



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area C
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	20 January 2026
Centre ID:	OSV-0003804
Fieldwork ID:	MON-0043200

About the designated centre

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

The statement of purpose, which is a document produced by the provider, describes Community Living Area C as a residential home for adults over the age of 18 years of age with an intellectual disability. It is located in Co. Offaly and provides a service for a maximum of two residents of mixed gender. The service operates on a 24 hour, seven day per week basis. The property provides communal areas for residents with a spacious living room and a kitchen/dining room which is the hub of the home. Both residents have large single bedrooms which are decorated in line with their taste and personality. The property is fully wheelchair accessible. The main bathroom is equipped with required aids to facilitate supports for individual needs. The centre provides a staff office which incorporates sleep over staff facilities. The person in charge works in a full time capacity. The staff team is made up of social care workers with support from a clinical nurse manager, as required. The staff rota is planned around the needs of the residents and to facilitate family visits and community inclusion. The centre is resourced with a vehicle but also utilises local public transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 January 2026	09:00hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor the quality of care which residents received and the provider's compliance with the regulations. As part of the inspection process, the inspector met with both residents who used this service and the two staff members who supported them. The inspection was facilitated by the newly appointed person in charge and the person who previously held this role. The inspector observed work practices, reviewed incidents for the previous six months, risk assessments and the healthcare arrangements. This inspection found that care was held to a good standard and that residents enjoyed living in this centre, which they considered their home. Some adjustments were required to medication practices, manual handling supports for one resident and the general maintenance and upkeep of the premises.

The centre was a moderate sized bungalow located on its own site, and within walking distance of a small town in the midlands. Each resident had their own bedroom, one of which was ensuite, and there was a large bathroom for the second resident to use. There was a large sitting room in which residents could relax and there was a moderate sized kitchen/dining and sitting area. To the rear of the property was a relaxation/sensory room which residents could also access. The centre was warm, cosy and had a homely feel. A large bowl of fresh fruit was left on the counter top and the refrigerator was clean and well stocked with fresh food including vegetables, meat and dairy products. Photographs of residents enjoying social events decorated the walls and one resident had a bookcase in the kitchen area as they had a love of books, and they sat with staff who read to them each day. Although the centre was pleasant, some additional maintenance was required both internally and externally, including painting.

The centre had a very warm and homely atmosphere. When the inspection commenced, both residents were in bed and as the morning progressed they were each supported with their personal care by the two staff on duty, with one resident having their breakfast in bed while the other preferred to have their morning meal in the kitchen. The residents who used this service had high support needs and they required support and assistance with the majority of their care needs. Both residents required supports with their mobility, one resident used a rollator while the other was a full time wheelchair user. As residents came to the kitchen they greeted the inspector and it was clear that they were comfortable and relaxed within their home and in the company of staff. One resident had a love of books and they went to their bookcase to seek out one of their favourites. Staff on duty said they they would read to them after their breakfast and the resident smiled and was happy to hear this. The two staff were very pleasant in their approach to care. They took their time when speaking to both residents and they sat with one resident as they discussed the day ahead. Both residents required additional communication needs

and the staff members stated that they used some words, but mainly interacted through the use of sounds and body language.

The staff on duty had a person centred approach to care. They relied on their knowledge of the resident's body language and mannerisms when interacting with them, and it was clear that they knew their needs well. They explained to the inspector how residents liked to spend their time including going to the local library, having meals out and also how one resident loved to people watch when they were out and about in their local community. Although staff on duty a good rapport with residents and it was clear that they promoted their wellbeing, medications practices which were observed by the inspector required some improvements, with the inspector intervening prior to the administration of one resident's medications to ensure that steps for the safe administration of medications had been followed.

Residents were well supported in terms of social access and they engaged in activities which were in line with their interests, preferences and care needs. One resident was a member of the local library and they enjoyed going there each week. The same resident enjoyed gardening and the staff on duty explained that they enjoyed pottering around the rear garden in the summer months. Both residents preferred quieter environments and staff explained that they also enjoyed walks in local forest and nearby parks and it was clear to them that each resident liked the fresh air and getting out into nature.

The inspector noted that care in this centre was generally held to a good standard. Both managers who facilitated the inspection had a good understanding of the service and it was clear they all individuals who were involved in the delivery of care promoted the wellbeing and welfare of residents.

Capacity and capability

The provider had oversight and governance arrangements in place which ensured the centre was safe and that care was generally held to a good standard.

The provider had systems in place for the monitoring of care and the person in charge outlined a schedule of internal audits which they completed on a weekly and monthly basis. In addition, the provider had ensured that all required audits and reviews were completed as set out in the regulations. The centre's person in charge also attended a monthly manager's meeting in which the provider's internal audits were discussed, learning shared and included the review of progress made in the completion of associated actions plans for areas of care which required improvement.

The provider ensured that the centre was resourced with a consistent staff team who knew the resident's individual needs well. The inspector observed pleasant interactions throughout the inspection and residents were comfortable and relaxed

when assisted by staff. On the day of inspection, residents were assisted by two fulltime staff members who knew and understood the residents' needs well. The inspector spoke with both staff who outlined residents' preferences in relation to care and also how they liked to spend their time when in the centre and community.

Overall, the inspector found that the governance structure in this centre ensured that care was actively monitored and it was clear that the provider and staff team were committed to the delivery of a good quality service. Some areas of care required further review, but overall the inspector found that care was generally held to a good standard.

Regulation 15: Staffing

The person in charge maintained an accurate rota which outlined the staffing arrangements for day and nighttime hours. Residents were supported by a compliment of two staff during the day and a waking staff during nighttime hours. The day staff who met with the inspector stated that they were well supported in their roles and they would have no issues in approaching the centre's person in charge if they had any queries or concerns. Staff also informed the inspector that team meetings and individual supervision sessions were scheduled throughout the year which gave staff a formal platform in which to discuss the provision of care or their personal development.

Both staff members on duty were warm and friendly in their approach to care and it was clear that both residents enjoyed their company. Staff members were patient when interacting with residents and the inspector observed staff repositioning themselves to the resident's eye level when supporting them with snacks and refreshments. Both staff members also explained residents' preferences in relation to care and they had a good knowledge of both individuals' healthcare needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had both a mandatory and refresher training programme in place which supported the delivery of care in this centre. A review of training records indicated that all staff had received training in areas such as fire safety, the safe administration of medications (including rescue medication), safeguarding and manual handling.

The person in charge held responsibility for ensuring that staff were up-to-date with their training needs. The provider's training record system assisted them in this role,

by automatically identifying when training for each staff member was due for renewal.

Judgment: Compliant

Regulation 23: Governance and management

The delivery of care in this centre was held to a good standard. The provider had effectively implemented an action plan in response to the centre's last inspection that improved the quality of care which the residents received.

The provider had a schedule of monthly audits which the person in charge completed and ensured that areas such as safeguarding, medications and incidents were held to a good standard. The provider had also completed the required annual review and six monthly audits of care which assured the provider that care was generally held to a good standard.

The centre's annual review gave an account of life in the centre over the previous year and focused on the resident's rights, safety and a renewed focus on their health and wellbeing. The review of care included the the outcome of feedback sought from both residents' family members and highlighted that both families were 'very happy' with the provision of care and complimented staff in their approach to care. The review also found that that residents' rights were promoted and they had meaningful daily activities and community access.

The centre's most recent six monthly audit targeted specific aspects of care and gave a good account of both positive aspects of care and also where improvements were required. The areas of care which were covered as part of this audit included restrictive practices, safeguarding, incidents, risk management, staff training, fire safety and the support which residents received with their finances and personal possessions.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

The residents who used this service were well supported to enjoy a good quality of life. Their wellbeing and welfare were promoted at all times and the inspector found that this centre was homely in nature and met their individual needs. Some adjustments were required in regards to aspects of risk management, medication practices and upkeep of the centre, but overall, this was a good quality service.

Both residents who used this service had high support needs, and they required supports in regards to personal care, social access, healthcare, maintaining their safety and having adequate nutrition and hydration. It was clear to the inspector that their individual needs were well catered for, and they experienced a consistent level of care and support throughout the week. The staffing resources allocated by the provider ensured that they had a good level of social access and they could go out at a time that suited them.

The person in charge held responsibility for managing risks and also the assessment and management of adverse events. In general, risks were well managed in this centre, but some further clarity was required in regards to manual handling for one resident. The inspector reviewed a risk assessment which outlined that a resident required the support of two staff to meet their manual handling needs. However, a review of this area of care was required and the provider needed to satisfy themselves that the night time staffing resource reflected the assessed needs of this resident.

The residents had lived in this centre for a number of years and it was apparent that they considered it their home and felt comfortable there. Relationships with their respective families were promoted and staff indicated that one of the residents loved visits from their family. Some aspects of care required further attention, but overall the care residents received was of a good standard.

Regulation 12: Personal possessions

Residents required support in regards to managing their finances and personal belongings. The inspector found that they were well supported by the arrangements implemented by the provider and also by work practices within the centre. The provider ensured that residents had ample space and lockable storage for their personal possessions and the staff team were required to maintain a log of their possessions.

Within the centre, staff maintained detailed records of any financial transactions completed on behalf of residents. The person completed regular reviews of spending

to ensure that residents' money was used appropriately at all times and overall the inspector found that residents' personal interests were safeguarded.

Judgment: Compliant

Regulation 13: General welfare and development

Residents did not attend day services, but they received an integrated service in which their personal development and residential needs were catered for in the designated centre. Residents had high support needs and they really enjoyed getting out in their local communities each day. The inspector reviewed documentation which showed that a resident, who had an interest in gardening enjoyed visiting garden centres and they had also visited the Japanese gardens in Kildare. The remaining resident was recuperating following an extended illness, and staff explained that they were in the process reviewing activities for his resident, in light of their change in needs.

Judgment: Compliant

Regulation 17: Premises

In general, the centre was cosy and warm in nature and it was clear that residents considered it their home. Their bedrooms were individually decorated and also comfortable furnished. Both residents required support in regards to mobility, and serviced aids and appliances were readily available.

Although the centre was a pleasant place in which to live, it was in need of maintenance both internally and externally. Cracks were evident throughout and the exterior of the premises required painting, plaster damage repaired and general upkeep and maintenance of the grounds and roof tiles.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were good arrangements for the oversight of risks, incidents, accidents and near misses in the centre. The person in charge held responsibility for these areas of care and it was clear that safety was promoted in terms of the delivery of care. The person in charge had risk management plans completed in relation to issues which could impact directly upon residents, with assessments in place regarding epilepsy,

falls, modified diets and manual handling. However, the manual handling needs, and associated staffing requirements required further review in terms of the supports in place over nighttime hours for one resident.

The provider had a system in place for identifying, recording and responding to adverse events. Again, the person in charge held responsibility for this area of care and they completed the initial screening of all incidents, accidents and near misses. There were no trends of concern identified on this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire safety systems such as fire doors, emergency lighting and a fire alarm were installed and had an up to date service schedule in place. Fire precautions were also clearly displayed and the provider had arrangements in place for the evacuation of the centre during day and nighttime hours.

Staff were completing scheduled fire safety checks and they had also completed fire safety training. A review of records indicated that both residents and staff could evacuate the centre across all shift patterns and the staff member on duty gave a clear account of how best to support the residents in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had installed suitable storage for medicinal products which was securely locked on the day of inspection. The provider had medication prescription sheets which were issued by the residents' general practitioner and contained the correct information for the safe administration of medications. Associated medication administration recording documentation was also maintained and a review of both documents indicated that the residents' medications were administered as prescribed.

There were no trends in relation to medication administration errors and staff were completing scheduled medication stock takes which assisted in the identification of potential dispensing and medication administration errors. Although the structures for suitable medication practices were in place, the inspector asked staff to pause, prior to the administration of a resident's medication, to ensure that safe administration practices had been followed. The inspector found that medication practices required further review by the provider.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were well supported with their health and wellbeing. Residents had access to their general practitioner for routine health check ups and also in times of illness. Residents were also supported to participate the national health screening programme and a range of allied health professionals were involved in the review and delivery of care in this centre. Known health conditions had an associated health care plan which promoted consistency of care and staff who met with the inspector could account for resident's individual health needs.

A resident had also been through a difficult period, in terms of their health and they had had an extended stay in hospital in 2025 recovering from a known health condition. The person in charge explained how the provider had advocated on their behalf for additional resources which facilitated them to return to their home, once they had recovered.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans at the time of the inspection and overall both residents got on well with each other. The centre had information displayed in regards to safeguarding and the provider had appointed a person in charge to manage any concerns in this area of care. Staff had also undertaken safeguarding training and overall, safeguarding was promoted in this centre.

In the days prior to this inspection, a safeguarding concern had been reported. Management of the centre had implemented the provider's safeguarding procedures and interim measures had been introduced to protect residents while the concern was under investigation.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were well supported through the actions of the provider and staff team. The provider had displayed information in relation to rights and advocacy and scheduled residents' meetings were promoted by the person in charge. The

inspector observed pleasant interactions between staff and residents and staff were kind and patient when chatting to and assisting residents throughout the day.

Residents were well supported to stay in contact with their families and there were no restrictions upon visitors to the centre. Documentation reviewed on the day of inspection was written in a respectful manner and all correspondence and information relating to residents was securely stored.

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 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area C OSV-0003804

Inspection ID: MON-0043200

Date of inspection: 20/01/2026

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: <ul style="list-style-type: none"> - All maintenance work has been identified and escalated accordingly - A scheduled work plan has been implemented, and works are estimated to start in the summer of 2026 on the exterior of the home 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> - A neurology review took place on the 27/02/26 and upon review of support in place it was noted that a bed sensor would not be suitable for the needs of the residents. - A night duty schedule has been implemented and is signed by all staff to ensure regular checks are conducted and logged in real time. - Risk assessments for Epilepsy and Manual handling have been updated since the inspection. - Relevant care plans are under review by the Person in Charge to reflect the same. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> - Medication management and administration has been discussed in a recent team meeting to ensure best practice. All learning has been identified and discussed also. - Medication administration has been added to the agenda for staff supervision. - Further storage has been implemented to ensure safe storage and further enhance best practice. - All staff scheduled for Safe Administration of Medication Training as required and attended to refreshers as scheduled by the Person in Charge. 	

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(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	01/08/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/03/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Substantially Compliant	Yellow	15/02/2026

	to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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