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 29
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	05 June 2026
Centre ID:	OSV-0005878
Fieldwork ID:	MON-0050708

About the designated centre

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

Community Living Area 29 is situated in the outskirts of a small town in Co. Kildare. The designated centre consists of a bungalow which has the capacity for three residents, male and female over the age of 18 years. At the time of inspection, there were two residents living in the centre. The residents in the designated centre have varying needs in relation to their moderate intellectual disability, diagnosis of Autism, mental health needs, mobility and physical disabilities. The bungalow is decorated to the residents' personal tastes and interests. Residents have their own sizeable bedroom, kitchen, sitting rooms and bathroom and is wheelchair accessible. The aim is to provide a home like environment and to encourage each individual to live to their full potential by encouraging choice, providing adequate resources to support each individuals to function at an independent level as possible. A suitable car is available at the location. Residents are supported by health care assistants, social care workers and the person in charge. Staff members provide security, company and support for each individual.

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
Friday 5 June 2026	09:40hrs to 18:30hrs	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, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019), and to follow up on information received by the Chief Inspector of Social Services regarding this designated centre. The inspector had the opportunity to meet and speak with both people who currently 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 arrival to the centre, the inspector met with both residents who had completed their morning routine and were getting ready for their day. After being introduced to one of the residents, they used their phone to call the person in charge to let them know an inspector was here. The resident had a good understanding of what an inspection entailed and was happy to participate. The first portion of the inspection consisted of them sitting at the dining room table with the inspector and talking about what they liked about the service and what they had been doing to keep busy and active in their retirement. They had their day planned out including going to collect their pension, buy lottery scratch-cards, get some snacks in the shops for the weekend, pay for some online clothes shopping, and put some of their pension into their savings account. The resident had ready access to their handbag, purse and phone on hand and was not required to have them secured by staff. The resident told the inspector about news regarding their health and had been well-informed of recommendations related to treatment and medicines to make informed decisions on what they wanted to do. When the person in charge arrived, they provided the resident with the staffing roster for the weeks ahead, which was a regular request, and the resident read through the rosters and was happy that they were being supported by staff they knew. The resident knew the staff and management well, asking after their family members. The resident was originally from the same county as the inspector and was excited to tell them about their plans to have a day trip there in the next few days and have a shopping day and showed pictures of previous trips there.

The second resident was engaged in their preferred sensory activity and was listening to their music playlists on a smart speaker which they had in their living room and bedroom. Staff supported the inspector on the best way to speak with the resident, and the inspector observed this guidance being used by staff throughout the day. This resident engaged positively when people spoke in animated tone with plenty of banter and good-natured teasing. This resulted in a lot of joking and messing between the staff and residents and later the two residents with each other. This resident was a fan of heavy machinery such as tractors, diggers, trains, tanks and lorries. They had this incorporated into their bedroom decorations and

soft furnishings. This resident attended day service five days a week but was off for summer break on the week of this inspection. They had planned to visit a military museum that afternoon. However, they changed their mind just before leaving. Staff encouraged the resident to stay on plan to get out of the house for a while, but made sure that the resident was clear that it was ultimately their choice. The resident and staff shook hands when agreeing that they wouldn't go out, but the resident was reminded that if they wanted to go later it was up to them. The resident had enjoyed a bowling trip the previous day.

Both residents enjoyed a busy and active schedule at home and in their local community. Residents were supported to stay in contact with their friends and family. One resident had recently celebrated a birthday and had a barbecue in the back garden of the house. Another resident had a birthday party coming up and on the day of inspection they were provided nicely printed invitations and sat with staff to decide which friends to invite and ensure they had addresses for them all. One of the residents walked the inspector through a photo album of trips, celebrations, events and meet-ups with family and friends they had enjoyed. The two residents could travel in the centre vehicle alone or together and got along well with each other. At one point, the residents were making fun of each other in good humour and setting each other off laughing. The atmosphere of the house was relaxed and friendly.

The staff were well-established in this centre, and the residents had a good relationship with them. Residents also knew the regular relief personnel and were assured that they would make sure their plans such as going to bingo would continue when they were on duty. Staff demonstrated good implementation of guidance to ensure residents were assured when they became anxious or responded to residents' communication style in a reciprocal but respectful manner. Staff who spoke with the inspector had a good personal knowledge of the residents' interests, support needs and personal goals, and were vigilant to report and submit referrals where aspects for the service required updating, such as the suitability of one resident's wheelchair for outdoor use.

The house was highly personalised to the interests and preferences of the residents. Residents had photos of their family on the walls, along with artwork done by them, wall decorations they had picked out, and framed medals from one resident's Special Olympics career in swimming and basketball. In the garden the residents and staff had picked out decorations and features which were meaningful to them over the years, including a replica building of an old Irish cottage, authentic water pumps, ploughing tools, and street signs directing to each resident's hometown. A tractor from one resident's childhood home was repainted and on display as a centrepiece to the garden. One resident was planting rhubarb, apples and cabbage and the other resident made sure their bird feeders were filled. The provider had ensured that features such as planters were accessible to people who a required wheelchair or walking frame to navigate. There were plans funded to upgrade the outdoor decking and sheltered seating area accessible from the back door. Each Christmas the residents and staff enjoyed making elaborate winter lights displays which they increased each year, and they had already begun preparation of this year's theme and display. Bathrooms were featured with suitable accessibility

features for the support needs of the residents. Other than safety features such as seatbelts and bed rails used to avoid accidental injury, the residents enjoyed a restraint-free living environment in this service.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

In the main, the inspector found that this service was ensuring that that principles of residents' human rights of fairness, respect, equality, dignity and autonomy were upheld by staff. The provider had arrangements in place to ensure that residents were supported by a familiar and consistent staff team. Human rights, independence and autonomy, and resident safeguarding were recurring topics of discussion in provider level audits and local discussions. Staff were familiar with residents' needs and residents were satisfied that they were supported consistently by people who knew them well.

Regulation 15: Staffing

The inspector reviewed the statement of purpose dated April 2026, and worked rosters for the previous three months. The staff team was fully resourced per the statement of purpose and rosters were clear on annual leave, training days and sick leave absences. The shift patterns consisted of staff working sleepover shifts with two personnel on site 24 hours a day throughout the seven-day week. Where rosters recorded that relief personnel were allocated to the centre, the inspector observed the same three or four names working consecutive shifts. This mitigated the impact on continuity of familiar support, and provided assurance to the residents that they would be supported by people familiar with their personal support needs and preferred routines. One resident was routinely provided the staffing rosters and made sure they knew who would be working in their home and that they were satisfied with this. The resident had been offered a pictorial or large print version of the roster but they preferred to use the same document the staff used to be assured it was accurate.

Judgment: Compliant

Regulation 23: Governance and management

The inspector observed evidence to indicate that this centre was sufficiently resourced to provide effective support for residents' personal, social, health and recreational needs and wishes. The staff team was led by a person in charge who commenced in the role in March 2026, who was suitably qualified and experienced, and was known to the residents, indicating they maintained a presence in the centre and had built that trust. The residents were happy with front-line staff and management personnel and had many of them in their phone contact list when they required.

The area director for this service had completed a six-monthly quality audit of the centre in April 2026. The report reflected on recent changes to residents' healthcare needs and changes in their care interventions. The audit identified trends and concerns arising from events and incidents in the centre, and what would be done in response to same. This report reflected commentary and participation from both residents on their experiences in the centre including their reaction to changes in the centre such as their opinion on the new person in charge, and where resident commentary contributed to the auditor's findings. The auditor identified areas in which the service required improvement, such as staff staying up-to-date on their mandatory training, and where residents' personal and social goals required more specific and measurable detail to evaluate their progression.

The inspector was provided minutes of meetings indicating that the new person in charge had been involved in relevant management meetings and engagement with regional meetings for shared learning with their counterparts in other services. They had settled in well to their new role and discussed with the inspector examples where they had plans to implement quality improvement objectives in this centre.

Judgment: Compliant

Quality and safety

The inspector observed that residents were encouraged and facilitated to lead on choices in their care and support. Some personal plans and recreational goals required review to ensure they were accurate, measurable and specific in line with the good personal knowledge of the front-line staff. However, staff were provided guidance on important information including communication styles, mobility support, and involving residents in decisions on their healthcare needs and these were observed in practice during this inspection.

The premises was overall homely and highly personalised with no environmental or rights-based restrictive practices required. Risks arising from safeguarding concerns or adverse incidents and injuries were used as opportunities for ongoing support development and staff guidance on quality care and support. Staff and residents

provided examples of their understanding of human rights and safeguarding in a residential support setting.

Regulation 10: Communication

Staff were provided guidance on how to speak with each resident in a manner which encouraged them to engage with staff, make their decisions and be assured on matters which may make them anxious or irritated. The inspector observed effective use of these interventions by staff throughout the day, including during delivering of personal care. One resident benefitted from clear and unambiguous instruction and response to questions, to assure them that their routines and care intervention would be on time and that they were provided consistent and correct information. Staff were observed double checking their information to ensure they were correct which was important to the trusting relationship. For another resident, staff engaged in jolly, boisterous chat and banter with which the resident engaged well. The inspector observed that loud joking, reassurance and praise supported the resident to keep a positive mood.

One resident was being supported to use an electronic communication support. While the staff advised that there had been limited success using this to communicate and make choices, they were finding other uses for it such as controlling speakers and lights in the house. The other resident had an electronic tablet on which they watched their soap operas. Residents had access to television, phone and online services to have video calls with family, phone friends and staff, and stay up to date on information. The staff were exploring the idea to source a device to support one resident to read aloud the text on rosters and newspapers. Where a resident required glasses to read these were within their reach when required.

Judgment: Compliant

Regulation 17: Premises

The premises was overall suitable for the number and assessed needs of the residents, including ramps, widened doors and wet room spaces for wheelchair users. There was sufficient space in which residents could store their assistive equipment including standing aids, hoists and wheelchairs when not in use, and residents had beds and electronic riser armchairs in line with their assessed mobility needs.

The house was bright, spacious, suitably furnished and in a good state of maintenance. Living rooms, bedrooms and garden spaces were highly personalised and reflected the interests, hobbies and tastes of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed incident reports of injuries and adverse events occurring in the centre and those identified in notifications to the Chief Inspector. Where there had been injuries observed by staff they were reviewed to determine their cause, and where there had been trends of incidents these had been identified and risk rated accordingly. Where relevant, incidents were used as opportunities for shared learning and quality improvement.

The inspector reviewed equipment around the house and found that all devices including hoists, vehicle lifts, wheelchairs and mobility aids were subject to periodic inspection and certification. The centre vehicle was in good condition and suitable for the accessibility requirements of the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of personal plans related to healthcare interventions, personal and intimate support, communication, mobility and personal goals for both residents. In the main these were personalised and respectfully written. The person in charge identified areas in which the personal plans could be made more concise and specific for staff guidance. The inspector reviewed plans with staff members, and there were some areas which required minor amendments to remove outdated information and reflect the current support needs of the residents. In some examples, clarification was required to ensure that the specific information known personally by staff was reflected in these support plans, such as how resident support may be different depending on who is supporting them.

Community and recreational goals were meaningful and personal to each resident. These included developing the use of communication supports, going on enjoyable excursions, and working on projects in the garden. Some of these goals required specific, measurable and time-bound actions to set out what was planned, and the steps to work towards the outcome. Some of these goals consisted of engaging in hobbies and family contact which was already a protected part of the residents' normal routines. Goals which were aiming to achieve new outcomes for a resident required a means of assuring the keyworker that all staff were consistently implementing their instruction and collecting data on their progress, for use when evaluating the effectiveness of the plan in achieving the intended objective.

The inspector observed evidence that residents were encouraged to be active participants in decisions made in their personal and health care and support. For example, one resident demonstrated their understanding of surgical intervention and their engagement with their physiotherapist. One of the residents was being consulted on starting a weight management medicine and had been advised on the positive health implications as well as what the medicine involved, to ensure they made an informed decision.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff were provided guidance on maintaining a living environment and supporting delivery which reassured residents and alleviated confusion, frustration or distrust. Expressions or anxieties were recognised as means of communication and staff were advised on how to respond in a reassuring and personalised manner.

Residents were not subject to environmental, chemical or rights-based restrictive practices in this designated centre. All restrictive practices related to the use of safety equipment and used to prevent accidents related to mobility. These were kept under review to determine their continued necessity. Residents had unrestricted access to their personal belongings including toiletries, phones, clothes and money.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed incidents notified by the provider from 2024 to 2026 of alleged, suspected or witnessed safeguarding incidents. While there was no major trend in these incidents, they were reviewed and used as opportunities to ensure that resident supports were kept up-to-date and that they felt safe and respected in their home. Where required, debriefs were held with the involved residents or staff members to gather information, report outcomes and avoid recurrence. The provider ensured that staff were provided guidance on recognising possible safeguarding concerns, including how residents are spoken to or where responses to resident presentations may be punitive in nature. This contributed to an overall good knowledge among the staff and residents on what safeguarding concerns may entail. Residents commented that they felt safe and respected in their home and told the inspector who they would contact if that were to change.

The provider had access to bank statements to conduct protective oversight of residents' income and expenses to ensure their financial interest were safeguarded.

Staff were provided person-centred guidance on safeguarding residents' privacy and dignity during personal care and support.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the day the inspector observed respectful, friendly and playful interactions between staff and residents which fostered a relaxed and homely living environment. Residents and staff were chatting and joking with each other, but also given time to chill out as the evening progressed. Guidance on transport, intimate care, and personal routines highlighted the need to keep residents informed on how they were being supported and ensure they were comfortable. The inspector observed staff ensuring that residents were told what was happening and were not rushed. When one resident made a last-minute change to their plan, staff were observed encouraging the resident to continue but not forcing the matter, instead making sure they were happy with their choice and reminded they could change their mind back later.

The staff had completed training in a human rights based approach to social care, and each front-line staff on duty described what that meant to them, and how they would implement the training in their duties. Examples given included allowing residents to make decisions as adults which may run against what their dietitian or doctor advises, or respecting a resident's decision to skip a shower that day and not force them, balanced against protecting the resident from going too long without maintaining their personal hygiene.

The residents were supported to have their voice heard in this centre and to be kept informed on matters which were important to them The inspector reviewed house meetings in which residents were given status updates on maintenance work, advised of changes in the schedule such as the day service breaks, and introduced to new house features. Residents also decided what day they would have a takeaway together as an occasional treat. One of the residents was planning to engage in a "Speak Up, Speak Out", a self-advocacy programme to develop understanding of rights and making informed decisions about their life.

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	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 29 OSV-0005878

Inspection ID: MON-0050708

Date of inspection: 05/06/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person in Charge will undertake a comprehensive review of all residents' personal plans and associated support documentation to ensure they accurately reflect each resident's current assessed needs, preferences, wishes and support requirements. Any outdated, duplicated or inaccurate information identified within support plans will be amended or removed. Guidance within support plans will be enhanced to ensure it is concise, specific and provides clear direction to staff on the consistent delivery of person-centred supports. This review will be completed in consultation with residents, their representatives where appropriate, keyworkers and relevant members of the multidisciplinary team.

All personal development, social and community-based goals will be reviewed and updated to ensure they are meaningful, resident-led and outcome-focused. Goals will be reformulated using the SMART framework to ensure they are Specific, Measurable, Achievable, Relevant and Time-bound. Clear actions, responsibilities, review dates and measurable outcome indicators will be identified for each goal. Where a goal is designed to support the achievement of a new skill, experience or personal outcome, systems will be implemented to ensure staff consistently record progress, thereby enabling keyworkers and the Person in Charge to effectively monitor, evaluate and review the effectiveness of interventions and outcomes achieved.

The Person in Charge will ensure that personal plans are reviewed in response to any change in a resident's needs, circumstances or preferences and that all reviews accurately reflect current support arrangements and emerging developments. Quality assurance audits of personal plans and goal-tracking documentation will be implemented to monitor ongoing compliance with Regulation 5. Findings from these audits will be reviewed through local governance and management oversight processes to ensure personal plans remain current, resident-led, measurable and reflective of residents' evolving needs, preferences and aspirations, while supporting residents to maximise their personal development in accordance with their wishes.

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 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/09/2026
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and	Substantially Compliant	Yellow	30/09/2026

	new developments.			