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 2
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	21 April 2026
Centre ID:	OSV-0004077
Fieldwork ID:	MON-0044337

About the designated centre

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

The designated centre currently provides full-time residential services for two autistic adults. The centre comprises two bungalows close to each other in a small town in Co. Kildare. The house are close to a variety of local amenities. In one of the houses there is a sitting room, kitchen/dining room, two bedrooms and one bathroom. In the second house there is a kitchen which opens out into a dinning/sitting room. There are two bedrooms, one en-suite, a bathroom and a sensory room. Both houses include a garden with a gazebo. A vehicle is provided in both houses to assist residents attend social activities. As per the centre's statement of purpose residents are supported by social care workers, care assistant and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Tuesday 21 April 2026	09:30hrs to 16:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed by one inspector of social services over one day. Based on observations and what they were told, the inspector found that both residents were in receipt of a good quality and safe service in this designated centre. Areas of good practice were identified in a number of areas and each regulation reviewed was found compliant.

Community Living Area 2 provides 24/7 residential care and support for up to two adults with a diagnosis of autism and intellectual disability. There were two residents living in the centre at the time of this inspection. The designated centre comprises two houses in the same town in County Kildare. Each house has a number of communal spaces for the residents to spend their time. The inspector completed a walk around the premises with the person in charge. They houses were laid out and decorated differently in line with each person's likes and preferences. There were pictures of the residents and of the important people in their lives on display. Both residents had their own bedrooms which were decorated in line with their preferences. The inspector observed both houses to be clean, warm and homely. There is a front and back garden area in each house. Each resident had access to a vehicle to support them to visit their family and friends and access their local community. Support is provided by a staff team comprising social care workers and assistants.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting both residents living in the centre, the person in charge and the two staff on duty supporting them. Due to both residents' preferences the inspector did not spend extended periods engaging with them. Documentation was reviewed in their homes and one of the provider's office spaces about how care and support is provided for them, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

Over the course of the inspection, the inspector had an opportunity to spend a short time in the company of each resident and to observe them as they went about their day. As they did not use words to tell the inspector what it was like to use this service, the inspector used observations and discussions with staff to determine their experience of living in this centre. Both residents had a variety of communication support needs and throughout the inspection were observed to choose what they wanted to do and where they wanted to spend their time.

The inspector met the first resident as they arrived home from volunteering in a charity shop. They warmly greeted the person in charge and then spent some time settling back into their home. They were observed to move freely around their home and to have opportunities to spend time alone, if they wished to. They were also observed to seek out staff support when they needed it. For example, they went

over to the fridge and staff then supported them to choose what they wished to have. They then went to the living room to relax on their favorite sofa. They were due to have sound therapy in the afternoon, with the therapist due to visit them in their home. The staff member had worked with them for a number of years and spoke with the inspector about how they liked to spend their time and what they most enjoy in life. Overall the inspector found that they appeared very comfortable and content in their home and in the company of the staff supporting them.

In the second house, the resident was just back from going to a local café. They were having a fresh salad for their lunch and after this they had a slice of cake they had bought in the café earlier. They were also observed to appear very comfortable and content in their home. The staff on duty had worked with them for many years. They spoke with the inspector about the resident's likes, dislikes, preferences and life goals. The resident was observed to seek them out when they required their support. The resident was also observed to be very familiar with the person in charge and directed them to the car to indicate that they wished to go for a drive. The staff member on duty responded and got the keys and they left to go for a drive.

Based on a review of records and discussions with staff, residents' preferred activities included canal walks, reflexology, sound therapy, and going to local coffee shops. Both residents were supported to spend time with their family and friends. They both visited their family regularly and spent time with them. One resident was also regularly spending time with their friend who also uses the service. Input from them and their family was sought by the provider on an ongoing basis. For example, in the provider's latest six-monthly review the following feedback from residents' families were included, ".... appears to be entirely happy in your care, we honestly are unable to find fault" and "staff are very caring and courteous". Feedback was also given that they would appreciate their family member having an annual holiday. Since then the resident had enjoyed a short holiday and more were planned later in the year.

In summary, the houses appeared homely and comfortable. Residents appeared happy and content in their homes. They were choosing when and what activities they wished to take part in. They were spending time with the important people in their lives on a regular basis. They were supported by a staff team who they were familiar with.

The next two sections of this report will 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 provided.

Capacity and capability

The findings of this unannounced inspection were that both residents were in receipt of a good quality of care and support in this centre. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge provided supervision and support to the staff team. The person in charge received supervision and support from a person participating in the management of the designated centre (PPIM). There was an on-call service available out-of-hours.

The centre was staffed in line with residents' assessed needs. The centre is staffed by staff working 08:00 to 21:00 and a waking night staff 21:00 to 08:00. Additional staff support was also made available if residents had appointments, or required it.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and also identified as person in charge of another designated centre close to this one.

During the inspection, the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre.

Both residents were observed to be very familiar with them and appeared comfortable and content in their presence. Both staff members who spoke with the inspector were complimentary towards the support they provided to them.

The inspector found they were focused on quality improvement initiatives and implementing a human-rights based approach to care and support for residents. They were also motivated to ensure that both residents were happy, safe, engaging in activities they find meaningful, exploring their community and developing valued roles in their community.

Judgment: Compliant

Regulation 15: Staffing

The provider was ensuring that there were enough staff to meet the assessed needs of residents.

The centre was fully staffed in line with residents' assessed needs and the whole time equivalent staff numbers detailed in the statement of purpose.

There were planned and actual rosters in place and they were well-maintained.

Staff spoke about how important it was for both residents to have a familiar staff supporting them. They spoke about members of the team completing additional hours, as required, to ensure this occurs. There was a risk assessment and management plan in place for this centre relating to the risk associated with both residents being supported by unfamiliar staff. The risk relates to the possibility of distress, the residents not feeling safe and the risk of them expressing their distress in an unsafe way. The control measures listed included regular staff. Based on a review of a sample of rosters for both houses for 2026 the majority of shifts were covered by regular staff team. A small number of shifts were covered by one regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and supervision to support them to carry out their roles and responsibilities to the best of their abilities.

The inspector reviewed the staff training matrix and found that staff had completed training listed as mandatory in the provider's policy, including fire safety, safeguarding, the safe administration of medicines, manual handling, and infection prevention and control (IPC). In addition, they had completed a number of trainings in line with residents' assessed needs such as autism awareness.

The inspector reviewed a sample of supervision and annual appraisal records for four staff. In addition, hand hygiene audits for six staff were reviewed. These had been completed in line with the timeframes identified in the provider's policies. The agendas for supervision and appraisal were varied and resident focused. Discussions were held in relation to residents' wellbeing and goals, staff roles and responsibilities, incidents, safeguarding, risk management and training and development.

Both staff members who spoke with the inspector stated they were well supported. They were aware of who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support. They spoke about the availability of the person in charge and PPIM should they require support. They also discussed the provider's out-of-hours supports.

The inspector reviewed minutes of the latest staff meeting. This was well attended and the agenda items included residents' needs and goals, their health and

wellbeing, medicines management, finances, risk management, incidents, fire safety, restrictive practices, staff training, safeguarding, residents' rights and audits.

Overall, the inspector found that the staff team received support and supervision to ensure good practice in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider's systems for oversight and monitoring was proving effective in ensuring that this was a well-run centre where residents in receipt of a good quality and safe service.

The inspector found that the management structure was in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

The person in charge was present regularly and demonstrated good monitoring and oversight of the centre. For example, they were following up on the actions from audits and reviews that were being completed in this centre.

The inspector reviewed the annual review and the last two six-monthly reviews by the provider. These were detailed in nature and findings were similar to those of this inspection, with a number of areas of good practice identified. They reflected the positive impact for residents of regular staffing supports and single occupancy arrangements which were meeting their needs. The actions from these audits and reviews were tracked, marked when completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector carried out a walk around the centre and a review of records and found that where required, notifications were submitted to the Chief Inspector of Social Services within the time frames specified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to explore their local community. They were spending time with their families and friends and had opportunities to set and achieve goals. Both houses were warm, clean, well maintained and homely.

The inspector reviewed both residents' assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs. There were a number of restrictive practices in place and these were being regularly reviewed to ensure they were the least restrictive for the shortest duration.

Residents, staff and visitors were protected by the safeguarding and medicines management policies, procedures and practices in the centre. There were systems for responding to emergencies.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

Regulation 10: Communication

Both residents were supported to communicate using their preferred methods.

As both residents did not express their opinions verbally, documentation was in place which clearly outlined how they communicate using body language, vocalisation, gestures and body movements. This detailed how they prefer information to be presented to them and the level of support they required from staff to communicate their wishes and preferences. The documentation also clearly outlined how they use give or withhold consent. Documentation was also in place to detail how they may communicate pain or distress.

Throughout the inspection, staff members on duty were observed to be very familiar residents' care and support needs and their communication preferences. They were both observed to smile when communicating with staff and to approach staff when they required their support.

Judgment: Compliant

Regulation 17: Premises

The inspector found that both premises were spacious clean, warm and homely. The design and layout of each house was suitable to meet the needs of residents living there.

There were a number of communal spaces available in both houses. During the inspection both residents were observed to move freely in their home and to choose which room they wished to spend their time in.

One premises had recently been renovated and works included new flooring, painting internally, new furniture, a new kitchen and soft furnishings. Plans were in place to renovate a bathroom to ensure it was accessible to meet the resident's current and future needs. The other house was homely and well maintained.

There were systems to ensure that maintenance and repairs were completed in a timely manner.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider was ensuring that residents had access to good nutritional care and adequate hydration in order to maintain good health.

Residents has specific support needs relating to eating and drinking which were clearly documented in their plans. They had access to the relevant health and social care professionals such as speech and language therapists and dieticians. Risks relating to eating, drinking and nutrition were recognised and risk assessments were also developed and reviewed as required.

The inspector had an opportunity to observe the mealtime experience for one resident. A relaxed and quiet atmosphere was observed during mealtimes and the resident was supported to eat and drink in a sensitive manner by staff.

There were adequate stocks and a variety of food and drinks available to offer choice at mealtimes. There were fresh fruits and vegetables available. The fridge, freezer and kitchen presses were well stocked with a variety of foods and drinks.

Menu planning was regularly discussed and residents then decided daily what they would like to eat and drink. They were deciding if they wished to shop for daily items and online shopping was also completed. Their preferences were supported in the shopping list for online shopping. For example, one resident had a preference

for different herbal teas and certain spices. Residents could choose to take part in food preparation and cooking, if they wished to.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and reviewed in the centre during the inspection. It contained all of the information required by the regulations. This included information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that residents were protected by the medicines management policies, procedures and practices in this centre.

There were effective systems for ordering, receipt, storage, administration and disposal of medicines. There were systems for stock control in place. Audits and Stock checks were being completed regularly. There was a local protocol for medicines management for this centre which had been recently reviewed. Residents also had individualised protocols for the administration of as required medicines.

The prescription and drug recording records for one resident were reviewed. These demonstrated that residents were in receipt of their medicines, as prescribed.

The inspector reviewed the contents of two medicines storage presses. The contents were stored securely and products that required it, had a date of opening added. Medicines were labelled with residents' names and were in date.

Staff had completed training and prior to administering medicines had been completed a number of assessments.

Residents had assessments relating to self-administration which detailed the levels of support they require. Both residents were assessed as requiring full staff assistance to manage their medicines. There was easy-read information available for residents on their medicines.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents were supported to access supports in line with their assessed needs.

There were a number of restrictive practices in place such as locks on doors and presses. Through discussions with staff and a review of the each residents' assessments and plans, these restrictions were the least restrictive and for the shortest duration. They were in place for residents' safety and comfort. For example, they were in place to reduce residents' distress and to proactively support them to manage their impulsive behaviours. Each restriction was examined to look at the risk versus the benefit, the benefit of the restraint for the person, the possible negative effects, the risk of harm, the alternatives tried and how the views of the person were sought.

Both residents had access to the support of a psychologist and behaviour specialist. Their plans was reviewed by the inspector and found to contain proactive and reactive strategies and were sufficiently detailed to guide staff how to respond while supporting residents.

Judgment: Compliant

Regulation 8: Protection

Based on a review of documentation and discussions with staff, the inspector found that residents were protected by the safeguarding policies, procedures and practices in this centre.

From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge and two staff on duty and found that they were all knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which detailed each person's roles and responsibilities. There had been one safeguarding concern notified to the Chief Inspector since the last inspection relating to bruising. The inspector reviewed the documentation relating to this which demonstrated it was followed up on in line with the provider's and national policy. The resident had a risk assessment in place in relation to sensory seeking behaviour and the risk of body marks and bruises. There were systems in place to record and followed up on any skin marks or bruises they sustained.

Both residents had a detailed intimate care plan in place. They contained information on their support needs and how they communicate their choices, wishes and preferences.

The inspector reviewed the systems in place to ensure that residents' finances were safeguarded. This included a review of the finance folder, residents' financial assessments, a log of all their purchases and the corresponding receipts. These records were regularly audited and reconciled against statements of account. A monthly audit was being completed on residents' finances and property and their valuables were checked against their property inventory.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were focused on implementing a human-rights based approach to care and support for residents in this centre.

The inspector observed staff treat residents with dignity and respect throughout the inspection. Staff who spoke with the inspector discussed residents' strengths, talents and goals. They used person-first language and described how important it was to them that each resident was happy, safe and engaging in activities they find meaningful.

Staff had completed additional training in areas such as applying a human-rights based approach in health and social care and the Assisted Decision Making (Capacity) Act 2015.

Resident meetings were being held regularly and from the sample reviewed agenda items included areas such as, menu and activity planning, complaints, safeguarding, rights, advocacy and goals.

The inspector found that there was a focus on residents' preferences on how they like to have information presented to them. As a result posters and information were not on display in the main areas of one person's home. Instead they were stored in the office and available for their review, as required.

There was information available in an easy-read format on areas such as safeguarding, rights, complaints and how to access advocacy services. The pictures of complaints and safeguarding officers and the confidential recipient were on display, or available for residents.

As previously mentioned, throughout the inspection, residents were observed moving freely around the house and they appeared very comfortable in the presence of staff. They were observed to seek out staff support if they required it, and to spend time in shared areas of their home, or alone in their bedrooms.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant