Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Moonvoy
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	25 June 2026
Centre ID:	OSV-0003284
Fieldwork ID:	MON-0042309

About the designated centre

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

Moonvoy is a designated centre operated by Waterford Intellectual Disability Association Company Limited By Guarantee. The designated centre provides a community residential service for up to four adults with a disability. The designated centre is a detached two-storey house located in a town but within close driving distance to a city. The house consisted of kitchen/dining room, a sitting room, a living room, four individual bedrooms (all en-suite) and staff room/office. There is a garden to the rear of the house for the residents to avail of as they please. The centre is staff by care staff. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 June 2026	09:00hrs to 17:20hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to assist in informing the decision in relation to renewing the registration of the designated centre. It took place over one day and was completed by one inspector. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care. Improvements were required however, under Regulation 16: Training and development, Regulation 21: Records, Regulation 13: General welfare and development and Regulation 28: Fire precautions.

The designated centre comprised a detached, two storey house on the outskirts of a town in Co. Waterford. The house contained five bedrooms, all of which were en-suite and one of which was a staff sleepover room. Four of the bedrooms, along with the staff office, were located on the first floor of the house, The downstairs consisted of one of the resident's bedrooms, two sitting/living rooms, a bathroom, a utility room and a kitchen-dining space.

The centre was well-maintained, homely and clean. There was a garden to the rear of the house, providing an outdoor living space for the residents. On the day of the inspection, the centre was home to four residents. The inspector had the opportunity to meet with three of the residents during the inspection. The inspector did not meet with one of the residents as they were working on the day of the inspection.

The inspection was facilitated by the centre person in charge. A member of the provider's senior management team attended the inspection for inspection opening and closing meetings.

The inspector spent some time sitting with two residents at the kitchen table in the morning before they headed out to start their day. Three of the residents attended day services each day during the week. One resident spoke about their family members that they visited with weekly and about some family members that were away travelling. Another resident asked the inspector about their job. One of the residents showed the inspector their bedroom which contained their personal items and was decorated with their artwork.

All of the residents, some with support from staff, had completed questionnaires prior to the inspection. The feedback in these questionnaires was mainly positive. One resident noted that they "don't like having agency or unfamiliar staff". They also commented that they had "good fun majority of time with housemates". All of the residents answered "yes" to the question, "do you feel safe?"

As mentioned above, three of the residents attended day service during the week. One of the residents was in full time employment and had two jobs. The resident utilised public transport to travel to their jobs. One of the residents recently competed in The Special Olympics Ireland Summer Games and had won a bronze medal. This was an achievement that the resident was very proud of. Residents engaged in a range of activities, including social dancing, yoga, drumming and sound therapy, However, the staffing arrangements in the centre in the evening limited the activities residents could engage in. This will be discussed further under Regulation 13: General welfare and development.

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 to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Improvements were required to the records kept in the centre pertaining to staff records and healthcare plans for residents.

The provider had ensured that there were management systems in place to ensure that the service provided was safe and was consistently and effectively monitored.

Regulation 14: Persons in charge

The person in charge was employed by the provider in a full-time capacity and had the necessary qualifications and experience to fulfil the role, in line with the regulations.

The person in charge had responsibility for three designated centres operated by the provider. These centres were in close proximity to each other. There were suitable arrangements in place to facilitate this. The person in charge discussed the arrangements with the inspector, including a change in the requirement to be in other centres at certain times, which provided greater flexibility for their presence in all centres.

Staff spoken with felt supported by the person in charge and spoke positively about how the centre was operating since the person in charge had commenced in their role earlier this year.

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection, there was a full staff team in place in the centre, with planned leave being covered by regular relief staff. A review of the rosters for June 2026 demonstrated that four relief staff had worked five shifts and for May 2026, one relief staff worked two shifts. The inspector reviewed the planned roster in place for July 2026 and this showed that one shift was required to be filled outside of the core staff team. As mentioned earlier in this report, consistent staff was very important to the residents living in this centre.

The staffing arrangements in the centre were that staff finished their shift in the morning after dropping the residents to their day services and the next staff member came on shift in the afternoon to collect the residents from day services. One staff member, therefore, supported all four residents in the evenings. This impacted on residents engaging in activities of their choice and is discussed under Regulation 13: General welfare and development.

Team meetings were regularly taking place in the centre. There was a schedule of meetings in place for the year, with six meetings scheduled for the year in total. The inspector reviewed the minutes of the last two meetings and found that there was a set agenda in place. Topics discussed included complaints, review of restrictive practices, feedback from resident meetings, adverse incidents and medium/high rated risk assessments.

The inspector reviewed the staff files of three staff members working in the centre. The files did not contain all of the documents required by Schedule 2 of the Regulations. This will be discussed under Regulation 21: Records.

Judgment: Compliant

Regulation 16: Training and staff development

While there were comprehensive systems in place to regularly record and monitor staff training, on the day of the inspection, not all staff had completed training that was deemed mandatory to meet the support needs of the residents. One staff member had not completed training in medication management and training in the administration of an emergency rescue medication prescribed for one resident.

The provider had developed a risk assessment in relation to this and had control measures in place to address these training gaps. For example, staff from other services operated by the provider were attending the centre to administer medicines to residents. However, the treatment protocol for the administration of the rescue medication had not been updated to reflect the training gap in the staff team.

The suite of mandatory training which staff had completed to meet the support needs of the residents included training in safeguarding, manual and patient handling, first aid and fire safety.

Staff had also completed various trainings to help residents exercise their human rights. These included, training in the fundamentals of advocacy, assisted decision-making and human rights.

The person in charge completed supervision meetings with the staff team. Supervision meetings with staff took place twice a year, which was in line with the provider's policy. The inspector reviewed the last two supervision records for one staff and the probation meeting records for two new staff members.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed the staff files of three staff members working in the centre. This review found that not all files contained the documents as required by Schedule 2 of the Regulations. A member of the provider's human resources team attended the centre to review the files with the inspector. While some documents were not in the files and were provided to the inspector later in the inspection, one document, relating to an employee's reference, was not sourced prior to the end of the inspection.

While the registered provider had ensured that residents had access to appropriate healthcare, residents' healthcare records did not comprehensively reflect their medical history. For example, a resident had been referred to have a medical procedure following test results in May 2025. However, there was no record in the care plan of this procedure occurring or the results of same. The person in charge was able to locate correspondence from the relevant medical practitioner which provided answers to these queries, however, this information was not contained in the resident's care plan. The care plan was therefore, not an up-to-date reflection of the resident's current healthcare needs in relation to this concern and required review.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there were management systems in place to ensure that the service provided was safe and was consistently and effectively monitored. There was a full time person in charge appointed to the centre. Staff spoken with felt supported in their roles by the person in charge. The person in charge was supported by a member of the provider's senior management team and they received regular support from their manager.

There was an annual provider review of the quality and safety of care and support completed in the centre. Residents and their representatives were consulted for their feedback on the service over the course of the year.

There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There were a number of audits taking place in the centre on a quarterly basis. These included audits on cleaning, food and nutrition, medication, finances, record keeping and health and safety. Six monthly unannounced audits were taking place in the centre, with the last audit occurring in April 2026.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service provided for the people who lived in the designated centre. Improvements were required under Regulation 13: General welfare and development and Regulation 28: Fire precautions.

Due to the staffing arrangements in the centre, residents were limited in the activities they could engage in during the evening.

The provider had a robust process in place for the oversight and management of restrictive practices

Regulation 13: General welfare and development

Staffing arrangements in the centre limited residents' ability to engage in activities outside of their home during evenings. At weekends, some residents went to visit with family members for either overnight or day visits and the number of residents in the centre was, therefore lower. As mentioned earlier in the report, the staffing arrangements in this centre, were that one staff member supported the four residents. One resident was very independent and did not require staff support to engage in activities, outside of requiring transport to access some of their hobbies.

The other three residents however, required staff support to engage in activities, outside of their home. Due to a health condition, one resident could become tired later in the day and require time to rest. This was impacting on staff ability to engage in activities outside of their home with the other residents. Staff spoken with discussed the limitations the staffing levels in the centre placed on activities. For example, all residents had to travel in the centre vehicle if one resident had to be dropped to something. If one resident wished to go for a walk, the two other

residents needed to agree to go for a walk to allow this to happen. The limitations of the staffing arrangements had also been highlighted in the provider's last six monthly audit of the service.

The provider had submitted a request to their funder for additional staff, however, this had been refused. The person in charge had also developed a care plan for supporting social activities/ outings in the centre. This included measures such as liaising with other centres operated by the provider to allow outings and opportunities for residents to spend time with friends from other houses. There was on ongoing review from the person in charge and a member of the provider's management team around social interaction and inclusion and implementation of this care plan was being monitored for a period of 3-6 months. This review period was ongoing at the time of this inspection and it was not possible to fully review the impact of these measures at this time.

Judgment: Not compliant

Regulation 17: Premises

The centre was found to be clean, warm and welcoming on the day of the inspection. Each resident had their own bedroom and these were decorated with their personal items. There were multiple areas in the house for residents to spend time and relax in.

The centre met the requirements of Schedule 6, under the regulations. The centre was located on the outskirts of an urban area where residents had good access to public transport and local amenities, such as shops and restaurants.

There were minor works required to some of the en-suite bathrooms in the centre and these had been escalated to the provider's maintenance team. Members of the provider's maintenance team attended the centre on the day of the inspection to deal with a separate maintenance issue.

One resident had relocated to a downstairs bedroom to make their bedroom more accessible to them. They showed the inspector their bedroom and told them they were happy with the move.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. However, a simulated night time fire drill with the lowest staffing levels had not been conducted in the centre in over a year. This

had been identified in the centre's last health and safety audit but as of the time of this inspection it had not been completed.

Staff in the centre completed daily checks on escape routes, fire fighting equipment, emergency lighting and fire doors.

There was fire safety equipment in place in the centre and this included fire detection and alarm system, emergency lighting and fire extinguishers. This equipment had been serviced by competent fire personnel, for example, the emergency lighting had been serviced in June 2026 and the fire detection and alarm system had been serviced in March 2026.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident. The person in charge had ensured that all residents had access to health and social care professionals, as required. An issue was identified with the healthcare records in place for some residents. This was discussed under Regulation 21: Records.

Residents were in receipt of care from a range of medical and health and social care professionals. These included opticians, audiologists, general practitioners (GPs), behavioural therapists and psychologists. Where residents required the use of medical devices there was guidance in place for staff for the upkeep of these devices.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Chief Inspector of Social Services, as required by the regulations.

The provider had a robust process in place for the oversight and management of restrictive practices. Each restriction was reviewed on a quarterly basis. Staff were also working with residents to reduce restrictions, where possible. For example, staff had a discussion with one of the residents relating to a restrictive practice which affected them. They discussed how the restriction could be changed and this would reduce the restriction. They asked the resident what they would like to be done and their wishes regarding the restriction. The resident decided to keep the restriction in place as it was and this choice was respected by the staff team.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. The inspector reviewed the positive behaviour support plan in place for one resident. This plan had been completed by a relevant health and social care professional. The plan had last been updated in January 2026 and contained proactive and reactive strategies to support the resident with their needs in this area.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect people who use the service and their health and wellbeing, as well as empowering people to protect themselves.

There was evidence of the provider supporting residents to advocate for themselves and supporting residents to access independent advocates to support them with ongoing life changes. The provider and person in charge were also supporting residents and their families with changes bought about by recent legislation.

There was an ongoing safeguarding concern in the centre and, a review of this, demonstrated that the person in charge had followed the provider's safeguarding process and was supporting the resident through this.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Moonvoy OSV-0003284

Inspection ID: MON-0042309

Date of inspection: 25/06/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The treatment protocol for the administration of emergency medication has been updated to reflect when training gaps may occur. The one staff member who had not completed their training in emergency rescue medication has since completed it. Completed 30th July 2026.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A full audit of all HR files is being completed to ensure that they are in compliance with Schedule 2 of the Regulations. Training for the staff team will be completed by the Person in Charge in SD-06 Service User's Access to Healthcare which includes keeping records of all healthcare appointments, outcomes and follow up required. To be completed 30th September 2026.	
Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development: The Person in Charge (PIC) is providing additional supports to the staff team around planning social activities in the centre to ensure that all preferences are being met. This involves the PIC attending the weekly house meetings so they have oversight of the planning done for social activities. The PIC also supports staff to access resources in other services and to ensure that the resources in this centre are used for the service users who require the available staff supports. This is being monitored by the PIC and a member of the senior management team. The review will be completed by 30th November 2026	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: This centre has only one staff on duty and fire drills had been completed but not with residents in their respective bedrooms. This night time drill has since been completed and will be completed quarterly as required. Completed 4th August 2026.	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/11/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/07/2026
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff	Substantially Compliant	Yellow	30/09/2026

	specified in Schedule 2 are maintained and are available for inspection by the chief inspector.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	04/08/2026