



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 17
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	18 February 2026
Centre ID:	OSV-0002717
Fieldwork ID:	MON-0043941

## About the designated centre

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

This designated centre comprises of a detached bungalow in a residential estate in a small village in Co. Kildare. The centre accommodates two male residents aged between 18-65 years with an intellectual disability. The bungalow consists of a kitchen with dining area, a sitting room, three bedrooms one of which is en-suite and two bathrooms. There is a garden to the back of the house and there are two vehicles available to residents in this house. The person in charge works full-time in this house. There is one social care worker, two care assistants and one facilitator employed in this centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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 18 February 2026	10:00hrs to 16:45hrs	Lisa Walsh	Lead

## What residents told us and what inspectors observed

The inspector greeted and spent time in the communal areas with both residents who resided in the centre. The inspector observed resident and staff engagement to gain an insight into residents' experiences of living in Community Living Area 17. The residents were unable to tell the inspector about their views of living in the centre verbally due to their communication needs. Staff and resident interactions were observed to be kind and respectful. The service was provided by a dedicated staff team, several of whom had supported the residents' for many years and were very familiar with their needs. Both residents were receiving one-to-one support and had access to their own vehicle so they could engage in activities in the community. They were observed to have an active and busy life. While a good quality service was being provided some further improvements were required to ensure the premises was well maintained and that residents' are consulted in the running of the centre.

On arrival to the centre the inspector was greeted by staff and one resident. The other resident was in the sitting room watching television. Both residents were up and dressed. Their beds were made and their bedrooms were neatly decorated to their own personal taste. One resident had recently purchased a new king size bed for their room. The second staff who was working in the centre had left to attend training; the person in charge arrived shortly after to ensure that there was sufficient staff present for the day.

The designated centre provides a residential service for a maximum of two adults with an intellectual disability and autism, the centre had no vacancies on the day. The centre is a detached bungalow based in a rural part of Kildare, located in a cul-de-sac in a small residential area. Both residents had mobility needs which were supported with wide corridors and clutter free areas so they freely move throughout the house. The centre consists of three large bedrooms, two of which were for residents and one was for staff which was also used as an office. There was also a kitchen-dining room and a large sitting room. The house was pleasantly decorated, clean and provided a homely atmosphere for residents. However, some maintenance was required in the kitchen which had some damaged cupboards with some appliances that were rusted and needed to be replaced. The inspector was informed that the provider was in the process of selecting a new kitchen and fittings.

To the rear of the centre there was a decking area that was roofed with heaters, garden furniture and a barbecue. This overlooked a large private garden. The garden area was recently renovated and had a well-manicured lawn with raised flower beds and paved area so residents could easily access this space.

Staff reported that both residents got along very well together and enjoyed spending time together in the evening when relaxing watching television in the sitting room. During the day, residents' tended to do their own preferred activities

with their support staff. One resident preferred to spend time in the kitchen area. The other resident preferred to sit in the sitting room in a large arm chair which they had purchased. Throughout the day of inspection, residents were observed to be curious and moved with the staff and inspector when they moved to different rooms.

A communication folder was in place in the kitchen and was used for both residents. It was filled with visuals for activities and food choices that residents enjoyed. Both residents also used hand gestures to clearly communicate when they did not want something. One resident also used some words to communicate their preferences. Staff were observed to be very familiar with the residents' communication needs and supported them to make their own decisions.

In the morning, staff had used visuals to provide one resident with a choice of activities for the day. Once the resident had made their choice, they left and returned in the afternoon to have lunch which they bought when they were out. They spent some time watching television and then left to out with staff again. Staff also spoke about how the resident was made an honouree member of a local golf club and would go there once a week for lunch and some pints.

The other resident spent their morning watching television while waiting to have a planned visit with their family. They were observed to be very excited when their family arrived and they spent time with them in the sitting room. Their family spoke to the inspector and said that the service 'couldn't be better' and that 'they'd live there if they could'. They said they were welcome to visit anytime and called to the centre regularly. They said the food in the centre was excellent and that the resident was very healthy. Previously, they felt that there was an issue with inconsistent staff however, felt that this has been resolved and was no longer a concern for the past couple of years. After their family visit the resident had lunch with staff and continued to watch television.

There were weekly resident meetings taking place, however, these were covering limited topics like activities and menu planning. They did not demonstrate how residents were consulted and involved in the operation of the designated centre. For example, the meeting records were repeated each week with only a list of activities completed from the previous week recorded. Although activity and menu planning were on the agenda these were not recorded as discussed.

The next two sections of the report outline the governance and management arrangements in the centre, and how the arrangements positively impacted on the quality and safety of care and support provided to residents in this centre.

## Capacity and capability

This unannounced risk inspection was carried out to assess compliance in the designated centre with the regulations. Overall, the inspector found that there were established management structures in place. Key roles were clearly identified within the management team to oversee the operation of the centre. The inspector also observed that actions outlined in the compliance plan from the previous inspection were completed. While there were some good practices identified, the inspector found that some improvements were required to ensure all aspects of the service met residents' needs, and were in line with the regulations. For example, improvements were required in relation to premises, food and nutrition and residents' rights.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. They worked as part of the staff team and regularly met with staff to ensure that any issues were raised and responded to effectively.

The person in charge and the management team had oversight of the quality of care being delivered to residents. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and managing risks in the centre. The centre was well resourced and staff had access to the equipment and training required to ensure they could meet the needs of residents. The centre's management team met regularly, this ensured that the service provided was safe, consistent and effectively monitored and appropriate actions taken where necessary.

## Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. The person in charge ensured that staff were supported to participate in training development to better support residents. All training was coordinated centrally and the person in charge maintained a training tracker within the centre. Records showed that all staff had completed mandatory training, and that regular relief who worked in the centre had also attended mandatory training. Training provided was reflective of the assessed needs of residents. All staff received support and supervision relevant to their roles.

For new staff in the centre, the person in charge also conducted a comprehensive induction covering areas such as, care plans, residents' finances, fire safety, restrictive practices and safeguarding.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had adequate insurance in place in the event of an accident or incident. There was also insurance cover in place for other risks including property loss or damage.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents. There was a management structure in place with clear lines of accountability. There was effective oversight and monitoring of the care and support provided in the centre, with the person in charge having a regular presence and working full-time within the centre. It was evident from feedback received from families that they were satisfied with the service that was being provided.

An annual review of the quality and safety of care had been completed, which consulted with residents and their families. The inspector reviewed the last two six-monthly provider unannounced visits to the centre completed and found that the audits were detailed. Actions identified during these audits had also been completed on the day of inspection.

Monthly management meetings were held with the area director which covered areas such as, information sharing, service development, safeguarding and restrictive practices. Regular staff meetings were also held, and a record was kept of the discussions and required actions.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a record of incidents that occurred in the centre over the last year and found that the person in charge had notified the Chief Inspector of adverse events as required under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents had been provided with information on how to make a complaint and accessible information was displayed in the kitchen of the centre. Independent advocacy contact information was also displayed on notice boards.

The registered provider held a complaint log and at the time of the inspection there were no complaints in the centre. The provider had logged two compliments from family members.

Judgment: Compliant

## Quality and safety

The inspector found that the governance and management systems had ensured care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. The inspector found the atmosphere in the centre to be relaxed and comfortable with staff who knew the residents very well. Some areas required improvement to ensure that residents were consulted in the operation of the centre and that the food storage practices were appropriate. The kitchen also was worn and in need of repair.

Residents' had the opportunity to choose from a range of activities of their preference. They were also given the freedom to choose to take time to rest and have time alone while in the house. The registered provider also ensured that they were assisted and supported to communicate freely in accordance with their needs and wishes. Easy read information on how to make a complaint and how to access independent advocacy services was on display on notice boards. Staff were observed to treat residents with dignity and respect. Residents' participated in decisions about their care needs and had the freedom to exercise choice and control in their daily lives. While residents' rights were generally respected there was limited evidence that they were consulted with and participated in the running of the designated centre.

Residents' were offered a variety of refreshments and snacks throughout the day. The timing of meals were planned to fit around the activities, needs and preferences of the residents. The inspector's observations were that meals were not rushed and were a pleasant social experience with staff sitting with residents and eating a meal also. Residents' had adequate quantities of food available to them and foods that were aligned with their preferences. Residents' did not require any assistance with eating or drinking. One resident required a modified diet to meet their healthcare needs, which staff were familiar with. There was also a care plan in place to support staff practice which clearly detailed the resident's dietary requirements. Some food storage practices required a review to ensure that food was safely stored and prepared.

The premises was suitably designed and furnished to support residents' existing needs and overall well-being, as well as their long-term requirements. All areas of the centre were clean and provided a homely atmosphere for residents. Equipment and facilities that were required were available to residents and maintained in good working order. The provider had also ensured that the premises offered space for residents to spend time alone if they wished, which promoted their privacy and dignity. The external premises were in a good state of repair. However, some parts of the internal premises required maintenance.

### Regulation 10: Communication

Residents' could communicate freely and were assisted and supported to do so in line with their assessed needs. Residents' additional communication needs were assessed by a speech and language therapist when required. These assessments were used to inform individualised communication plans for each resident. Staff spoken with, were familiar with residents' communication needs and assisted residents to make informed decisions. Residents who required additional communication aids were supported to use these in a person-centred and respectful way. Staff interactions with each resident reflected the resident's individual communicative format.

Judgment: Compliant

### Regulation 11: Visits

Visitors were welcome in the centre and encouraged to participate in residents' lives. Residents had access to suitable communal and private space, other than their bedroom, to meet with visitors in private. There were no visiting restrictions in place and visits facilitated did not negatively impact on any other resident in the centre.

Judgment: Compliant

### Regulation 17: Premises

The premises were designed and laid out to meet the number and needs of residents in the centre and was clean. However, maintenance and repair was required to ensure the premises was maintained to a high standard. For example, some of the kitchen fittings were damaged and worn and in need of repair. Some kitchen appliances were also in need of replacing. For example, the fridge was rusted in areas and some shelves were broken.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

While residents were provided with adequate quantities of food and drink, some food storage practices required a review to ensure that food was safely stored and prepared. For example, some items were stored in the fridge which had no 'used by' date on them and no indication of when the packet of food had been opened. In accordance with the provider's policy, temperature checks were to be completed of the fridge and freezer in place. However, no temperature checks had been conducted for the freezer in a significant period of time. Staff had attended food safety training, however one staff was due refresher training.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in residents' bedrooms and prescribed by a registered prescriber. There were appropriate practices relating to ordering, receipt and disposal of medicines. Residents had been risk assessed to determine if they could administer their own medicines or needed staff support to do so. There were systems in place for administering medicines which were effective. Staff were trained to safely administer medicines and attended refresher training as required.

Judgment: Compliant

### Regulation 8: Protection

This centre had very minimal safeguarding concerns and the provider ensured that residents had one-to-one staffing to protect them from all forms of abuse. An up-to-date safeguarding policy was in place to guide staff in the event of a concern of abuse arising. Training was provided to staff in relation to safeguarding residents and the prevention, detection and response to abuse. Each resident's welfare was promoted, and care and support was received in an environment where efforts were made to prevent the risk of harm. The provider had systems to ensure that any safeguarding concerns were investigated and appropriate actions had taken place.

Judgment: Compliant

## Regulation 9: Residents' rights

Overall, residents' rights were respected. However, there was limited evidence that they were consulted with and participated in the running of the designated centre. While they were attending weekly residents meetings, these were covering limited repetitive topics. The minutes of the meetings had been copied and pasted on a sample of seven meeting records reviewed. Although activity and menu planning were on the agenda these were not discussed.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Community Living Area 17 OSV-0002717

Inspection ID: MON-0043941

Date of inspection: 18/02/2026

## 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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The kitchen area is currently undergoing a comprehensive refurbishment to ensure compliance with Regulation 17. This includes the installation of new kitchen units, worktops, backsplash, sink and taps.</p> <p>In addition, all appliances are being replaced and upgraded as part of this renovation. This includes the provision and installation of a new fridge/freezer, dishwasher, oven and hob.</p> <p>These improvements will ensure that the premises meet the required standards in terms of safety, functionality and suitability of use.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>At a recent team meeting, the Person in Charge (PIC) highlighted the importance of safe and appropriate food storage practices. Staff were reminded of the requirement to clearly label all food items with both the date of opening and the use-by date to ensure food safety and quality.</p> <p>The need to carry out and record monthly temperature checks of the freezer compartment was also discussed at a house meeting. To support this, a new thermometer will be installed to ensure accurate and consistent monitoring.</p> <p>In addition, staff who are required to complete refresher training in food safety will do so</p>	

to ensure compliance with current standards and best practices.

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Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The provider acknowledges the inspection findings regarding limited evidence of resident consultation and participation in the running of the designated centre. We are committed to ensuring that all residents are meaningfully involved in decisions that affect their daily lives

At a recent team meeting, the Person in Charge (PIC) reinforced the importance of upholding residents' rights, with particular emphasis on the role of weekly residents' meetings. It was acknowledged that positive work is being carried out within the centre, and it is essential that all practices remain person-centred and focused on the individuals living in the service.

Staff were reminded of the requirement to consistently document weekly activities and forward planning. This documentation must clearly reflect residents' involvement, preferences, and contributions to the daily running of their home, ensuring their voices are heard and respected.

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## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/05/2026
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	01/03/2026
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is	Substantially Compliant	Yellow	01/04/2026

	consulted and participates in the organisation of the designated centre.			
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