



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

Issued by the Chief Inspector

Name of designated centre:	Moonvoy
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	05 December 2025
Centre ID:	OSV-0003284
Fieldwork ID:	MON-0049113

About the designated centre

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

Moonvoy is a designated centre operated by Waterford Intellectual Disability Association Company Limited By Guarantee. The designated centre provides a community residential service for up to four adults with a disability. The designated centre is a detached two-storey house located in a town but within close driving distance to a city. The house consisted of kitchen/dining room, a sitting room, a living room, four individual bedrooms (all en-suite) and staff room/office. There is a garden to the rear of the house for the residents to avail of as they please. The centre is staff by care staff. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 December 2025	10:00hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations with a specific focus on safeguarding. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to meet with three of the residents in the afternoon of the inspection. The three residents were attending day services on the morning of the inspection. One resident was in the community on the day of the inspection and the inspector did not get an opportunity to meet with this resident. The inspector also met with two staff members.

On arrival to the house, the inspector met with the person in charge. The four residents had left the designated centre to attend their day services or were accessing the community. The inspector spent the morning and early afternoon speaking with staff members, walking through the premises and reviewing documentation. The inspector was informed that since the last inspection in September 2023, one resident had been supported to move to an alternative appropriate placement and one new resident had been admitted to the centre.

Later in the afternoon, the inspector observed the three residents returning home and they appeared content to be home. The residents were observed settling in for the evening. The residents brought home Christmas cake they had prepared in their day service. The inspector sat with the three residents in the kitchen/dining room having a cup of tea and a slice of Christmas cake. The residents spoke of their activities that day. One resident spoke with the person in charge about their new job. The inspector observed one resident preparing to go spend the weekend with their family members and they noted they were looking forward to going to the pub with their brother. The inspector was informed of the residents upcoming plans for Christmas and visits to family members. Overall, the residents appeared comfortable in their home and in the presence of the staff team.

The inspector carried out a walk through of the house accompanied by a person in charge. As noted, the centre is a detached two-storey house consisting of kitchen/dining room, a sitting room, a living room, four individual bedrooms (all en-suite) and staff room/office. Overall, the centre was well maintained, decorated in a homely manner with residents' personal possessions throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the resident. At the time of the inspection, the house was decorated for Christmas with a Christmas tree in the kitchen/dining room, each resident had their own advent calendar and Christmas decorations throughout the house. The residents had access to a vehicle to support them with community-based activities.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring

manner.

The next two sections of the report present the findings of this inspection in relation to the 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

There was a clearly defined management system in place which ensured a good level of oversight of care delivery in the designated centre. On the day of inspection, there was appropriate staffing arrangements in place to meet the care and support needs of the residents'.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure appropriate oversight and that the service provided was effectively monitored. These audits included the annual review for 2025 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there was sufficient staffing levels in place to meet the residents' needs. There was an established staff team in place which ensured continuity of care and support to the residents. From a review of training records, it was evident that the staff team in the centre had up-to date training.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the rosters for November 2025 and December 2025, the inspector found that there was an established small core staff team in place which ensured continuity of care and support to residents.

During the week, the four residents were supported by one residential staff member in the morning, late afternoon and evening. At night, one sleepover staff was in place to support the residents. At the weekend, the residents were supported by one staff during the day and one staff on sleepover. The inspector was informed that on occasion it can be challenging to support the four residents if there were different preferences for activities. This had been identified to the provider and the support arrangements were in the process of being reviewed and clarified.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safe administration of medication, safeguarding, fire safety, de-escalation and intervention techniques and manual handling. This meant that the staff team had up-to-date knowledge and skills to meet the assessed needs of residents.

The staff team in the designated centre engaged in formal supervision. From a review of three staff files, it was demonstrable that the staff team undertook supervision in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge.

In October 2025, the remit of the person in charge had recently increased from three designated centres to six designated centre due to unplanned leave. The provider had indicated that this was a short term arrangement while ongoing recruitment was occurring. The person in charge was supported in their role by an acting clinical nurse manager. At the time of the inspection, the person in charge responsibilities had reduced to five designated centres. The inspector was informed that a new person in charge had been identified with a start date to be confirmed.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review 2025 and six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response. For example, it was identified that staffing levels needed improvements when organising/supporting activities for residents with different preferences. This was reviewed by the provider, discussed at staff team meetings and alternative arrangements were being explored at the time of the inspection.

In addition, the inspector reviewed staff team meeting minutes which occurred regularly and covered topics including health and safety, staffing concerns, maintenance requests, risks and feedback from residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre in the period January 2025 to December 2025. The inspector found that the required notifications had been submitted to the Office of the Chief Inspector in line with the required time lines. For example, the provider had submitted safeguarding notifications within the three day time line.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was a comfortable home which provided a good quality of care and support to the residents.

The inspector reviewed the four residents' personal files which contained an up-to-date comprehensive assessment of the residents' personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs. The inspector found that there were appropriate systems in place to support the residents with identified risks and to safeguard the residents.

Regulation 10: Communication

The residents communicated their needs and preferences verbally. Each residents' communication style was outlined in their personal plans which guided the staff team in communicating with the resident. The staff team spoken with demonstrated a clear understanding and knowledge of the residents' communication preferences. The residents also had access to TV, magazines, newspapers and Internet as they wished. In addition, three of the residents had their own mobile phone.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre consists of a detached two-storey house and comprises a kitchen/dining room, a sitting room, a living room, four individual bedrooms (all en-suite) and staff room/office. There is a garden to the rear of the house for the residents to avail of as they please. The designated centre was decorated in a homely manner and generally well maintained. At the time of the inspection, the centre was decorated for Christmas period with Christmas tree in the kitchen dining room and decorations throughout the communal areas. The residents' bedrooms was decorated to reflect their individual tastes.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans. The inspector reviewed a sample of residents' personal files and found that they were up to date and appropriately guided the staff team in supporting the residents with their identified needs, supports and goals. Three of the residents attended day services five days a week. One resident had two jobs and was involved in the Special Olympics.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to identify, manage and review the use of restrictive practices. There were some restrictive practices in use in the designated centre including a transport seating plan. Records demonstrated that the restrictive practices were appropriately identified, assessed and reviewed to ensure they were the least restrictive practice in place.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. The inspector reviewed a sample of incidents and accidents occurring in the designated centre for January 2025 to December 2025 and there was evidence that incidents were appropriately managed and responded to. Safeguarding plans were in place to guide the staff

team and manage identified areas of concern. The staff team had up-to-date training in safeguarding vulnerable adults and demonstrated a good knowledge of reporting and responding to concerns. The residents were observed to appear content and comfortable in their home.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to have choice and control in their daily lives. The service provided was lead by the residents. The inspector reviewed a sample of minutes of the weekly meetings held with residents to discuss aspects of the service, complaints, the upcoming menu and planned activities. From review of documentation, the use of professional and respectful language was used throughout residents' assessments and plans.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant