



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area M
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	19 August 2025
Centre ID:	OSV-0002740
Fieldwork ID:	MON-0039004

About the designated centre

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

This centre is a bungalow on a large site in a rural setting with easy access to a large town. It has four bedrooms, one used by staff and three available for residents to use, two of which are en-suite. There is an open plan kitchen-dining room and living space. The rear of the house has a large fenced enclosed garden to lawn and to the front of the house is a large lawn and orchard. It can provide full time residential support services for three individuals although currently only two individuals live here. There is a strong focus on promoting skill building and independence within the home and community. The service strives to ensure that the individuals lead fulfilling lives and develop real connections within their local community. This centre provides a full time residential support service for two individuals which is based on the social model of support. Staff working in the centre consist of a combination of social care and support workers and there is a waking night staff in place for night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 19 August 2025	09:20hrs to 14:15hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of this centre. As part of the inspection process, the actions taken to bring the centre back into compliance since the centre's last inspection were reviewed. The inspector met with both residents who availed of this service and also two staff members who were on duty. The inspection was facilitated by person in charge, who held this role for two designated centres.

The inspector found that residents were well supported to enjoy a good quality of life and they were assisted by a familiar and consistent staff team. The action plan which was submitted to the Chief Inspector following the centre's last inspection was successfully implemented and brought about sufficient change relation to supporting residents with their personal finances. Areas of care such as personal planning, communication, governance and staffing were also held to a good standard; however, some adjustments were required in relation to food and nutrition and medication management.

The inspection commenced in the morning and both residents were up and ready for the day ahead. Residents had just finished their breakfast and they were relaxing at the kitchen table while interacting with staff and the centre's person in charge. Both residents had their own communication styles and used gestures, sounds and body language to indicate choice and preferences in relation to care. Both residents were relaxed as the inspector met with them and they appeared happy and content in their home. The inspector had attended this centre on a number of occasions and was aware of one resident's difficulties in relation to visitors, which could cause them some distress. With this in mind, the inspector met for short periods of time with both residents over the course of the inspection.

The centre was a large, single storey house, situated on its own site with large front and rear gardens. The centre was located within a short drive of a large town in the midlands and there was wheelchair accessible transport provided to assist residents with social inclusion. The centre had a large open plan kitchen/living area and there was also a separate reception room which was used as a sensory area for one resident. Each resident had their own ensuite bedroom and overall the centre was well maintained both internally and externally. Communal areas were comfortably furnished and decorated with pictures of residents. Resident's individual bedrooms were warm, cosy and also displayed photographs of residents enjoying social events.

It was clear that residents wellbeing and welfare was promoted in this centre. A staff member chatted with the inspector and they had a good understanding of each resident's preferences in regards to care and they spoke openly about their favourite meals, activities and how best to support them in social situations. The staff member explained that one of the residents preferred quieter social settings while the other liked busy environments such as restaurants, shops and cafes. From

chatting to staff and reviewing documentation such as the residents' finances, it was clear that both residents enjoyed a good level of social access. Residents went for meals, shopping and enjoyed assisting staff with errands in relation to the running and operation of their home.

The inspector found that both residents were well supported to enjoy a good quality of life. Their home had a pleasant atmosphere and they received consistency of care from a familiar staff team. Some adjustments were required in regards to food and nutrition and medications management but overall, the regulations inspected where held to good standard.

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 the residents.

Capacity and capability

The centre's last inspection highlighted issues in relation to the use of resident's finances. The inspector previously found that there was insufficient oversight of money spent on residents' behalf, with some items purchased that should have been provided by the operator of this centre; however, this inspection showed that significant improvement in relation to the oversight and management of residents' possessions and finances.

The governance and oversight arrangements had been strengthened since the centre's last inspection. The provider had completed a review of spending which identified additional items which should have purchased by the provider. The person in charge had listed these items and also evidence that residents were to be reimbursed money which was owed to them. In addition, the person in charge increased the frequency of financial audits and implemented additional control measures in relation to spending in the centre. Staff had also attended a training session on safeguarding residents' finances which outlined the controls in place to ensure that residents' finances were used appropriately at all times.

The person in charge held responsibility for the day to day oversight of care and they also had a range of specific internal audits to complete in relation to incidents, medications, personal planning and fire safety. The inspector found that these arrangements promoted the delivery of a good quality service. The provider had also completed a comprehensive six monthly audit of care which found overall evidence of good practice but some key areas of care required further attention.

The inspector found that the provider had brought about sufficient change in relation to the oversight of care, as a result, sustained improvements were found on this inspection in relation to supporting residents with their money. In addition, a good level of care and support was identified in the majority of regulations inspected, with some adjustments required in relation to food and nutrition, and an

aspect of medication management.

Regulation 15: Staffing

The provider ensured that the centre was well resourced in terms of staffing. There were adequate numbers of staff in place to meet resident's personal and social care needs and staff who met with the inspector had a good understanding of their preferences in regards to the provision of care.

The person in charge also maintained a planned and accurate rota which demonstrated that residents were assisted by a consistent and familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge facilitated bi-monthly staff meetings which gave staff a platform in which to discuss care in the centre. A senior manager attended the most recent staff meeting to discuss residents' finances and safeguarding their possessions following issues that were identified during the centre's last inspection. Staff members also attended scheduled one-to-one supervision sessions with the person in charge which assisted in terms of personal development.

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could cater for residents' assessed needs. The person in charge maintained responsibility in relation to staff training and a review of training records indicated that staff had completed mandatory training in areas such as fire safety and safeguarding. Staff had also completed training in the safe administration of medications and also assisting residents with modified diets.

Judgment: Compliant

Regulation 23: Governance and management

There were marked improvements in the governance and management arrangements since the centre's last inspection. A more robust approach to monitoring residents' finances was implemented and the inspector found that the level of oversight ensured that residents' finances and possessions were safeguarded at all times.

The centre's most recent unannounced six monthly audit was completed by a senior

manager and found overall evidence of good practice in relation to the oversight of care, along with some areas such as food and nutrition, personal planning and medication management requiring some improvements. The inspector found this audit was thorough in nature, gave a good account of life in the centre and identified both good practice and where improvements were required.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had contracts for the provision of care which clearly outlined to services which they would receive and the charges which they would incur. On the previous inspection of this centre, the inspector found that the residents had incurred additional spending on items which should have been provided by the operator of this centre.

Since the centre's last inspection, improvements have been made in supporting residents with their finances. Additional oversight of spending practices was implemented and staff information sessions ensured that residents were supported in line with their contracts of care.

Judgment: Compliant

Regulation 34: Complaints procedure

Information in relation to making a complaint, and how it would be managed was readily available in the centre. A staff member had been appointed to oversee and manage any received complaints; however, there were no active complaints on the day of inspection.

The centre had an open and transparent and residents' family members regularly visited and contacted the centre. Residents also attended scheduled house meetings and information in relation to advocacy was clearly displayed.

Judgment: Compliant

Quality and safety

The inspector found that there were significant improvements in the quality of care which residents received since the centre's previous inspection. Issues in relation to

supporting residents with their finances and the use of their money had been resolved. This inspection did highlight that adjustments were required in relation to food and nutrition and an aspect of medication management, but overall care was held to a good standard.

Personal plans were in place and clearly described the areas of care where that residents required support with. Resident's preferences in relation to how best to support them was also clearly outlined and the inspector found that care planning was held to a good standard. Residents' personal plans were reviewed to reflect any changes in their care requirements and also formally on an annual basis.

It was clear that residents enjoyed living in this centre and that their rights and well being was actively promoted through the actions of the provider and the staff team. The inspector observed staff members patiently interacting with residents and giving them time to consider what the staff member was saying to them. The inspector also observed that staff completed one action or one sentence at a time before commencing a second which enhanced the quality of care which residents received. When the inspector read the resident's personal plans in the afternoon, this approach to care was clearly laid out as how best to support resident's personal and communication needs.

Residents who used this service had high support needs and they needed assisted in relation to mobility, safety, communication, intimate care, social access and also their nutritional intake. Both residents required modified diets and the inspector observed that a home cooked, nutritious meal was prepared on the day of inspection. There was a pleasant aroma of cooking which gave the centre a real sense of home. A review of records also indicated that residents enjoyed a varied diet with one of the residents having a love of spicy food. Although, residents enjoyed variation in their diet, this area of care required some improvements in relation to food storage, record keeping and an aspect of care planning.

Overall, the inspector found that residents enjoyed living in the centre and they had a good quality of life. The inspector observed that both residents had a good relationship with each other and they were active members of their local community.

Regulation 10: Communication

Residents who used this service had communicated their will and preferences though the used of sounds, gestures and body language. Staff who were on duty had a good understanding of each resident's individual communication styles and staff were observed to interact with residents in a meaningful manner throughout the inspection.

Each resident had a communication care plan in place which gave a detailed account of their needs and how best to support them. The plan gave a clear guidance in relation how each resident will tell you their likes and dislikes, exercises choice, wants and needs. In addition the plans outlined how the residents responded to

their names being used to initiate communication and also the use of objects of reference and photographs to aid in the transfer of meaning.

Judgment: Compliant

Regulation 12: Personal possessions

Residents required full support to manage their finances and personal possessions. On the last inspection of this centre, issues were identified in relation to purchases made on behalf of both residents. Poor practice was found in relation to everyday spending and also in regards to larger purchases which were made.

In response, the provider completed a review of spending with the provider refunding residents for any items purchased which should have been made available by the provider. Additional oversight of residents' finances was also implemented and staff attended an information session in relation to safeguarding residents' finances and personal possessions.

Judgment: Compliant

Regulation 17: Premises

The centre was large, spacious and well maintained both internally and externally. There was ample room for residents to relax and one resident also enjoyed spending time in the garden's gazebo. Each resident also had their own bedroom which had been decorated in line with their own tastes and references. One resident had also been supported to display a collection of photographs above their bed or recent trips they had undertaken.

Residents also had access to suitable laundry facilities and the inspector reviewed documentation which highlighted that residents assisted in laundering their own clothes.

Judgment: Compliant

Regulation 18: Food and nutrition

A review of daily notes indicated that residents enjoyed a rich and varied diet. Residents were prescribed modified diets and clear guidance was in place for staff in this area of care. A care plan was also in place in relation to supporting residents with their meals and this assisted in promoting a consistent approach to meal times

in the centre.

Although, residents were offered choice and a varied diet, some improvements were required. For example, one resident was restricted to the volume of fluids they could receive each day but records of their fluid intake were not consistently maintained. Some adjustments were also required to meal time care plans to reflect levels of independence which residents may have.

In addition, the inspector also found that refrigerator units required further cleaning and proper segregation of raw and cooked food items. Furthermore, one item of food preparation equipment also required attention to ensure it was suitably cleaned and dried before being stored.

Judgment: Substantially compliant

Regulation 20: Information for residents

The actions from the last inspection had been implemented with revisions made to the centre's resident's guide to ensure that care on offer was in accordance with this document.

Judgment: Compliant

Regulation 26: Risk management procedures

There was good oversight of incidents and risks in this centre. The person in charge held responsibility for these areas of care and comprehensive risk assessments were in place for issues such as choking, epilepsy, medical conditions and also supporting a resident post an upcoming surgery. The person in charge had a good understanding of all known risks in the centre and they spoke confidently in relation to the implemented control measures which promoted residents' safety.

All recorded incidents were reviewed by the person in charge in a prompt manner and there were no negative trends in relation to incidents or accidents in this centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was suitable locked storage in place for medicinal products and the keys for this storage were securely held. The inspector reviewed medication prescription

sheets and found they contained the relevant information for the safe administration of medications.

Staff had completed training in this area of care and review of medication administration records indicated that residents received the medications as prescribed.

Some residents were prescribed medications in a liquid form and a collection of syringes were stored in the centre. These items were washed; however, they had not being suitably dried before storing them which posed a risk to residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which outlined their health, social and personal care needs. These plans were subject to review when changes in care were required and also formally on an annual basis. Residents attended their annual review and relevant family members were also invited.

As part of the annual review process, residents were supported to identify goals which they would like to achieve over the coming year. Residents had chosen some goals to become more active in their local community such as participating in a community clean up and charity events. Residents had also identified that they would like to go on a holiday and one resident had picked Co. Cork for their holiday destination.

A review of financial records and daily notes indicated that residents were well supported in the area of social access. Residents enjoyed having a visiting a public houses when they went on a day trip to areas such as the cliffs of Moher and Lahinch. A resident who preferred less crowded and busy area had also tried out course fishing, which they enjoyed.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans required at the time of inspection. Staff had undertaken safeguarding training and the provider's designated officer and recently attended a staff team meeting to further discuss safeguarding in this centre.

Residents stated that staff were kind and warm interactions were observed throughout the inspection. Information in relation to the provider's safeguarding

arrangements were displayed and it was clear that safeguarding residents from harm was promoted in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that the rights and welfare of both residents was actively promoted in this centre. The inspector observed interactions with residents were warm and respectful and residents appeared comfortable and relaxed throughout the inspection.

Residents attended fortnightly house meeting where items such as activities and upcoming events were discussed. At a recent house meeting staff reviewed the centre's residents' guide and also the provider's easy read information in relation to safeguarding. In addition, residents also watched a safeguarding video in regards to their finances.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area M OSV-0002740

Inspection ID: MON-0039004

Date of inspection: 19/08/2025

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 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Regulation 18(1)(b) Areas noted under Regulation 18 will be discussed in detail at next team meeting 29.09.25 Date for Completion: 29/09/2025 Regulation 18(1)(b) Checking of foods for open dates etc. and appropriate segregation of foods in refrigerator will be added to daily/nightly task list. Date for Completion: 30/09/2025 Regulation 18(1)(b) Cleaning of exterior and door seals is included as part of the weekly refrigerator cleaning. Date for Completion: 30/09/2025 Regulation 18(1)(b) Protocol will be implemented on the cleaning and drying of food preparation equipment. Date for Completion: 17/10/2025 Regulation 18(3) SLT review of current dietary recommendations will be arranged. Advice regarding ways to increase independence and choice for the residents will be explored. Date for Completion: 30/11/2025 Regulation 18(3) Alternative food presentation dishes will be purchased to facilitate foods being provided individually for increased choice for the residents. Date for Completion: 17/10/2025 Regulation 18(3) Additional blenders will be provided to ensure there is sufficient equipment for staff to blend foods separately. Date for Completion: 17/10/2025	

Regulation 18(3) Records of fluid intake will be completed fully on a daily basis.

Date for Completion: 30/09/2025

Regulation 18: PIC will complete spot checks on all areas to ensure adherence to standards.

Date for Completion: 30/09/2025

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Regulation 29(4)(a) The PIC will discuss at next team meeting 29.09.25 regarding cleaning of medical products such as syringes and all other equipment for the center under regulation 18.

Date for Completion: 29/09/2025

Regulation 29(4)(a) Protocol will be implemented on cleaning and storage of medical equipment.

Date for Completion: 17/10/2025

Regulation 29(4)(a) The Provider will purchase extra syringes to allow for adequate time to dry before re-use.

Date for Completion: 30/09/2025

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 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	17/10/2025
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	30/11/2025
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	17/10/2025

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
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