also observed to support them in a kind and caring manner. Additionally, feedback from one family member over the phone on the quality and safety of care was complimentary and positive.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

On the day of this inspection residents appeared happy and content in their home and systems were in place to meet their assessed needs. It was observed however, that the maintenance of the actual rosters required some review.

The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an area director and an area lead. The person in charge was aware of their legal remit to update the statement of purpose on an annual basis (or sooner) if required and aware of their legal remit to notify the Office of Chief Inspector of any adverse incidents occurring in the centre as required by 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 staffing arrangements were as described by the person in charge. Staff also had as required training relevant to the assessed needs of the residents. Two staff

spoken with on the day of this inspection demonstrated that they were aware of the assessed needs of the residents.

The centre was being audited and monitored as required by the regulations. An annual review of the quality and safety of care was not due for completion at the time of this inspection however, a six monthly unannounced visit to the centre had been facilitated in July 2025. Any actions arising from the auditing process were being addressed in a timely manner.

Regulation 14: Persons in charge

The person in charge was a qualified social care professional, with additional qualifications in management and advanced social care practice.

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis with the organisation and demonstrated that they had the appropriate skills and experience required to manage the day-to-day operations of the designated centre.

The person in charge was also found to be aware of their legal remit in line with the regulations, and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from August 29, 2025 to September 25, 2025 indicated that there were sufficient staff members on duty to meet the needs of the four residents as described by the person in charge on the day of this inspection.

For example, when all four residents were in the house the following arrangements were in place:

- three staff worked in the evening time
- one staff worked night duty
- one staff worked on a sleepover arrangement

All four residents attended a day service Monday to Friday however, a staff member was available in the house throughout the day in case a resident had attend an appointment.

The person in charge confirmed that there were two vacancies at the time of this inspection however, all shifts were being filled by familiar relief staff. Additionally, one of these vacancies was in the process of being filled at the time of this inspection.

The inspector met with two staff members (one relief and one full-time) over the course of the day and they demonstrated that they were aware of the assessed needs of the residents. They were also observed over the course of the inspection to support them in a kind, caring and person centred manner.

Schedule 2 files (files that contain information and documents to be obtained in respect to staff working in the centre) were not viewed as part of this inspection however, the area lead confirmed in writing to the inspector that all staff employed in this service held current vetting. They also confirmed in writing that any agency staff member (who were rarely used) had appropriate vetting, references, qualifications and training to work in the centre (to include safeguarding, fire safety, manual handling and safe administration of medication).

Actual and planned rosters were being maintained in the centre however, one aspect of the upkeep and maintenance of rosters required review. For example, an agency staff member had worked one shift in the centre in September 2025, however, their name was not identifiable on the roster and this required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From reviewing the online training matrix, the inspector found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safeguarding of vulnerable adults
- Children's First
- first aid responder or first aid or cardio pulmonary resuscitation (CPR)
- manual handling
- fire safety
- infection prevention and control
- hand hygiene
- donning and doffing of personal protective equipment
- antimicrobial stewardship

- outbreak prevention and management

It was observe that some staff required training in first aid and or CPR and safety intervention techniques however, the person in charge was aware of this and had a plan in place to address it. Notwithstanding, this issue is further discussed and actioned under Regulation 26: risk management precautions.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by an experienced area director and an experienced areas lead.

The provider had systems in place to monitor and audit the service. While an annual review of the quality and safety of care was not due for completion at the time of this inspection, a six monthly unannounced visit to the centre had been facilitated in July 2025. Any actions arising from the auditing process were being addressed in a timely manner. For example,

- easy read information on complaints was to be made available in the centre
- family members were to be made aware of the complaints process
- some hospital passports required review
- key working reports were to be carried out for some residents
- all residents were to be referred to a speech and language therapist

These issues had been addressed at the time of this inspection.

Systems were in place to support and facilitate staff to raise concerns about the quality and safety of care and support provided to the residents' living in this service. For example, one staff member spoken with said they would have no issue reporting a concern to the person in charge if they had one. Safeguarding was also discussed as part of the standing agenda at staff meetings.

Additionally, feedback from one family member over the phone on the quality and safety of care was complimentary and positive. This feedback was detailed in section 1 of this report: *'What residents told us and what inspectors observed'*.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and was found to meet the requirements of 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).

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

The residents' living in this service were being supported to live their lives based on their assessed needs and preferences. However, aspects of the risk management process required review.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to engage in community-based activities of their preference and choosing.

Residents were being supported with their healthcare-related needs and had access, as required, to a range of allied healthcare professionals to include GP services

Systems were in place to safeguard the residents and at the time of this inspection, there were no active safeguarding concerns on record.

Systems were in place to manage and mitigate risk and support residents' safety in the service. However and as stated above, aspects of the risk management process required review.

Firefighting systems were also in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

The house was found to be homely, clean, warm and welcoming on the day of this inspection and residents rooms were personalised to their individual preference and taste.

Regulation 10: Communication

Residents were assisted to communicate in line with their needs and preferences and their preferred style of communication were detailed in their individual care plans.

Residents also had access to portable computers, telephones and other media such as televisions and radio.

At the time of this inspection all residents had been referred to a speech and language therapist so as to support and enhance their individual style of communication.

Staff were also observed to understand and respect the communication preference of each resident.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were being actively supported and encouraged to engage in social and recreational activities of their choosing and preference. They were also being supported to maintain regular contact with their families.

As detailed in section one of this report *'What the residents told us and what we observed'*, the inspector observed that three residents attended a day service and one attended a social farming programme each day. There, they liked to meet up with their friends, and engage in social and recreational activities of interest. While in the centre, residents liked to go personal shopping, play football, go horse riding, take walks in sensory gardens and walks in the forest.

Some liked to attend agricultural shows, music concerts, go to petting farms and go bowling. One resident was part of a sporting club and all residents liked to visit home regularly. Residents also had their own personal computers and phones where they liked to play games on them and listen to music.

Judgment: Compliant

Regulation 17: Premises

This centre comprised of a large detached two-storey house on its own grounds in a tranquil and rural location in Co. Westmeath.

Each resident had their own large ensuite bedroom decorated to their individual style and preference. They also had their own walk-in wardrobes.

There was a large bathroom available to the residents upstairs with a shower and a bathtub (for residents who preferred baths). The ground floor comprised of a very large open plan sitting room/dining room/living room, a sun room, a separate sitting room, a utility facility, a bathroom and a staff room.

The centre was observed to be clean, spacious and decorated to a high standard. The person in charge also informed the inspector that some residents chose their own bedrooms prior to moving in.

Judgment: Compliant

Regulation 26: Risk management procedures

While systems were in place to manage and mitigate risk and support residents' safety in the centre, aspects of the risk management process required review. For example,

- one resident had a risk assessment in place for absconsion however, the inspector noted that there were no restrictions in place such as locked doors and or windows or locked gate in the garden. When the inspector enquired about this with staff they said that the resident had never tried to abscond from the centre and the risk assessment was based on old information and required review.
- a number of residents refused to leave the house during fire drills (especially night time drills). In order to mitigate the risks this presented, the person in charge had organised specific and bespoke training for the entire staff team with a behavioural specialist so as to support them in managing this issue. This training was scheduled for November 06, 2025. However, as this issue was ongoing in the centre for several months, this training could have been provided for in a more timely manner.
- A control measure in the centre with regard to behaviour of concern was that staff had training in first aid and or CPR. However, at the time of this inspection, some staff did not have this training.

- a protocol for the administration of rescue medication required review so as to ensure the risks and control measures associated with epilepsy were adequately documented. This protocol did not provide information on how long staff should wait before contacting emergency services after a resident had a seizure and it was unclear as to whether a second dose of rescue medication could be administered.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers, emergency lighting and a fire blanket.

Equipment was also being serviced as required by the regulations. For example, all equipment was last serviced in October 2025.

The inspector received a written report from the area lead that the fire detection and alarm system was a category LD1 system in accordance with the code of practice for fire safety in community dwellings. They also confirmed that there was fire detection installed in the attic.

Fire drills were being conducted as required and each resident had a personal emergency evacuation plan (PEEPs) in place. These plans detailed the level of support and guidance the residents required in evacuation the house during a fire drill.

However, it was observed that some residents would refuse to evacuate the house during fire drills. While the person in charge was aware of this and had a plan in place to address it, the issue could have been dealt with in a more timely manner. This was discussed and actioned under Regulation 26: risk management.

Judgment: Compliant

Regulation 6: Health care

The residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

From reviewing three residents' files, the inspector observed that they had an annual health check and had access to the following services:

- GP services
- occupational therapy

- dentist
- audiologist
- behavioural support

Care plans and or protocols regarding the administration of medications (to include rescue medication) were also in place to guide staff practice. However, the inspector observed that the protocol for the administration of rescue medication required review. This was discussed and actioned under Regulation 26: risk management.

Each resident had a hospital passport in place which provided important information about the residents health-related needs.

Easy read care plans were on file in some residents personal plans and one family member spoken with over the phone on the day of this inspection reported that they were satisfied with the way in which their relatives healthcare needs were being supported.

Judgment: Compliant

Regulation 8: Protection

Systems, policies and procedures were in place to safeguard the residents in the centre.

At the time of this inspection, there were no current or active safeguarding concerns in the centre. However, the inspector noted the following:

- one staff member spoken with said that if they had any concerns about the safety and or welfare for the residents, they would report them to the person in charge
- a family member spoken with over the phone on the day of this inspection said that they had no concerns about the safety or quality of care provided to their relative in the centre
- safeguarding was discussed at staff meetings as part of the standing agenda and at these meetings staff were reminded to remain vigilant to the signs of abuse and to report any issues or concerns (if they had any). The different types of abuse were also discussed with staff
- easy to read information on safeguarding was available in the centre
- there were no current complaints on file about any aspect of the service

Additionally, the inspector also noted that staff had training in:

- safeguarding of vulnerable adults
- Children's First

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	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 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mullaghmeen Centre 7 OSV-0008971

Inspection ID: MON-0046347

Date of inspection: 22/10/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Rosters are maintained and accurate, showing who is working and when including the full names of any agency staff rostered where required on actual rosters. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • A comprehensive review of all risk assessments is scheduled to take place with key workers and all identified risks that are not warranted will be removed. 31/01/2026 • A workshop took place on the 6th of November with the positive behavioural support team and a de-sensitisation plan was discussed and implemented to support and encourage residents to evacuate safely during nighttime drills. The effectiveness of the plan will continue to be assessed through a fire drill schedule. • A comprehensive review of all epilepsy management plans and PRN protocols has been scheduled with key workers to ensure the information is triangulated. 03/12/2025. • Three staff require CPR/First aid training, one staff completed CPR on 12/11/2025 and the further two staff have been scheduled for 3rd December 2025. 	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	22/10/2025
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 risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/01/2026