



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 23
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	20 February 2026
Centre ID:	OSV-0005245
Fieldwork ID:	MON-0045185

## About the designated centre

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

This designated centre provides a full-time residential service and supports four adult residents with varying needs in relation to their intellectual disabilities and who require a multidisciplinary approach to care. This service provided dementia-specific care in a very comfortable and relaxed community-based setting. The centre is a dormer bungalow and consists of six bedrooms (one is a staff room and one is a multipurpose room). There is a kitchen, utility room, sitting room and dining room alongside a large and a small bathroom. Some of the bedrooms in the house had en-suite bathrooms. Outside there is a large garden to the back and front of the house. The person in charge shares their time between this designated centre and another designated centre. There are nurses, socialcare workers and care assistants employed in this centre. Transport is available to the centre to facilitate and promote community integration.

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

Number of residents on the date of inspection:	4
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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
Friday 20 February 2026	10:00hrs to 15:45hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

This report outlines findings of an unannounced inspection completed in designated centre, Community Living Area 23. The inspection was completed as part of routine regulatory monitoring of the centre. The inspector had the opportunity to meet with all four residents living in the designated centre, four staff members and the person in charge over the course of the inspection. In addition, the inspector used observations, conversations with staff and review of documentation to form judgements on compliance with the regulations reviewed. The inspection found that the person in charge and staff team were promoting the rights of each resident and were supporting residents to maintain important relationships with family and the community. The inspector found that the care and support provided in the centre was subject to regular review in order to fully enhance the lived experience of each resident.

The designated centre consisted of a dormer bungalow, situated in a rural area of County Kildare. Residents in the centre had access to two vehicles one of which was wheelchair accessible. The centre also had a number of staff members available to drive and support residents with activities in the community. Residents could avail of one large sitting room, a small sitting room, a dining-cum-kitchen area and personalised individual bedrooms. The centre had a large medication room, laundry, bathroom, staff office, staff sleepover room, and storage room. The centre had a large enclosed garden, with sensory plants and large green area which had been filled with a number of bird houses and feeders.. The inspector observed residents looking through the windows at the garden watching birds coming to and from the feeders. Staff discussed that one resident had a small table beside the window where they would collect items that they like to have such as mass books, prayer books, post cards and family letter, the resident would enjoy sorting their items while watching the birds.

On arrival to the centre, the inspector was greeted by the person in charge and one resident. The person in charge introduced the inspector to the resident who said a brief hello and continued to get ready for their day. The person in charge brought the inspector to the kitchen-cum-dining area, to met with two residents who were being supported by staff to have a drink. The inspector also had the opportunity to meet with a physiotherapist who visited the designated centre once a week to carry out respiratory therapy programmes for three of the residents in the centre or for those who require physical support.

Later in the morning the inspector observed one resident relaxing in a large comfort chair. Staff discussed that the resident had just completed their physiotherapy and afterwards they liked to relax in their comfort chair. The inspector observed that the resident had fallen asleep after being assisted to have a drink and was relaxing in a quiet area of the centre's large sitting room. The staff informed the inspector about the importance of the physiotherapist supporting residents in their house. This

reduced the likelihood of associated respiratory challenges related to the stage of dementia that residents in the centre are experiencing. The inspector observed that the resident woke from their sleep, and staff immediately stopped the discussion with the inspector in the dining area and went to support the resident. The staff member held the residents hand as they woke and told the resident their name and explained that they had just woken from a rest. The inspector observed the resident taking the staff member's hand and smiling.

The inspector met with two residents who were relaxing in the small living room in the centre, both residents were in comfort recliner chairs with sensory lights and diffusers with sensory smells in the background. Residents were being supported by staff to listen to a 'sound bath' and staff informed the inspector that this was a sensory experience where residents listen to sound waves produced by various different instruments. Staff discussed that one staff member was in the process of completing training in the meditative activity as residents had given positive feedback each time they participated in this activity. One resident told the inspector they like the sounds. Throughout the course of the inspection, the inspector could hear music playing throughout the house. Staff discussed that for all residents in the centre, music provides a strong positive emotional release and reminder of memories, staff are always aware that memories can present as happy or sad for each individual resident and they are there to provide support.

The inspector observed one resident getting ready to attend a hair appointment in their local community. The inspector observed staff reminding the resident of the activity they were going to participate in and that afterwards they would go to the local church to collect a prayer book and enjoy lunch out. The resident was given time to collect the items that they would like to bring with them. Staff gave the resident space and support where required to leave their home and avail of the awaiting transport. The resident remained out with staff for the remainder of the inspection. In the afternoon, the inspector observed another resident going out with support staff to buy some accessories for new belongings they had recently purchased. The person in charge informed the inspector that the resident was going out on an activity if they would like to come and say goodbye. The inspector met with the resident who was wrapped in a warm coat, scarf and gloves. The resident smiled and told the inspector they were going out shopping with staff.

The inspector had the opportunity to speak to four staff during the course of the inspection. The inspector spoke to one staff about how residents liked to spend their day in their home. Staff explained that each day can differ depending on how each resident presents. Two residents in the designated centre attend a local day service two days a week. Two residents participate in a number of activities locally with the support of staff. Staff discussed that family connections are essential to each resident in the designated centre and that family will often visit or residents will be supported to visit their loved ones at home.

During the course of the inspection, the inspector observed staff preparing meals for residents and the aroma of fresh food was present in the kitchen and dining area. One support staff told the inspector that while preparing food was an additional task in the centre it was an essential component. Support staff discussed that residents

can go through periods where they may have reduced energy and sleep for times of the day. The smell and aroma of food and fresh baking in the home was essential in triggering residents' motivation to participate in meal times. Staff also discussed that some residents still greatly enjoy baking with staff particularly when they have visitors coming to the centre.

The inspector observed a small remembrance area in a corner of the designated centre. The corner represented a quiet space in the centre for residents and staff to remember past friends, staff and loved ones. The inspector found that the area was a small memorial of residents who had previously lived together in the centre. Residents also had access to bespoke bereavement sessions to support them with loss in the centre.

The inspector found that residents enjoyed participating in a number of activities within the designated centre including music sessions, massage, sensory activities, flower arranging and family days. Residents also had access to a number of community based activities with two residents attending a local day service two days a week. Residents enjoyed visiting local nature walks, cinema, afternoon tea, shopping and visiting family and friends within the community like previous house mates and day service friends.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management impacts the quality and safety of the service being delivered.

## 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. This inspection found that there were strong oversight and governance systems in place in the designated centre led by an appropriately qualified and experienced person in charge and supported by a responsive provider.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that, they had the capacity and capability to provide a good quality service.

Resources in the centre were planned and managed in order to deliver person-centred care. There was a planned and actual roster maintained for the designated centre. Staff had access to training and supervision that was further enhancing the care and support for each resident in the designated centre.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

#### Regulation 14: Persons in charge

The person in charge was responsible for the management of one other service, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

The inspector found that the person in charge was aware of the assessed needs of each resident in the designated centre and had identified and implemented appropriate supports for residents in their home.

Judgment: Compliant

#### Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit both the needs and number of residents. Staffing levels were in line with the centre's statement of purpose.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed the planned and actual rosters at the centre for December 2025, January and February 2026, and they demonstrated the support of a consistent staff team with minimal requirement of agency or relief staff. The inspector found that where relief or agency staff were required, they worked alongside a regular staff member and the person in charge attempted to use the same staff when possible.

The inspector had the opportunity to speak to four staff during the course of the inspection and found each staff member was aware of the assessed needs of each resident, that plans were in place to maintain or develop skills for residents and that staff could identify future supports required for residents in the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as dementia, epilepsy, dysphagia and safeguarding of vulnerable adults. In addition, staff had completed training in palliative care and bereavement support.

All staff had completed training in human rights and the inspector observed the impact of the training for residents through observation on the day of the inspection and through the review of documentation. Residents were being supported to maintain and develop skills and to maintain family contact and important relationships by a dedicated person in charge and staff team.

All staff were in receipt of formal and informal supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2026 for all staff members. The inspector found that the person in charge was present in the designated centre and that during periods of leave there was a clearly identified senior management for staff to liaise with.

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 in the centre.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The person in charge had implemented a suite of monthly audits in the centre. The inspector found that these audits highlighted potential gaps in care and support and were then addressed in a timely manner by the person in charge and the support team. For example, the person in charge completed monthly audits of staff training records to identify where compliance levels were not being met. These audits and the systems in place were also for example, leading to early detection of shortcomings in areas such as medication management and where updates to residents support plans were required.

An annual review of the quality and safety of care had been completed for 2025 which consulted with residents, their families and or representatives and staff. Positive feedback from residents' representatives included: "The service is five star in every respect", and families noted that their loved one was "extremely well cared for by staff" Another family discussed that the "Staff are extremely friendly and approachable". Families noted that they always feel welcome when they come to visit their loved ones and that every effort is made to bring their loved one to the family home. The annual review identified a number of actions and goals for 2026

which included a focus on health promotion and maintaining and enhancing skills for residents, continued family engagements and achieving residents' identified personal goals.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The presence of the person in charge in the centre provided all staff with opportunities for managerial supervision and support. The inspector reviewed minutes of staff meetings held from April to December 2025 and the inspector found that the meetings were held bi-monthly with the person in charge and staff present. A standing agenda was held for each meeting with topics relating to residents assessed needs, human rights, safeguarding and risk management being discussed. Furthermore, the person in charge utilised staff meetings to discuss relevant and emerging topics such as recent patient safety supplements which gathered information on "reducing and managing the risk of choking in adults".

The person in charge attended regular governance and management meetings with senior management. In addition, the provider held regular meetings with the person in charge from centres across the provider as part of information sharing and gathering.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

The statement of purpose outlined the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints log held by the person in charge for the designated centre. The inspector found that the person in charge was regularly reviewing the complaints log and reviewing residents meetings and discussion with families to identify both formal and informal complaints.

From discussion with staff and a review of staff meetings and residents meetings, the inspector saw that complaints and what constitutes a complaint was regularly discussed with both staff and residents. Support staff discussed identifying changes in residents' presentation during activities both at home and in the community to identify if residents were happy or showed displeasure at any time.

On the day of the inspection there were no open complaints. On review of the complaints and compliments log, the inspector found that it included a number of compliments in relation to the care and support received by residents in the designated centre. Compliments received included, family noting that staff go above and beyond for their loved ones birthday celebration with personalised decorations, their loved ones favourite food and a warm welcome to everyone who attended. Another compliment noted that the centre provides a warm welcome and a very happy environment. One family compliment discussed how staff are aware of the power of music and song for their loved one and their peers in the house. Music is always playing somewhere in the house and it is great to see their loved one smiling and laughing.

In addition, all staff had training in how to deal with a complaint. The provider was in the process of updating the complaints policy at the time of the inspection and the staff team had been informed of the pending update.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. The inspector found that the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The premises was found to be designed and laid out to meet the individual needs of residents. The inspector found that the atmosphere in the centre was relaxed and peaceful. The inspector observed residents laughing with staff and listening to different music styles throughout the day.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Residents had access to multidisciplinary supports from services provided both internally and from external sources. The person in charge and staff team conducted

regular base line reviews of residents in order to ensure early detection of changes in residents' support needs.

## Regulation 17: Premises

The aim and objectives of the designated centre were to provide care and support for individuals with a diagnosis of dementia and an intellectual disability. The inspector found that the premises was laid out in a manner that promoted residents to maintain daily life skills in their home and promote independence when possible. The interior of the premises was therefore, designed in a manner that supported residents during their dementia diagnosis. For example, the interior doors in the centre were painted yellow, which assisted residents to identify that this was a doorway, particularly in poor light. The handle rails throughout the centre to support residents with mobility were painted blue colour and support staff discussed how this colour is more prominent to residents when moving around the centre. In the kitchen area a number of presses were clear glass, and support staff discussed how items such as baking equipment is placed in these press so that residents might see them and have the independence to identify and choose an activity.

Residents' bedrooms were decorated in line with their personal tastes and interests. The inspector found that each bedroom was large and spacious. One resident liked to have tea in their room with family when they visited the designated centre, a small table and chairs were placed in one residents room and was made to match the bedroom interior. Each resident had a television in their bedroom and access to music.

The inspector found that there was ample communal space for residents to receive visitors. The centre had a large sitting room and a small sitting room equipped with a large projector screen and sensory lights.

The centre had a large enclosed garden with sensory flower pots and a garden swing. Staff told the inspector that the garden furniture had been placed in the shed to protect it from the recent bad weather. The inspector observed a number of pictures in the centre of the numerous garden parties held in the designated centre with family and friends.

The provider had completed a schedule of works for the centre which were due to be completed by October 2026. These included painting of the external premises and replacing marked flooring in the two sitting rooms in the designated centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had ensured consistent implementation of the risk management systems which it had in place in the centre. For example, there was a risk register in place which was regularly reviewed and residents had individual risk assessments in place. The inspector found that when a resident presented with a newly identified health concern or change in presentation, the person in charge and support team implemented appropriate reviews and risk assessments as required.

Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned. The inspector found evidence of monthly meetings between the person in charge and senior management where concerns in relation to the quality and care in the centre were escalated and discussed in a timely manner.

The inspector found that the person in charge was ensuring that the risk register was regularly discussed at staff meetings and that the centre ensured positive risk taking was occurring for residents as they accessed their community and home.

The inspector found that there was an clear emergency response plan in place in the designated centre which could clearly guide staff practice. The emergency response plan was subject to regular review.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were safe and suitable practices in place for the ordering, storing, prescribing, administration, and disposal of medicines in the centre. The inspector carried out a review of these procedures with a staff member on duty during the course of the inspection. The staff member discussed the systems in place in order to promote safe medication practices in the centre. The person in charge had implemented a number of support systems in order to reduce the possibility of medication errors occurring in the centre. For example, the person in charge had colour coded systems in place to identify where medication keys and folders were stored.

The inspector spoke to two staff members in relation to the storage practices of medication in the designated centre and they discussed that medication had previously been stored in residents' bedrooms. However, staff and the person in charge did not feel this was a safe practice and had also identified that residents were not self administering their medication. For this reason, the medication room was placed in a small room outside the kitchen area.

The provider had appropriate lockable storage in place for all medicinal products and a review of medication administration records indicated that medications were administered as prescribed. The inspector found that medication prescriptions were

subject to regular review and that residents current medications were discussed at bi-monthly dementia reviews or sooner as required.

The person in charge completed monthly audits of medication practices in the centre and reviews of medications errors or near misses. The inspector found that the clear practices in place had lead to low levels of medication errors in the designated centre. All staff had training in the safe administration of medication.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a variety of health-care professionals in order to meet their assessed needs. The inspector found that residents had access to a number of multi-disciplinary team reviews within the comfort and familiarity of their own home. For example, residents who required the support of physiotherapy were receiving weekly consultations and reviews by the provider's appointed physiotherapist. Staff discussed that the review of residents generally occurred on a Friday in order to ensure that residents received a respiratory review prior to the weekend.

The person in charge conducted dementia and overall presentation review meetings every six weeks with the clinical nurse specialist in aging and health promotion and the behavioural support specialist. The person in charge explained that depending on the presentation of each resident these meetings can be held at shorter intervals.

The inspector reviewed three residents' healthcare plans and found that they had been regularly reviewed and updated in line with residents' assessed needs. The inspector found that the health care plans included guidelines around supporting residents medical needs including epilepsy, pain management, nutrition and oral health.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times and had implemented measures and systems to protect residents from abuse.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any

concerns, and safeguarding plans were prepared when required with measures to safeguard residents.

The person in charge and senior management had a clear communications in place for staff to identify possible safeguarding concerns. For example, staff spoken to on the day of the inspection discussed that, at times, stages of dementia can have an impact on other residents in the designated centre. Residents can go through short periods of poor sleep which may affect others in the designated centre. Staff were vigilant to the impact for all residents during the different stages of an individual's dementia diagnosis.

The inspector found that safeguarding incidents were reviewed as per the providers policy and were notified to the safeguarding team and to the Chief Inspector in line with regulations. At the time of the inspection, there was one open safeguarding concern in the centre. The inspector found that the person in charge had implemented appropriate supports for all residents in the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant