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:	Community Living Area 14
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	21 May 2026
Centre ID:	OSV-0003754
Fieldwork ID:	MON-0044626

About the designated centre

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

This designated centre operated by the Muiríosa Foundation, consists of one large private dwelling in a rural setting on the outskirts of a small village in Co. Kildare. The service provides both nursing and social care support to five residents. The designated centre consists of 6 bedrooms, 3 of which are located upstairs, 2 of these bedrooms have an en-suite with another separate bathroom on the same floor. The remaining bedrooms and bathrooms are located on the ground floor. There is a large kitchen and dining area leading to a seating area outside. There is a large sitting room and hallway area with an elevator allowing all residents access upstairs. There is a garden and lawn at the front of the house. The centre has its own transport. The person in charge shares their time between this designated centre and another designated centre. During the day there are primarily two to three staff on duty and at night one sleeping staff and one waking staff .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 May 2026	09:15hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out by one inspector to assess the provider's regulatory compliance with specific regulations. Overall high levels of compliance were found in areas including staffing, governance and management, safeguarding, risk management, fire safety and personal planning. All regulations inspected on this inspection were found to be compliant.

There were four residents living in the centre and one vacancy on the day of inspection. The inspector had the opportunity to meet with the four residents throughout the course of the inspection both in the morning as they were getting ready for their day and in the afternoon when they returned from different activities and day services.

On arrival to the centre, there were four staff members present and four residents. One resident was waiting for their lift to day services and another resident was finishing their breakfast in the centre kitchen. The inspector sat with them and chatted about their plans for the day ahead. The inspector asked the residents if they liked their home and one responded "I do, I do".

The inspector met with another resident as they were watching the news in their living room. They shook the inspector's hand and appeared happy and comfortable in their armchair. Another resident was relaxing in a different living area in the house and they appeared content and relaxed in this quiet space after having their breakfast. Overall residents all appeared at ease in their home, getting ready for the day ahead.

The inspector completed a walk around the centre. The house comprised a large two storey house. Each resident had their own bedroom which all had spacious storage facilities and had been tastefully decorated. One resident had an en-suite bathroom. The house also had a shared communal kitchen-dining area, living-rooms and bathrooms. The house had two stairs and an elevator to the second floor to facilitate mobility needs, if required. Lots of spaces were available around the home for personal space and privacy. The home was in a good state of repair internally and externally and pictures of the residents and different holidays and activities they had attended were noted around the house. A large desk was observed in one living area and staff and a resident told the inspector that this was their personal desk for their colouring.

The inspection was facilitated by the person in charge and they arrived to the centre shortly after the inspection commenced. The person in charge was a social care worker and the remaining staff team comprised of social care workers, nursing staff, healthcare assistants and housekeeping staff. The residents were supported by a team of familiar staff and the inspector found that overall there were appropriate staff numbers and skill mixes in place to meet their needs. A picture version of the

staff roster was noted prominently displayed in the centres kitchen for residents to view.

Residents headed out on various different activities as the day progressed. Some went to day services and others enjoyed individualised activities in their home and community, supported by staff. Two residents went out for coffee with staff and they appeared content doing this. From speaking with residents, observing their daily routine and reviewing support plans, it was evident that residents experienced regular meaningful activation. Residents all had individual goals and plans they were working towards, with some residents planning holidays and spa days and others going to concerts and shows or working towards improving independent living skills.

A relaxed atmosphere was noted in the centre in the afternoon. The smell of home cooking was noted and the staff were seen preparing dinner. Some residents had specific feeding needs and these were being carefully considered and facilitated. In summary, it was evident that residents living in this centre were receiving a good service which was promoting their needs, choices and preferences. Residents presented as living together very compatibly. There were no open safeguarding concerns and residents appeared to be comfortable and content living together in their home. There were no complaints communicated with the inspector during the inspection day. The inspection highlighted a number of areas of good practice within the regulations and standards.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This was an unannounced inspection. Overall, the inspector found that the governance and management arrangements in this designated centre were clear and effective in ensuring that a safe and quality service was being delivered to residents. Oversight systems such as audits and reviews were happening regularly and appropriately self-identifying areas in need of improvements. Residents were supported by a regular staff team who had completed appropriate training to meet their assessed needs. Nursing supports were available to the residents when required. Accidents and incidents occurring in the centre had been appropriately notified as required by Regulation 31.

Regulation 15: Staffing

The inspector reviewed staffing arrangements in place in the centre. The centre had its full staff complement in place as per the centre Statement of Purpose, there were no staff vacancies in the centre on the day of inspection. The staff team comprised of social care workers, nursing staff, healthcare assistants and housekeeping staff. The residents were supported by a team of familiar staff and there were appropriate staff numbers and skill mixes in place to meet their needs.

The inspector reviewed a sample of three months of the staff roster from March 2026 to June 2026. The rota was clear, well maintained and reflective of the staff working in the centre. Relief and agency staff were available to the centre, if required. A picture version of the staff roster was noted prominently displayed in the centres kitchen for residents to view. All staff had up-to-date Garda vetting in place. Positive interactions between staff and residents were noted throughout the inspection day and staff spoken with were knowledgeable regarding the residents and their individual needs and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

There was a program of training in place for all staff and the inspector reviewed the staff training records for the centre. Staff were completing training in mandatory areas such as Fire Safety, Manual Handling, Medication Management, Safeguarding, Food Safety, Epilepsy Management, Food Safety, and Hand Hygiene. These were all up-to date.

Training needs were regularly reviewed and further refresher training was scheduled when required. The centre's recent six monthly unannounced inspection had identified that further specific training was required in line with the needs of a potential new resident coming to the centre. In general, the inspector found that training was informing practice in the centre.

A schedule was in place for all staff to experience one-to-one performance management with a line manager. This was taking place every six months and records of these meetings were well maintained.

Judgment: Compliant

Regulation 19: Directory of residents

The centre maintained a directory of residents and this was available to the inspector on the day of inspection. This included all items set out in Schedule 3 such

as names of all residents, dates of birth and dates on which they first came to reside in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were robust governance and management systems in the centre. The centre had a clearly defined management structure, which identified lines of authority and accountability. There was on call management system in place for staff to contact outside of regular working hours. Staff spoken with were aware of their roles and responsibilities and of how to escalate risks or concerns. Staff in the centre were well supported by a responsive management team.

There was sufficient monitoring of the quality and safety of the service provided on a regular basis. The centre had a full time person in charge who was regularly present in the centre and had the skills and experience necessary to manage the designated centre. The centre also was supported by an area manager. Unannounced audits were carried out in the centre on a six monthly basis and these were being completed by a service quality lead on behalf of the provider. Six monthly audits included a review of the centre's compliance with the regulations and consultation with residents. The inspector noted that the most recent six monthly audit was completed in April 2026. This appropriately self-identified areas in need of improvements. An annual review of the quality and safety of care provided had been completed for 2025 and an improvement plan had been identified following this review with persons responsible and set timelines for completion.

There were regular senior management meetings taking place. The person in charge met with other local persons in charge working with the provider on a monthly basis facilitated by the regional manager. These were used as an opportunity to debriefing and shared learning.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written Statement of Purpose for the centre. The Statement of Purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1 and was found to be an accurate reflection of the service provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises and found that all adverse incidents and any use of restrictive practices had been notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a clear complaints procedure in place and a designated complaints officer. The service had a clear complaints policy in place and this guided the management of complaints. The inspector reviewed the centre's complaints log and found that complaints were treated in a serious and timely manner. The complaints log was regularly reviewed by the person in charge. The centre also maintained a log of compliments received from family and residents and there were a number of compliments on file for the centre. There were no open complaints on the day of inspection and the residents did not communicate any complaints with the inspector.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, safeguarding arrangements and fire safety. The inspector found that all residents were in receipt of a high quality service. Quality assurance methods were ensuring that the centre had appropriate risk management and fire safety arrangements in place. Residents living in the centre were safe. All residents had plans of care in place that were guiding a high quality level of care and support. Care records were regularly reviewed and updated as required.

Regulation 17: Premises

The house comprised a spacious two storey house. Each resident had their own bedroom which all had spacious storage facilities and had been tastefully decorated.

One resident had an en-suite bathroom. The house also had shared a communal kitchen-ding area, living-rooms and bathrooms. The house had two stairs and an elevator to the second floor to facilitate mobility needs, if required. Lots of spaces were available around the home for personal space and privacy. Overall, the house was well maintained internally and externally.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was found to meet regulatory requirements and was subject to regular review. The centre maintained a risk register and all residents had a number of individual risk assessments, relative to their assessed needs and individual risks. These were found to be reflective of the presenting risks and incidents occurring in the centre. Individual risks such as falls risks, compromised skin integrity and nutritional risks were assessed for all residents. Mitigating measures were implemented when risks were identified. The centre risk register included a review of risks such as emergency evacuations, slips/trips and falls, manual handling risks and the management of finances in the centre.

The centre maintained a log of all adverse accidents and incidents in the centre. There were low levels of these occurring and all incidents were appropriately reviewed and risks mitigated when required. All adverse incidents were reviewed by the management team and further action taken to reduce the risks of re-occurrence. For example incidents of falls included implementing measures such as medical review when required, referral to physiotherapy, further staff supports and comprehensive reviews of falls risk assessments.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the provider had ensured there were appropriate fire safety systems in the centre. A walk around the centre found that there were appropriate detection systems, emergency lighting, containment and fire fighting equipment. These were all serviced and checked regularly with a qualified fire safety specialist. Escape routes and the assembly points were clearly identified in the centre. Daily and weekly fire safety checks were being completed by staff.

The evacuation procedures were prominently displayed in the designated centre. Staff and residents were completing regular fire drill evacuations. These simulated both day and night time conditions and demonstrated that the centre could be evacuated in an efficient manner in the event of a fire. All residents had personal

emergency evacuation plans (PEEPs). These were comprehensive and detailed individual support levels required in the event of an emergency evacuation, along with an assistive equipment required in the event of an emergency.

All staff had completed up-to-date fire safety training. Fire safety systems and fire fighting equipment were regularly reviewed and serviced by a service fire safety specialist.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An online care planning system was in place and the inspector found that information was well recorded and easily accessible. Residents all had comprehensive assessments of need and personal plans which included a review of their individual health, personal and social care needs. These were regularly reviewed and updated as required. Residents all experienced annual personal planning reviews which included a review of their goals and plans for the year ahead and supports needed to achieve these. Daily notes for residents were well maintained and demonstrated regular activation and regular communication with residents' families and their wider communities.

Residents had access to a range of multi-disciplinary services such as physiotherapy, occupational therapy, psychology and psychiatry. Some residents were having physiotherapy in their home on the day of inspection. All residents were assigned a keyworkers and a named nurse. The person in charge regularly reviewed care plans and identified areas in need of updates or improvements.

Judgment: Compliant

Regulation 8: Protection

There were appropriate measures in place in the designated centre to safeguard residents. There were no open safeguarding concerns on the day of inspection. Safeguarding incidents were minimal and in general, the residents appeared to be a compatible group living together. There was a designated safeguarding officer identified for the centre. Any potential safeguarding incidents or allegations in the centre had been appropriately investigated and managed.

Intimate and personal care plans were in place for all residents and provided a good level of detail to support staff in meeting the residents' intimate care needs. The person in charge had ensured that all staff had received appropriate training in the

safeguarding and protection of vulnerable adults and all staff had up-to-date Garda-Vetting in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were being respected in the centre. The individual choices and preferences of the residents were promoted and supported by management and staff. Residents were being supported to choose their daily routines and menus and to engage in activities they liked and enjoyed. Residents had access to advocacy services if required, and were listened to with care and respect by staff. Residents meetings were carried out in the designated centre weekly and these were used as an opportunity to determine residents' choices regarding their plans for the week ahead and the menu.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant