



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 35
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0007998
Fieldwork ID:	MON-0043786

About the designated centre

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

This centre provides a full-time service to three residents with intellectual disabilities, varying degrees of physical disabilities and complex healthcare needs. It was a newly built four bedroom bungalow in close proximity to two towns. There are three bedrooms downstairs, two of which are en-suite. The property has tracker hoists throughout. There is a kitchen room, sun room, dining room and sitting room. Upstairs is a staff office, a bathroom and storage space. Day services are provided within the house. The centre is staffed by nurses, care assistants and a day service staff. Residents have access to a number of health and social care professionals as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 11 February 2026	09:50hrs to 18:55hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

Based on the inspector's observations, conversations with residents' and staff, and a review of documentation, it was evident that the residents living in Community Living Area 35 were receiving good quality and safe care. Overall, the inspection found that the provider had taken a number of responsive steps to meet identified changing needs of residents. The service was provided by a dedicated staff team who were very familiar with the residents' needs, with some staff having worked for many years with the residents. The inspector spoke with all residents living in the centre who said they felt safe living there and were happy living with each other. While a good quality service was being provided, some further improvements were required with staffing arrangements to ensure that residents have the opportunities to engage in activities, at the weekend in particular. Some improvement in food and nutrition was also required to ensure that residents' dietary needs were being met at all times.

The centre comprises of one house located in a rural part of Co. Kildare, which accommodated a maximum of three residents and had no vacancies on the day of inspection. The residents had been living together for over 40 years and lived in this centre since it was first registered in 2021.

On arrival to the centre, staff and a resident greeted the inspector. The resident was being supported with their morning routine and chatted with the inspector briefly about the plans for their day. The other two residents were being supported by staff with their personal and intimate needs. When the residents were dressed and ready, the inspector sat with them in the kitchen and chatted while they had their breakfast. The person in charge then arrived to the centre.

The inspector found that the centre was bright, comfortable and in a good state of repair. Residents' bedrooms were located on the ground floor with built-in tracking hoists to support the ageing needs of residents. Each resident had their own bedroom, which they decorated to their own preferences. Residents' bedrooms were filled with personal memorabilia and family photos. There was ample accessible space in the centre which ensured that the residents' mobility needs were met. Residents could have time alone or do activities together if they wished. On the ground floor was the kitchen and dining room which opened out on a sun room and a sitting room. One resident had a preference to use this sitting room and enjoyed watching current affairs. There was a second large sitting room, which the other two residents preferred to use as they had similar interests. The rooms were pleasantly decorated to create a very comfortable and homely atmosphere.

On the first floor there was an office and a meeting room which were used by staff. Due to residents' mobility needs they could not access this part of the house.

The inspector was informed that one resident may find it difficult to interact with them and may wish them to leave the centre at a specific time. Throughout the day, the inspector took time to sit with the resident at different times and speak with them in detail. Once the resident finished their morning routine they had their breakfast in one of the sitting rooms. They told the inspector that they were going to a local shopping centre to have a coffee and buy some items they needed with staff support. They spoke very fondly of staff and called them their friend and said they were very excited to go out for the day. They went out before lunchtime with another resident and two staff.

The inspector was informed that the residents do not generally all go out together, however there is a trip planned every two weeks when they do. One resident remained at the centre on the day of inspection and watched television and played some table-top games. For lunch they had mashed potatoes and carrots with no protein. Staff informed the inspector that the menu plan for lunch was to have ham with the vegetables, however, it was not defrosted in time so could not be cooked. The only alternative protein was sausages but the resident required a modified diet and these were not suitable for them. On a review of dietitian recommendations they needed additional protein which was not provided during their lunchtime meal on the day of inspection. Later in the day, staff borrowed a vehicle from another designated centre within the provider group which was located nearby. Staff brought the resident out for a drive. When they returned to the centre they continued to watch television.

The two residents who had been out shopping returned to the centre around 4pm. They said they had a great day out and spoke very excited about all the food they ate for dinner in a Chinese restaurant. On their return they were supported to have refreshments and spent time relaxing and watching television.

While the residents had been out at activities on the day of inspection, there were limited opportunities to attend activities at the weekend. This was due to a reduction in staffing levels. Other records reviewed also demonstrated an over reliance on television as a source of activation for residents.

Residents' rights were respected in the centre and it was evident that they were consulted with in decisions regarding their care and the running of the centre. There were weekly resident meetings, which they all usually attended. Items discussed included house issues, activity planning, complaints, person-centred goals, safeguarding, infection control and advocacy. Residents also reported in these meetings that they were happy and had no complaints.

The inspector did not have the opportunity to speak with the residents' family when on inspection. However, on the most recent family surveys completed they reflected the residents' feedback reporting they were also happy with the service provided. They felt like their loved ones were being treated with dignity and respect and found staff very friendly and helpful.

The next two sections of the report outline the governance and management arrangements in the centre, and how the arrangements positively impacted on the quality and safety of care and support provided to residents in this centre.

Capacity and capability

Overall, the inspector was assured that the service had effective governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. This inspection found that there was a clearly defined management structure in place. The centre had a good history of compliance with regulation and this was evident on the day of inspection. While a good quality service was being provided some further improvements were required to staffing arrangements to ensure that met the needs of the residents.

The purpose of the inspection was to assess the ongoing compliance with the regulations. An unannounced risk based inspection was conducted due to the length of time since the last inspection was completed in November 2023. It was completed over the course of one day by one inspector.

Muiriosa Foundation is the registered provider for Community Living Area 35. They are also involved in the running of several other designated centres in Ireland. The person in charge facilitated the inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. They worked full-time and had overall responsibility for two designated centres and equally divided their time between both. There was a clear management structure that identified lines of authority and accountability within the centre. The person in charge reported to the area director, who in turn reported to the regional director. There were arrangements in place when the person in charge was not available and an on-call system was in operation.

The person in charge was supported in their role by a staff nurse, and was responsible for the oversight of a team of healthcare assistants and one activity staff who provided care to the residents' throughout the day. The inspector was informed that there was a separate team of staff who provided support to residents at night. They did not report to the person in charge and were managed by a different manager who was based within the campus. The person in charge had good communication systems in place to ensure that both staff teams were present at team meetings to ensure the continuity of care for residents. They also had regular meetings with the night manager.

The rostering system had been reviewed since the previous inspection and was now more flexible to ensure that attendance at staff meetings had improved. For staff

who were unable to attend, there was evidence that they had read the meeting record. This ensured that the communication systems in place were more effective.

The residents living in the centre had complex needs and all required manual handling support and two residents needed a hoist for assistance with transfers for personal care. From Monday to Friday 9am to 5pm there were three staff working which was sufficient to meet the care needs of the residents'. At weekends the staffing was reduced to two staff from 5pm to 9pm which meant that one-to-one activities could not be provided during these times and only personal care support could be provided. This is further detailed under Regulation 15: Staffing. There was a further reduction to one staff for the night from 9pm to 8am. Support was provided during this period from a 'floating' staff member who was based on the campus nearby. They called to the centre at 11pm and 6.30am to support residents with personal care needs. If residents required additional assistance outside of these times additional support was requested from the floating campus staff and was provided in a timely manner.

Regulation 15: Staffing

While there were some improvements to staffing arrangements following the previous inspection in November 2023, further improvements were required to ensure that the staffing numbers met the assessed needs of residents'. In general, the staffing arrangements in place from Monday to Friday appeared adequate. For each day, there were two staff from 8am to 9pm and an activities staff from 9am to 5pm. However, this reduced on the weekends with no activity staff hours provided. The inspector was informed that the person in charge could request additional staffing at the weekends if the residents' had a planned activity they wished to attend and this was always facilitated. If there were no planned activities this reduction in staffing levels at the weekend meant that residents were unable to leave the centre, unless for short periods of time. This was due to residents' manual handling care needs and the ratio of staff required to support these. This is a repeat finding from the previous inspection. In addition, on a review of sample rosters reviewed from November 2025 to January 2026, if the activity staff was off for planned leave there was no cover provided.

On the day of inspection there was one full-time equivalent (FTE) care assistant position which was covered by a regular relief staff. Continuity of care was ensured by having regular staff covering additional hours where required and some minimal use of relief.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had ensured that there was a well-established management structure in place for this centre, and all staff spoken with were aware of their respective roles and responsibilities. There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

There were clear internal communication systems, where staff team meetings were regularly occurring. The person in charge also met with their area manager monthly about all clinical and operational matters. There was also a bi-monthly governance meeting that was attended by all area managers and persons in charge to provide support and shared learning. Any issues arising in this service were brought to the attention of senior management at this meeting.

An annual review of the quality and safety of care had been completed for 2025, which consulted with residents, their families and staff. The inspector reviewed the last two six-monthly provider unannounced visits to the centre completed. These had identified areas for improvement with actions plans to address these, which had lead to an improvement in service delivery.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents had been provided with information on how to make a complaint and accessible information was prominently displayed in the house, along with pictures of the complaints officer who residents could bring their complaints to. The topic of complaints and advocacy were a standing agenda item on residents meetings and also discussed in staff meetings.

The registered provider held a complaints log, at the time of inspection no complaints had been made.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had all Schedule 5 policies and procedures in place. They were developed in line with evidence-based guidance and took into account the rights and abilities of residents and best practice. The policies and procedures promoted and supported positive outcomes for residents living in the centre. The provider had ensured that they were reviewed and updated where necessary every three years. Additional policies, procedures and guidance relevant and specific to the centre and needs of the residents were also in place.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to residents. Residents' told the inspector that they felt safe living in the centre and were happy.

Staff interactions were very kind and caring with the residents' and it created a very homely environment. This was a service that was responsive to the assessed needs of the residents, and ensured the arrangements and supports that they required were made available to them. While this was generally a quality service some improvements were required to ensure the provision of meaningful activities to residents was available and that specific dietary requirement needs were always met.

Following the previous inspection in November 2023, management were continuing to try support residents to have their own bank accounts. However, they continued to experience external challenges in doing so. This was being addressed at an organisational level and remained a key item on their agenda.

The inspector observed supports in place to ensure that residents could continue to maintain and develop personal relationships with others, visiting their friends and families. Residents had developed links within the wider community and at times visited the local pub. There was an activity staff available for residents from Monday to Friday, however as discussed previously this was not available at the weekends so residents' had limited opportunities to engage in activities at that time.

Residents were engaging in activities on the day of inspection and records reviewed demonstrated that they attended some activities like lunch out and shopping on occasion. However, on a review of daily records residents had limited opportunities to engage in meaningful activities and there was a reliance on television as a means of activity for residents.

Residents were consulted with on menu planning at weekly resident meetings. The timing of meals and snacks throughout the day were planned to fit around the needs and preferences of the residents. The inspector's observations were that meals were not rushed and were a pleasant social experience with staff sitting with residents when they were eating.

Nutritious and wholesome food and drinks were available for residents to choose from, with the residents also being regularly offered refreshments throughout the day. Residents did not require assistance with eating or drinking, however, they required a modified diet. They had been assessed by a speech and language therapist and a dietitian as required and had plans in place to address their support needs. However, at times residents' meals provided to them did not meet their dietary requirements.

Regulation 13: General welfare and development

As previously discussed, at times there were limited opportunities to engage in activities in accordance with the residents' interests and capacities. Residents did engage in some activities in the community. However, from a review of residents' records the main source of activity provided was television or other activities within the centre like table-top activities and listening to music.

As detailed under Regulation 15: Staffing, the reduction in staff at the weekend also impacted residents' ability to engage in activities outside of the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While all residents had been assessed as required by a speech and language therapist and a dietitian, at times some food available to residents' was not consistent with their individual dietary needs. For example, on the day of inspection one resident received a lunchtime meal of mashed potatoes and carrots with gravy. It was prepared to ensure that it met the dysphagia needs for the resident. However, the dietitian recommendations in place for the resident was that they required additional protein in their meals. On a review of the menu plan, protein had been planned for the lunchtime meal. However, it could not be prepared in time and there were no suitable alternative proteins available for the resident's meal.

Another resident was recommended to have no batter or deep fried foods, however, foods like battered chicken and fish were part of the meal plan for residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies. There was a risk committee in place with oversight from the registered provider and a policy in place which set out the management of specific risks.

The provider had ensured consistent implementation of the risk management systems which it had in place in the centre. There was a risk register in place which was reviewed by the person in charge and the area manager on a monthly basis. Residents had individual risk assessments in place with appropriate control measures to ensure that residents had the opportunity to participate in activities of their choosing.

Adverse incidents and accidents 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.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident. A sample of all three residents' files were reviewed and it was found that comprehensive assessments of need and personal plans were in place for these residents.

Care plans were comprehensive and were developed in consultation with the residents and reviewed every six months to monitor the progress of these. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

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	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Community Living Area 35 OSV-0007998

Inspection ID: MON-0043786

Date of inspection: 11/02/2026

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider acknowledges the HIQA finding regarding weekend staffing and the lack of cover for planned leave. While overall weekday staffing levels meet residents' assessed needs, the PIC will strengthen planning and oversight to ensure improved continuity of activities. Planned leave for the Activities Staff member will now be proactively managed, with appropriate cover arranged where needed. The PIC will also implement a consistent process to identify weekend activity needs and request additional hours in advance, ensuring residents can access community activities in line with their preferences. Although staffing cannot be increased without evidence of risk to the safety and welfare of the residents this will remain under review and approval will be sought if indicated. The centre will achieve improved outcomes through better planning, communication, and monthly oversight to ensure that residents' needs continue to be fully met.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: To address the substantial compliance under General Welfare and Development, the provider acknowledges that limited weekend staffing has at times reduced residents' opportunities to access community activities, resulting in greater reliance on in centre activities. While weekday arrangements meet residents' assessed needs, the PIC will now implement strengthened planning and oversight to ensure that residents have more consistent access to meaningful activities throughout the week. This includes proactive weekly activity planning, ensuring cover for planned leave of the Activities Staff member,</p>	

the PIC to request additional weekend hours where specific activities are identified. Regional Director has discretion to approve additional resources as required to ensure activities of choice can be facilitated.

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Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The person in charge acknowledges the inspection findings regarding inconsistencies between residents assessed dietary requirements and the meals provided. To address this, the person in charge will schedule a review of dietitian recommendations. Menu plans have been amended to remove any foods that contradict individual guidance, and staff have been briefed to ensure that alternatives are always available. Enhanced weekly menu planning, monthly audits by the PIC will ensure that meals consistently meet residents' nutritional needs and that appropriate choices are reliably provided.

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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.	Substantially Compliant	Yellow	30/04/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/04/2026
Regulation 18(2)(d)	The person in charge shall ensure that each resident is	Substantially Compliant	Yellow	05/06/2026

	provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.			
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