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 F
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	30 March 2026
Centre ID:	OSV-0004088
Fieldwork ID:	MON-0049933

About the designated centre

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

Community Living Area F is located in an urban setting in Co.Laois and can provide residential care to three residents over the age of 18 years. The centre can cater for residents with an intellectual disability and who may also exhibit behaviours of concern. The centre presents as a bungalow comprising of single bedrooms, two living areas, a large kitchen-dining room, equipped bathrooms and a staff office. The centre is a walking distance from the local amenities within the community of the local town. Staff support the residents on a 24 hour per day basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 30 March 2026	09:50hrs to 16:10hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with the regulations and to follow up on issues that were required to be addressed following the last inspection in February 2024.

There was evidence of good practice noted in many areas reviewed and issues identified at the last inspection had been addressed. However, improvements and further oversight was required to staffing and staff training. The provider also needed to progress identified improvement works including external painting of the house and repairs and upgrading of some flooring and replacement of furniture.

On the day of inspection, there were three residents accommodated on a full-time residential basis, the inspector met and spoke with all three residents at various intervals throughout the day. The inspection was facilitated by the person in charge. The inspector also met with two staff members who were on duty and with the senior manager who made a brief visit. Since the previous inspection, there had been a change to the resident group, including the admission of a new resident and the transition of a resident from the centre. The person in charge reported that the current living arrangements better supported positive peer relationships and a more harmonious environment in the centre. The person in charge outlined that the three current residents led active lives and that their health care needs were generally stable. Residents reported that they could choose how to spend their days, one resident attended a day programme three days a week and another resident attended one day a week. One resident choose not to attend day programmes. All residents told the inspector that they could partake in their preferred activities throughout the week.

The centre consists of a single storey house set on its own grounds, located in a rural town and close to a wide range of amenities. The house was found to be warm and comfortable. Residents had access to a large kitchen/ dining room and two sitting rooms. Each resident had their own bedroom and access to two bathroom/shower rooms. Each bedrooms had adequate personal storage space and had been personalised in line with residents individual preferences including framed photographs, artwork, televisions and other memorabilia of significance to them. Residents were happy to show the inspector their bedrooms, stated that they liked their bedrooms and liked to spend time there. One residents proudly showed the inspector a wide range of their own artwork and ornaments which they had decorated for the Easter festivities. Another resident told the inspector how they loved shopping and were happy that they had lots of wardrobe space for all their clothes. Residents had access to the garden areas, and some outdoor furniture was provided. The external walls of the house were maintained in poor condition, however, the provider had plans in place to repaint the walls of the house. The

person in charge advised that funding had been approved and was waiting on the works to be completed.

The core staff team in the service remained stable, however, there was one vacancy. In the interim the service was relying on relief and agency staff to complete the roster. The inspector met with an agency staff member who was on duty on the morning of inspection. They confirmed that they had received induction training and demonstrated good knowledge of the support needs of residents. They were observed engaging with residents in a relaxed and supportive manner. The inspector did have concerns that a recently recruited relief staff member was rostered on duty later in the week who did not have the required training to meet the assessed needs of residents. This was discussed with the person in charge and senior manager and immediate steps were taken to change the roster and ensure a fully trained staff member was rostered instead.

On arrival to centre, the inspector met with a resident who was waiting to be collected to attend their day service programme. They were in good form, were happy to give a tour of the house and chatted with the inspector about their life in the centre. They advised how they loved living in the house and got on well with other residents and staff. They mentioned how they could choose how to spend their days and normally attended a day service programme three days a week. They told the inspector that they enjoyed going for walks, shopping, and loved arts and crafts. They proudly showed their artwork which was displayed in their bedroom and sitting room. They also mentioned that they enjoyed going for coffee, eating out and getting take away meals at the weekends. They spoke about how they were looking forward to celebrating an upcoming birthday, to visiting their family for Easter and going on a planned holiday with one of their house mates. They were complimentary of staff working in the centre stating that they were all very nice.

The inspector met with two other residents later in the morning. The were both in good form and spoke of how they enjoyed a lie in on some mornings. One resident mentioned how they had been up earlier, had a shower and had enjoyed returning to their bed. Residents told the inspector how they were both heading out for coffee in line with their preferred routine, were planning to buy a lottery scratch card and go for a drive as the weather was nice and dry. Residents also mentioned how they liked to regularly visit the hairdresser, get their nails done and visit the beautician for various facial treatments.

The inspector met with all residents again later in the afternoon when they returned to the centre. Residents happily advised how they had enjoyed their day. One resident was delighted to have visited local shops and bought new supplies of arts and crafts materials. They also were also happy to have bought a birthday sash which they planned to wear for an upcoming birthday celebration. Other residents advised that they were pleased with the day trip to Carlow and how they had enjoyed eating Acai bowls. Throughout the day it was clear that residents had developed trusting relationships with staff. Interactions were observed to be relaxed and friendly, with residents engaging comfortably in conversation, indicating a positive and supportive atmosphere in the centre.

From conversations with residents and staff, observations made while in the centre, and information reviewed during the inspection, it was evident that residents were consulted with, were listened to, had choices in their lives and that their individual rights and independence was promoted. There was a focus on residents health, safety and well-being. Recent falls for one resident were effectively managed through General Practitioner (GP) and occupational therapy (OT) reviews, medication adjustments and provision of suitable equipment. Healthy eating and exercise was actively encouraged to support overall health and well-being. Residents spoke about how they had choice of foods and meal options. Some spoke about trying to eat more healthy options and some residents had goals to be more active and maintain a healthy lifestyle. At the time of inspection, a resident was waiting on the provision of a seizure alert bracelet which had been identified as necessary to safely support their autonomy and achieve their goal of walking independently to the nearby shops.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of residents lives.

Capacity and capability

The findings from this inspection indicated good compliance with many of the regulations reviewed and there was evidence of good practice in many areas. However, some improvements and further oversight was required to staffing, staff training records and to progressing identified improvements required to the premises.

There was a clear organisational structure in place to manage the service. The management arrangements within the centre were in line with the statement of purpose. The person in charge worked full-time and was also the person in charge for two other designated centres located nearby. They were supported in their role by the area director and staff team. There were on-call management arrangements in place for out-of-hours.

On the day of inspection, there was one staff member on duty and the inspector noted that the support residents were met on the day. One resident was attending a day service programme and the remaining two residents were happy to go on an outing together. While no negative impact on residents was noted on the day, staffing arrangements in the centre requires ongoing review to ensure that they are responsive to the assessed needs and preferences of residents as well as ensuring a safe and clean premises. A review of staff rosters showed that staffing varied across the week with two staff on duty at times on some days of the week. There was one staff vacancy and the person in charge advised that recruitment was actively taking part to fill the role. The inspector reviewed the staff rosters for 27 March to 2 April 2026 and while gaps were initially noted, the person in charge later completed the

roster to include agency and relief staff for the vacant shifts. As discussed earlier in the report, the inspector did raise concerns that a recently recruited relief staff member rostered did not have the required training to meet the assessed needs of residents. Immediate steps were taken to change the roster and assurances were provided that a fully trained staff member was rostered instead.

The inspector reviewed the staff training records and matrix. The records showed that the core team of staff had completed all the required mandatory training as well as additional training to support them in their roles and meet the specific support needs of some residents. However, the person in charge could not demonstrate that all agency staff working in the centre had completed mandatory and role specific training. This issue had been identified in the most recent provider led audit but had not been addressed.

The provider had systems in place to monitor and review the quality and safety of care in the centre, however, further oversight was required of records maintained by agency staff employed to ensure effective communication, continuity of care and resident safety. For example, a residents progress notes reviewed were not comprehensive, did not fully reflect the observations and information that the staff member provided directly to the inspector and the staff members name was not included as part of the record.

The provider had continued to complete six monthly and annual reviews of the service. The annual review for 2025 had been completed. There was evidence of consultation with residents as part of the review and the inspector noted that a request from residents to obtain a pet cat had been appropriately supported. The improvement plan from the the most recent provider led audit had not yet been fully implemented. Improvements outlined included ensuring that all staff including agency staff had completed mandatory and site specific training, provision of a new suite of furniture for the sitting room and external painting of the house. The person in charge outlined that funding had been approved for the painting of the house and new furniture but there was no date yet scheduled for completion of same.

Regulation 15: Staffing

Staffing arrangements in the centre requires ongoing review to ensure that they are responsive to the assessed needs and preferences of residents as well as ensuring a safe and clean premises.

On the day of inspection, there was one staff member on duty. One resident was attending a day service programme and the remaining two residents were happy to go on an outing together. While no negative impact on residents was noted on the day, if one resident chose to remain at home, it limited opportunities for the other residents to access community activities.

Further oversight was required to ensure continuity of care and support particularly when staff are employed on less than full-time basis. For example, a residents

progress notes reviewed were not comprehensive, did not fully reflect the observations and information that the agency staff member provided directly to the inspector and the staff members name was not included as part of the record. This may increase risk to resident safety and lead to potential gaps in delivery of care.

The inspector noted that parts of the premises required more thorough cleaning, however, this was challenging to achieve at times when only one member of staff was on duty to provide support and direct care to residents and complete duties such as cleaning.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Improvements were required to strengthen oversight arrangements and ensure that agency staff training was completed and up-to-date. While the records showed that the core team of staff had completed all the required mandatory training as well as additional training to support them in their roles, the person in charge could not demonstrate that all agency staff working in the centre had completed mandatory and role specific training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were appropriate governance and management arrangements in place. While there was evidence of good practice in many areas reviewed, improvements were required in a number of areas to ensure regulatory compliance.

These included strengthening the oversight of staff training records, records relating to residents being maintained by agency staff and staffing arrangements in general. In addition, improvements were also needed to ensure the progression of identified actions relating to the premises.

Judgment: Substantially compliant

Quality and safety

Overall the provider demonstrated good practice in promoting the quality of life and safety of residents. The inspector found that the local management team and staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe service. The residents who used this service continued to enjoy a good social life, had good access to their local community and they were actively supported to engage in activities which they enjoyed. Residents spoken with confirmed that they were consulted with, had control over decisions regarding their care and support, their daily routines and could choose to partake in their preferred activities.

Staff spoken with were familiar with, and knowledgeable regarding residents' up-to-date health care needs.The inspector reviewed the files of two residents which were maintained on a computerised documentation system. There were recently updated comprehensive assessments of the residents health, personal and social care needs completed. Support plans were in place for all identified issues including intimate care and specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed.

Some improvements were noted to person centered planning (PCP) documentation. Planning meetings involving each resident, the person in charge and day service staff normally took place annually, however, the person in charge advised that meetings had yet to take place in 2026. Some residents had identified goals and spoke to the inspector about how they were looking forward to pursuing them. However, the inspector noted that there were no goals yet set out for a resident in another file reviewed. There were templates available on each file to record progress updates but these had yet to be completed for 2026.

Residents had access to general practitioners (GPs), out of hours GP service and medical specialists and consultants. Records and files reviewed showed that residents were regularly reviewed by their GP.

The local management team had systems in place for the regular review of identified risk in the centre as well as regular reviews of health and safety, infection prevention and control and medication management. Risks to residents were identified, assessed, and managed with appropriate measures in place to support residents safety while promoting autonomy and quality of life.

The local management team had fire safety management systems in place. All regular staff and residents had been involved in completing fire drills. Fire drill records reviewed provided assurances that residents could be evacuated safely in the event of fire. Residents spoken with confirmed that they had taken part in fire drills.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding was a standing agenda item and discussed at all staff meetings. A number of safeguarding concerns had been notified to the Chief Inspector during the past year. These concerns were discussed with the person in charge who

provided assurances that they had been managed in line with safeguarding policies. They advised that there were no active safeguarding concerns at the time of inspection. The person in charge reported that the current living arrangements better supported positive peer relationships and had resulted in a reduction in the number of safeguarding incidents.

The centre was found to be warm and comfortable, spacious, furnished and decorated in a homely style. However, improvements and maintenance were required to some areas. The provider had identified these improvements works and plans were in place to address the issues. For example, repainting of the external walls of the house, replacing of sitting room furniture, replacing some worn flooring, and provision of non-slip flooring in a bedroom as recommended by the OT. The person in charge outlined that funding had been approved for these works and they were due to be completed over the coming months.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was adequate space available to meet with visitors in private if they wished. Some residents received regular visits from family members and friends in the centre. Some residents regularly visited their family members at home and others were in daily contact with family by video calls.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents, however, planned improvement works including repainting of the external walls of the house, replacing of sitting room furniture, replacing worn flooring, and provision of non-slip flooring in a bedroom needed to be progressed. Some parts of the centre required more regular and thorough cleaning including underneath some bedroom furniture, and floor areas surrounding kitchen appliances.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was

reflective of risk in the centre. There were regular reviews of health and safety, medication management , incidents including falls. Following a number of recent falls, a resident had been reviewed by their GP and their medication was adjusted. An OT assessment had also been completed with recommendations implemented including the provision of a specialised lower bed. These interventions had a positive impact on the residents well-being and safety with no further falls reported since the implementation of the control measures.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks were taking place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector provided assurances that residents could be evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with were knowledgeable regarding the assessed needs of residents. The inspector reviewed a sample of three files. There were recently updated comprehensive assessments of need completed. There were individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that assessments and support plans were regularly reviewed.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), medical consultants and health and social care professionals. A review of residents' files indicated that residents were regularly reviewed by their GP. Residents had also been reviewed by the OT, psychiatrist, psychologist and chiropodist.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people and the centre was also supported by a safeguarding designated officer. Safeguarding was routinely discussed with staff at all team meetings. The inspector was satisfied that safeguarding incidents reported to the Chief Inspector had been managed in line with the safeguarding policy. There had been a change to the resident group since the last inspection which had contributed to enhanced peer interactions and a decrease in safeguarding incidents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and respected in the centre. Residents spoken with during the inspection demonstrated an awareness of their rights and confirmed that they were supported to make their own decisions.

Residents were supported to participate in the community and had opportunities to partake in activities of their choosing. Residents were also registered to vote and could exercise their civil rights if they wished. Residents had access to information and communication resources in the centre. These included access to telephones, televisions, Wi-Fi, and hand held computers which supported residents stay informed and stay in contact with family, friends and the wider community.

The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner. Residents had their own bank accounts and were supported to access their money and manage their finances. There were no restrictive practices in use in the centre.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area F OSV-0004088

Inspection ID: MON-0049933

Date of inspection: 30/03/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The PIC will continue to monitor the staff skill mix to ensure that they are responsive to the assessed needs and preferences of residents and to support their changing needs as they arise as well as ensuring a safe and clean premises. 2.Oversight of agency staff will ensure continuity of care and ensure records are accurate and reflective of care provided. All agency staff will be advised of the requirement of accurate records and advised of the legal requirement to sign all entries when completed as per policy. 3.The PIC will ensure all staff are aware of cleaning schedules and the requirement to complete cleaning of area's identified on task sheets as per schedule.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will request training records from the agency of all staff who are scheduled to complete shifts in the centre prior to their commencement on duty.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC will monitor and oversee the compliance of agency staff in line with Muiriosa policy in relation to training and completion of records of care. The PIC will ensure all scheduled maintenance issues which are planned will be completed	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All scheduled works will be over seen by the PIC for completion including repainting of the external walls of the house, replacing of sitting room furniture, replacing worn flooring, and provision of non-slip flooring in a bedroom

The PIC will ensure all scheduled cleaning is completed by staff locally and during quarterly cleans by contractors.

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 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.	Substantially Compliant	Yellow	24/04/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	24/04/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	24/04/2026

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21/08/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/08/2026