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:	Tigh Misnigh
Name of provider:	St John of God Community Services CLG
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	19 May 2026
Centre ID:	OSV-0009132
Fieldwork ID:	MON-0049069

About the designated centre

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

The service is based on a large campus in proximity to a rural village. The service is currently registered to provide residential care for up to 9 residents with moderate or severe intellectual disability. Adults both male and female are supported in the designated centre. Eight residents have full time residential placements, while one residents avails of respite. Accommodation is provided in two houses and one apartment. All accommodation is at ground floor level. All residents have their own bedrooms in the designated centre. Communal spaces in each home include sitting room, dining room, kitchen and bathroom facilities. There are additional facilities including a swimming pool located on the campus. The staff team comprised of nurses, social care workers and care assistants providing support to residents. The designated centre is closed to future external admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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	09:15hrs to 17:00hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection completed in the designated centre Tigh Misnigh. This was the first inspection completed since the centre became operational in December 2025. This centre had been previously registered as part of a larger designated centre. Therefore the residents living in this centre had lived here for many years. In this inspection it was seen that residents were supported to continue to grow their links in the local and wider community. From what the inspector observed and from speaking to family members, staff and management, it was evident that the residents who lived in this centre received a good quality service which met their individual needs, likes and preferences.

The inspection was facilitated by the person in charge. The inspector had the opportunity to engage with management, staff, family members and residents. A review of documentation was also completed and these were all utilised to determine residents' lived experience in the designated centre.

The centre is registered to provide care and support for nine residents. On the day of the inspection nine residents were in the designated centre. The inspector had the opportunity to meet six of these residents throughout the course of the day. The inspector also spoke to two family members on the phone on the day of the inspection. Both family members expressed their satisfaction with the service provided and the positive supports in place such as the activities and outings completed in the centre and the support provided facilitating family visits.

As part of the inspection process the inspector completed a walk around of the premises. The centre comprised of two bungalows and an apartment, which were adjoined by internal doors. The three sections of the building had communal areas for each of the residents living there. This included a kitchen, living room and dining room. Some houses had a sensory space for residents. Residents were seen to have their own bedrooms and storage was in place in the centre. Laundry facilities were also available. While doing the walk around the inspector was shown a resident’s room which required review to ensure the layout supported the needs of the resident. The kitchen in one of the houses was also not accessible to one of the residents living there. This will be discussed further in the report under Regulation 17: Premises.

The person in charge showed the inspector around the apartment which one resident resided in. During this time the resident was out at their day service. Later in the day the inspector visited the apartment again where they had the opportunity to meet the resident and speak to them. The resident spoke about their day and plans they had for the coming months such as holidays and day trips. The resident gave the inspector a tour of their home and informed the inspector that they were very happy living there and like the staff that supported them.

The inspector had the opportunity to meet two residents in the first bungalow visited. One resident was being supported by a staff member to have a hand massage which they were enjoying. The inspector greeted another resident shortly after this as they entered the living room. Both residents appeared very content in their home. The atmosphere was welcoming. The inspector went to view the dining and kitchen area of the house and the resident joined them sitting at the dining room table. Other residents living in this house had been supported to attend their day services.

Shortly after this the inspector visited the second bungalow. Three residents were living here and the inspector met all three. Residents were enjoying relaxing in their own spaces such as their bedrooms, sensory space and living area. One resident had been out for a walk and on their return they were happy to relax. Later in the day the staff was seen supporting a resident to have their nails painted. The resident appeared to enjoy this activity and the staff was seen to communicate with the resident throughout.

In summary, residents living in this designated centre were supported to take part in a range of activities in their home and wider community. These activities were seen to be meaningful to residents and what they like to do. Residents appeared happy, comfortable and content in their homes. On this inspection it was found that the centre had good compliance with the regulations. Review was required under two regulations, Regulation 17: Premises and Regulation 28: Fire precautions.

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service. This inspection found a good level of compliance under the regulations reviewed in this section of the report. The provider was identifying areas of good practice and where improvements were required these were identified in their own audits and reviews. Clear action plans were in place to ensure these actions were being completed.

The person in charge was in place full time and evidenced great knowledge of the service and residents throughout the inspection. They received support and supervision from their line manager. Staff were supported to carry out their roles and responsibilities, and had regular supervision with the person in charge. There was also an on-call governance system for out-of-hours support. Staff attended regular team meetings and they had opportunities to attend training as and when required.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had a remit of one designated centre. The person in charge was very knowledgeable regarding the needs of the residents who lived there.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the assessed needs of residents. The inspector reviewed a sample of rosters from March to June 2026.

There were sufficient numbers of staff to meet the needs of the residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. This ensured residents were familiar with the staff on duty to support them and continuity of care was being supported. This was important to the residents living there. At the time of the inspection there was one vacancy, this was being actively recruited for by the provider. Consistent relief staff were in place to provide any additional cover for this vacancy, along with planned and unplanned leave.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training. The inspector reviewed the staff training matrix for the designated centre and found that staff had completed training identified as mandatory by the registered provider. The training matrix also identified dates for refresher training as required and these had been scheduled for 2026.

Staff had completed training in safe administration of medications, fire safety, manual handling, crisis prevention, dysphagia, safeguarding and human rights.

The person in charge had ensured that staff were appropriately supervised. In line with organisation policy, staff members received a supervision twice a year. The inspector reviewed the matrix in place which identified all staff were being supervised on a regular basis. The person in charge also had a matrix which identified planned dates for the rest of 2026.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place to govern the centre and to ensure the provision of a good quality and a safe service for residents. The provider had ensured that the designated centre was resourced in terms of staffing to ensure the effective delivery of care and support in line with the assessed needs of the residents.

The inspector reviewed the annual review for 2025, this had been completed when this centre was part of a larger designated centre. As the designated centre had opened in December 2025 it had not completed an unannounced six-monthly audit.

The person in charge had a schedule of audits in place for 2026 in the centre on key areas relating to the quality and safety of the care provided to the residents. These included medication audits, infection prevention and control audits, fire safety audits and meaningful day audits. Some of these audits had been completed and were reviewed by the inspector. Where areas for improvement were identified within these audits, plans were put in place to address these. The person in charge also maintained a log which tracked any actions for the centre. From this seven actions had been completed with four actions in progress. For example, the centre had planned works to reconfigure a bathroom in the centre and this would be completed in the coming weeks.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had in place a statement of purpose for the centre which contained information required under Schedule 1 of the regulations. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. This included all the required information and adequately described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed incident reports from 2026. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents were supported to enjoy a good quality of life in this centre. They were regularly taking part in activities they enjoyed and supported to make decisions about their care and support. They lived in a warm, clean and comfortable home. Some review was required to ensure the layout of some areas of the premises supported the assessed needs of the residents.

The inspector reviewed a sample of resident's personal plans. These documents were found to positively describe their needs, likes, dislikes and preferences.

Residents were also protected and supported by the use of restrictive practice and provision of behaviour support policies, procedures and practices in the centre. Staff had completed training to ensure they were knowledgeable in relation to their roles and responsibilities.

Regulation 10: Communication

The inspector reviewed four of the residents' communication plans in place in their personal plans. These plans were clear and contained information specific to the communications needs of the residents. Residents in this centre presented with assessed communication needs. Residents used various methods to communicate including verbal communication, gestures, pictorial communication aids, objects of reference and other communication aids.

Residents had communication assessment tools developed in their personal plan, these clearly identified words/gestures/interactions a resident may use communicate and what these mean. Residents also had communication passports in place which clearly documented their communications needs. A staff member spoken with informed the inspector how informative these documents are and it supported staff in facilitating the resident's communication needs. Residents had access to a speech

and language therapist to review their communication needs. At the time of the inspection residents communication profiles had been referred to be reviewed to include updates for some residents. The inspector seen that these updates had been clearly documented by the person in charge and staff were aware of this.

The inspector saw that communication of all forms was respected and responded to. The inspector saw kind and caring interactions between residents and staff, and staff were able to use their knowledge of residents and their routines to promote responses.

Judgment: Compliant

Regulation 13: General welfare and development

From the records reviewed and what staff and management in the centre told the inspector, along with talking to residents family members, residents were being supported to enjoy a good quality of life and had access to numerous activities, both in their home and out in the community. This indicated that residents were supported to have a meaningful day and to be occupied in accordance with their preferences and abilities.

Preferred activities were clearly outlined, and the likes and dislikes of each resident was recorded in the residents' support plans. The residents were also supported by a social and recreational team which provided support to residents to complete a number of different activities and trips. The inspector seen pictures of residents enjoying many activities and holidays. Residents enjoyed going to cafes and restaurants, spa days, afternoon tea, meeting friends, socialising, enjoying walks and cycling and going on day trips to many different areas.

Judgment: Compliant

Regulation 17: Premises

The centre consists of two bungalows and one apartment which are all adjoined by interconnecting doors. These doors have coded access to ensure the privacy of each resident in their home.

The inspector completed a full walk around of the designated centre which was facilitated by the person in charge. Overall the centre was seen to be clean homely and well-furnished throughout. Residents had access to laundry and storage facilities. Each resident had their own bedroom which was decorated with their personal items.

However some review was required in some areas of the centre as the layout did not always meet the needs of the residents. For example, the kitchen in one of the houses was not accessible for one of the residents living there. The resident enjoyed completing baking activities and on the day of the inspection the inspector observed the resident being facilitated to complete some of the activity in the dining area. However they could not access the kitchen due to their mobility needs. Supports were in place which included offering the resident a choice of location to complete their baking, as a day service located on the campus had accessible facilities for the resident to be supported.

The layout of one bedroom also required review as equipment used to support the resident's assessed needs at night time obstructed the opening of the door to access the bedroom during this time.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector visited each of the three houses during the inspection and carried out a walk around of the houses. They observed that emergency lighting, fire- fighting equipment and alarm systems were in place. There were fire doors in place. The inspector reviewed records in place to demonstrate that quarterly and annual service maintenance was completed on the above named fire systems and equipment.

The inspector reviewed a sample of fire drill records for 2025 and 2026. Drills were occurring quarterly and records reviewed demonstrated that the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs. In one of the houses, review was required to ensure drills were completed to reflect the minimum staffing in place with the full occupancy of residents living in the centre.

Each resident had a personal emergency evacuation plan in place. These were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. The fire evacuation plan was on display in each house and included different routes for evacuations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place and had been developed for residents based on the resident's assessed needs. The inspector reviewed four residents' plans in place across the two houses and apartment visited.

The provider had a comprehensive assessments of residents' health, personal and social care needs. Individual plans of care had been developed for each resident. For example, residents who had health care needs with regarding to their eating and drinking had support plans in place to guide staff. These had been completed by a speech and language therapist and the five of these plans reviewed by the inspector had been recently reviewed and contained clear guidance for staff.

Residents were supported in a personal planning process to identify personal goals or aspirations. Residents were supported with annual meetings to identify what they would like to achieve for the year ahead and review meetings were taking place to continue to provide support for residents. It was clear from observations on the day and talking to families, staff and management that residents were being supported to achieve their aspirations. Residents had pictures in place of things they had achieved and documentation reviewed clearly recorded upcoming plans. Residents had recently been supported to attend concerts, while other residents had enjoyed afternoon tea and spa days. Residents had plans for day trips and overnight holidays during the summer, along with trying new things such as using an E-bike.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents in this designated centre had behaviour support plans in place. The inspector reviewed four of these plans and found they were detailed and reflective of the residents assessed needs.

The plans contained guidance for staff in the management of behaviours and were individualised for each resident, taking into account their preferences and how best to respond and support a resident. Behaviour support plans included identified behaviours of concern, triggers, and strategies both proactive and reactive. Plans in place also included information regarding what's makes the resident's life good and where to look if there is a behavioural support need.

The inspector spoke to management and staff regarding the behaviour support plans in place. They were knowledgeable on the resident's behaviour support plans. For example, staff spoke about different triggers or signs for a residents and how they support the residents through this.

There were some restrictive practices in use in the centre. These had been identified and were reviewed by the providers committee no less than on an annual basis. The person in charge maintained a clear log of the use of all restrictions in place in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. Policies and procedures were in place to ensure residents were safeguarded. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity.

Since the centre was registered in December 2025 a number of safeguarding incidents had taken place. The person in charge had ensured that residents were supported and safeguarding plans were in place. On the day of the inspection, the inspector was informed there were open safeguarding plans in the designated centre. The inspector reviewed a sample of safeguarding plans in place and these were seen to be regularly reviewed. The centre had a designated officer in place which also supported safeguarding incidents.

Safeguarding was discussed at regular residents' meetings and was seen to be an agenda item at team meetings also. Easy-to-read documents were in place for residents to access about safeguarding.

The inspector reviewed four intimate care plans that were in place in resident's personal plans. These were seen to be reviewed regularly and contained clear guidance to staff and the supports required for residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were many ways the centre was supporting residents with their rights. Residents were supported to exercise their rights and also the provider had systems in place to support residents with their rights. Residents' rights were respected. These are some examples the inspector observed and reviewed on this inspection:

- Residents meetings were taking place on a regular basis. These meetings discussed items such as complaints, safeguarding, rights, fire safety and upcoming outings and events. Meetings also highlighted any new information regarding the centre such as the centre's annual review or actions in place.
- The language used in resident's personal plans was person-centred and respectful of residents' preferences. For example, plans detailed 'My day My way' which outlined upcoming activities residents wished to complete.

- Minutes of residents meetings contained pictures of the residents present at the meeting and easy-to-read documents and pictures were available to support residents at these meetings. This promoted a sense of participation for residents in the meetings.
- Staff informed the inspector that residents could decide what they wanted to do or what meals they wanted and any changes would be accommodated for residents.
- Staff supported decision making and person centred care in the designated centre.
- Easy-to-read information was available in the centre, residents had been informed that their home would becoming a new designated centre in December 2025, along with the change in name to the centre.
- The last inspection of the centre took place in May 2024, the residents were provided with an easy-to read document which informed them of how this inspection went.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tigh Misnigh OSV-0009132

Inspection ID: MON-0049069

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will develop an accessible area within the residents home to allow for participation in baking and cooking activities. The Occupational Therapist has reviewed the area and plans have been developed. A suitable contractor will be assigned and the completion of this is planned for end of September 2026: 30 Sept 2026 The bedroom outlined in the report has been reviewed by the registered provider and reconfigured to ensure full accessibility at all times. Completed	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: An additional nighttime fire drill has been completed with minimal staffing and full occupancy of residents. Residents Personal Emergency Evacuation Plan's reviewed and updated as required. Completed	

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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	11/06/2026