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 41
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	19 May 2026
Centre ID:	OSV-0005846
Fieldwork ID:	MON-0046161

About the designated centre

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

Community Living Area 41 is a house located near a town in County Kildare which provides full-time care and support to three residents who have complex health and social care needs. The centre supports individuals with varying needs in relation to their intellectual disabilities and require a multidisciplinary approach to care. Residents are supported to access community-based services and facilities. Each of the individuals are actively supported to develop valued social roles and expand their life experiences. Residents receive care 24 hours a day from nursing staff and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 19 May 2026	10:00hrs to 17:10hrs	Gearóid Harrahill	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, as well as follow up on information received by the Chief Inspector of Social Services regarding this designated centre. The inspector had the opportunity to meet with all three of the people who lived in this centre, as well as speak with staff, observe the centre environment, and review documentary information, as evidence to indicate the lived experience of the people using this service.

On the day of this inspection, the inspector met the residents who were finishing their morning routines. Two of the people were watching television, and the third person was sitting by the window looking out, which staff advised was their preferred spot in the house. The view out of this window consisted of a back yard with cars; the inspector was advised that there were plans to develop a comfortable and sheltered outdoor seating area. Residents had complex health and social care needs and required high support including with their mobility and communication. Staff were required to be familiar with residents and their means of communication through body language, vocalisations, facial expressions and eye contact. While the inspector could not have a complete verbal conversation with the residents, they were in good form and were relaxed in their home, and the inspector observed respectful and kind interactions from staff.

Residents lived in a pleasantly decorated home, and their house was equipped with equipment suitable for their assessed needs, including ceiling hoists and suitable bed and bathing equipment to support posture, safe transfer and dignified use of the bathroom. This equipment was in good condition, and monitoring of these devices being serviced, routinely and as required was a priority for the person in charge, which ensured the safety of the people living and working here. Bedrooms were personalised to each person's preference and had sufficient space for their belongings and personal equipment. One resident was due to have their bedroom redecorated and refreshed.

As part of a quality audit conducted in March 2026, the provider had incorporated commentary from residents' representatives. They spoke highly of the service and of staff, referring to them as "very nice and good" and that their loved ones are "in good hands" and in receipt of "excellent quality of care".

One of the challenges observed during this inspection was the available staffing resources to provide community access and activation. Staff advised that that was particularly difficult during evenings and weekends when there were only two staff on duty to support the three residents, all of whom required the support of two staff and could not be left home alone. The inspector was provided with diaries of

activities and community access and discussed these with staff. The inspector observed that where outings were planned ahead, it was more likely that additional staff and vehicle resources would be allocated, such as for Easter or St. Patrick's Day, however the majority of social and recreational activation took place in the house due to the inability to be spontaneous or flexible for the most part. The weekend prior to this inspection, one resident had a ticket for a big rugby match for their team, however, as they received their ticket on Tuesday and the match was on Saturday, they missed the match due to lack of staff. Staff also advised that residents would love to go a football ground which was a short walk down the road, to see the local team and to people-watch. However, as training took place on evenings and matches at weekends, they had been unable to do so. Most of the resident activation during recent months consisted of watching television, listing to music and engaging in sensory activity. During the inspection the residents enjoyed a session with a visiting massage therapist and were paying for multiple sessions of this per week.

However, when residents and staff had the requisite resources to leave the house, residents were supported to enjoy going out for coffee or lunch, complete food shopping and meeting with family. One resident had been supported to go for a picnic on the beach, and one resident had enjoyed an overnight stay in Galway for a family event. One resident had been supported to host a coffee morning to raise money for charity. All three residents had visited a theme park in Kilkenny in March 2026.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

In the main, the inspector observed the staff team was resourced with a friendly and hard-working team and a person in charge, who were striving to provide safe and dignified care and support for residents. However, the current support needs of the residents could not optimally be met with the staff and transport resources for which the service was funded, requiring requesting additional resources for specific outings and events. While the challenges this presented to the service and the impact it had on the residents and staff was being reflected in the provider's own quality audits, there was no indication that this was due to change.

The provider had conducted comprehensive quality reviews of the service and ensured that the feedback and commentary from or on behalf of residents, staff and families was included and that achievements of the service were acknowledged. The staff team were established and demonstrated a good knowledge of the residents' needs, interests and personalities. Local and provider level oversight and

management structures supported staff to highlight changes and challenges in the service and stay up-to-date on changes in residents' needs.

Regulation 15: Staffing

Residents were supported by three staff during the day up to 17:00 and by one sleepover and one waking shift at night. The provider had retained the second night staff following previous action which ensured that residents could be flexible with what time they went to bed. The staff members the inspector met on this inspection had worked with the residents for a long time and were familiar with their interests and support needs. Due to the residents' support needs the staff were required to comment on their experiences and preferences in the centre and this was done with respect, patience and inclusion of the resident as much as practicable.

The centre was staffed according to the resources described in the statement of purpose and there was a full complement of staff recruited to this team. To cover annual leave, sick leave and other absences, shifts were covered through staff overtime and a relatively low contingent of relief and agency personnel to mitigate the impact on care and support continuity. The inspector reviewed worked rosters for April and May 2026 and found these to be clear on who worked in this house and when. The inspector observed evidence to indicate that centre resources were not always sufficient to promote choice and flexibility with social and recreational objectives; this is captured under Regulations 13 and 23 of this report.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed a report from an unannounced quality audit by the provider in March 2026. This report reflected the commentary and experiences of the residents, their representatives and the front-line staff. The report identified priority actions for continuous development of the service and identified challenges and achievements which overall were in line with the observations made on this inspection. Staff were required to undergo training courses relevant to the changing needs of residents, such as supporting people with dementia.

An ongoing action was for staff to continue to maintain evidence to reflect their ability, or inability, to support resident choice and activation with the current resources and request additional resources for important events and plans. The provider has acknowledged that the current staffing levels are inadequate to afford people choice around activities and outings at evenings and weekends. The provision of effective and efficient staffing resources and the deployment of them to ensure all assessed needs of residents are met is the responsibility of the provider.

The resources and allocation at the time of this inspection was not in line with the aims for support in this designated centre as per their statement of purpose.

The inspector reviewed minutes of team meetings and found these to be specific to the matters related to this centre, its staff, and residents. Staff were reminded of and asked for updates on the progression of residents' personal plans and goals and advised of changes to residents' health needs. These meetings were also used to acknowledge and praise the good work of the team in responding to periods of supporting a resident who had had health difficulties. Staff burnout and morale was discussed, and staff were encouraged to speak as a group or individually to ensure they were supported in their roles.

The team was managed by a qualified and experienced person in charge who maintained physical presence in the centre on a regular basis and ensured that day-to-day checks and oversights were happening in this service.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed incidents and practices related to this designated centre. The provider had notified the Chief Inspector in accordance with the requirements and timelines set out by the regulations.

Judgment: Compliant

Quality and safety

The residents' home was suitable in space and features to be accessible, clean and safe. The provider had kept fire safety as an ongoing topic to ensure all staff and residents could consistently follow correct practice and achieve an optimal exit time in the event of a fire. Medicines were well-managed and appropriately stored and monitored. Residents were kept safe in the house, with particular attention given to ensuring that residents were safe from injuries during personal transfer and use of their mobility equipment.

The inspector observed evidence related to the provision of meaningful, varied and interesting recreation and social activation for the residents. Much of the in-house activities consisted of listening to music and watching television, though residents had access to sensory engagement such as massage therapy which they enjoyed. Any of the residents leaving the house was contingent on prior planning and the allocating of additional resources for specific times. As such the team had no ability

to be flexible or spontaneous with going out, breaking up the day and being part of their local community. This was particularly challenging after 5pm or through the weekend when staffing levels were at the minimum requirement to meet the residents' daily needs.

Regulation 12: Personal possessions

Residents had sufficient storage space for their belongings and there were no restrictions implemented to restrict their access to same. Each resident had a financial account in their name which was managed by the registered provider and for which the residents and staff could review bank statements to observe balances, income and expenditure. Arrangements were in place to ensure residents had regular and as-required provision of their money to pay for their expected expenses as they fell due as well as having additional resources when events or trips were upcoming.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector reviewed records of resident activities, audit reports, risk assessments and house team meetings, as well as speaking with staff and management regarding residents' social activation and community engagement. The resources allocated to the centre did not afford sufficient opportunities for residents leave their home to engage in activities of their choosing with their support staff. The inspector was provided examples of weekend or evening activities residents would enjoy but which were not possible due to staffing or had been cancelled.

The ability to get out of the house was reliant on there being three staff on duty, and as such was limited to 09:00 to 17:00 Monday to Friday. The inspector reviewed three months of records noting recreational activities in the residents' day which noted 12 days on which at least one resident left the house, with half of these being short drives to get coffee or groceries. Residents were able to go out to family events, a church or a park if these outings were planned in advance and approved for extra staff or transport. Staff advised the inspector that outings would often need to be short. In one example, the allocated resources allowed for one resident to stay home, one to visit family and one to continue with staff to have a picnic, however all three people needed to be back at the centre before any one of them required support mobilising due to requiring two staff for this.

Overall, the inspector observed that staff and management were aware of, and frequently discussed, the challenges associated with the spontaneity and flexibility of getting out of the house and were making the most of days on which they had

successfully requested extra resources to get out for short trips. However, the allocated resources of the house did not facilitate supporting the residents' ability to enjoy recreational and social pursuits in their local community in line with their interests. The inspector was provided evidence that this risk to residents' wellbeing had been escalated to provider level in 2025, however it was not possible to approve additional resources due to the matter not meeting the provider's criteria of an emergency health and safety requirement.

Judgment: Not compliant

Regulation 17: Premises

The premises was sufficient in size and layout to provide space for residents to spend time alone or with others, and to navigate around their home with support. Bathrooms were clean, accessible and equipped with suitable shower and bath facilities. Rooms were equipped with overhead hoists to support transfers. Residents were supported to keep their bedrooms clean, bright and suitably decorated, and there was sufficient space in which residents could keep their belongings, clothes and equipment. Plans were in progress to upgrade the external areas to provide attractive and comfortable space for residents, resurfacing broken paths and adding a sheltered seating area. One resident was being supported to grow some vegetables in a polytunnel garden, and the inspector and person in charge discussed the possibility of upgrading the pathway to support the resident's wheelchair to reach here more easily.

Judgment: Compliant

Regulation 26: Risk management procedures

All resident equipment was subject to routine and as required servicing and repair to ensure they were in working order. This included slings, hoists, baths, showers, wheelchairs, beds and mattresses which were required to ensure the resident was safe from injury due to positioning or manual handling. The person in charge had escalated the requirement to ensure the records of servicing and certification was kept updated. The centre's vehicle was also in good condition and routinely serviced.

The inspector reviewed risk assessments conducted for the centre and for the residents. These were live documents which were kept under review in response to challenges in the service or trends or concerns related to adverse events. Risk assessments were relevant to the needs of the residents, including risks related to manual handling, resident anxiety and where injuries may occur. The inspector observed that where minor injuries such as scrapes, bruises or swelling was

observed on residents, that these were reviewed to determine the likely cause and whether any personal equipment required replacement.

The centre's risk register included the impact of centre resources on the residents' right to choose their daily routines and community access in response to identified issues around resources. This was rated as a moderate risk due high likelihood and identified where proposed solutions were not feasible.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector was provided guidance on supporting residents to evacuate in the event of a fire. Each resident had clear instructions on how to support them safely during the day, or at night when they would be in bed. The provider had met with the fire safety officer who had assessed how long it should take to support residents during the night given the requirements to transport them safely. Practice evacuation drills informed the team how long it would realistically take to exit – approximately 2-3 minutes during the day and 5-6 minutes during the night – and the provider was satisfied that this was not likely to get lower. The house was equipped with fire rated doors along escape corridors which released when triggered, and the inspector observed exit routes to be sufficiently protected and suitably sign-posted. Routine fire safety checks of equipment, doors, routes and lighting were completed by the staff team to identify any issues.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of how residents' medicines were prescribed, recorded, stored and administered, and found these to be well-managed. Medicines administered only when required were readily available and all medicine reviewed was in-date. Prescriptions were clear and up to date, including instructions for crushing tablets, and protocols for administering emergency intervention medicines. Guidance for the use of oxygen and thickening agents for drinks was provided to staff.

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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Community Living Area 41 OSV-0005846

Inspection ID: MON-0046161

Date of inspection: 19/05/2026

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The provider acknowledges the findings of the inspection and recognises the importance of ensuring residents are supported to exercise choice and participate in activities and outings in accordance with their assessed needs and the centre's Statement of Purpose.

While staffing levels are funded in line with the Service Level Arrangement (SLA) with the HSE and there are currently no additional resources available to increase the core staffing complement, the provider has reviewed existing processes to ensure available resources are utilised more effectively. A business case will be submitted to the commissioner of our services to request funding to increase staffing complement in this centre.

A formal process is in place whereby the Regional Director may, at their discretion, approve additional supports on an ad hoc basis where a resident's will and preference to participate in community activities cannot be accommodated within existing resources. The Person in Charge (PIC) will reinforce this process with all staff to ensure awareness.

Staff meetings will be used to reinforce expectations regarding proactive planning and submission of additional staffing requests.

The PIC will monitor the use of the additional staffing request forms monthly to ensure requests are being submitted where appropriate, and activity records, staffing requests and incidents of unmet choice will be reviewed monthly to identify any trends. This will then be forwarded to senior management.

The Person in Charge will continue to review rosters to maximise opportunities for resident participation in activities and community engagement, particularly during

evenings and weekends.	
Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

Reg 13(2)(b)

The provider acknowledges that while residents have opportunities to participate in activities and outings, the current staffing resources do not consistently support the level of spontaneity, frequency and flexibility required to fully meet residents' interests, capacities and developmental needs, particularly during evenings and weekends.

To address this, a formal process is in place whereby the Regional Director may, at their discretion, approve additional supports on an ad hoc basis where a resident's will and preference to participate in community activities cannot be accommodated within existing resources. The Person in Charge (PIC) will reinforce this process with all staff to ensure awareness .

The Person in Charge will monitor activity plans, staffing requests and any unmet resident choices at each team meeting, to ensure opportunities for participation are maximised and barriers are identified and addressed. A new system for capturing this data will be devised and any trends forwarded to the Area Director.

Reg; 13(2)(c)
The provider acknowledges that residents' opportunities to maintain personal relationships and engage with their local community can be impacted by staffing limitations, particularly where outings require additional supports or transport arrangements. Residents are currently supported to attend family visits, community events, religious services and social activities where these are planned in advance and additional resources are approved.
To improve outcomes in this area, staff will be required to proactively plan and document residents' wishes regarding family contact, friendships and community participation, ensuring additional resource requests are submitted when required. The Person in Charge will monitor the effectiveness of these arrangements through team meetings, a newly developed data collection system and governance reviews. The PIC will continue to escalate evidence of unmet needs and the impact on residents' community participation to senior management as part of ongoing service planning and review.

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	31/08/2026
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery	Not Compliant	Orange	31/08/2026

	of care and support in accordance with the statement of purpose.			