



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area A
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	17 February 2026
Centre ID:	OSV-0004084
Fieldwork ID:	MON-0049652

About the designated centre

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

In this centre a full-time and part time residential service is provided to a maximum of eight adults at any one time. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Three houses make up the centre. All are located in or close to a major midlands town. Residents have on-site day services each day and transport is available to facilitate day service activities. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory support. One resident lives on their own. Another of the houses accommodates three residents and the third house can accommodate up to five residents. Each resident has their own bedroom. There are communal dining and other living arrangements. Each house has a garden. The houses are a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of an experienced person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 17 February 2026	08:45hrs to 14:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted following the receipt of unsolicited information in relation to the care and support in place in one of the three houses which made up this designated centre. The information indicated that issues in relation to the provision of healthcare, resources and community access were having a negative impact on life in this aspect of the centre. As part of the inspection process, the inspector met with two residents, one staff member and also a resident's family member. The inspection was facilitated by the centre's person in charge and a senior manager also attended for a period of time. The inspector spent a period of time talking to the staff member on duty and a resident's family member to get a better understanding of life in the centre. The inspector also reviewed medication management, the healthcare arrangements for one resident, nutritional supports, staffing resources and the oversight of the centre.

One resident had recently gone through a period of ill health which had been very difficult for them. Ongoing supports from the provider, staff team, allied health professionals and their general practitioner (GP) had brought about some recent and positive outcomes in terms of their health; however, the initial stages of their illness had placed additional pressures on their delivery of their care, which impacted upon community access for one other resident. In the early stages of their illness, consistency of care was also an issue in terms of delivering the recommended rest, which was required as part of their recovery. Overall, the inspector found that care was held to a good standard in this aspect of the centre. Allied health professional support was clearly evident and the resident was well supported to attend their GP, with all recommended interventions carried out by the staff team. Some progress had been made in relation to community access for one other resident, but this area of care required further examination by the provider, to ensure the centre was consistently resourced to facilitate community access for them throughout the week.

As part of the inspection process, the inspector also followed up on an action from the centre's previous inspection which identified a staffing resource issue in another house which had a significant impact on community access for residents who lived there. The inspector also attended this house and met with one resident, one staff member and the centre's team leader. The inspector found that the action from the last inspection had been recently addressed, with additional staff hours allocated to the weekday evenings which promoted ease of access to the local community.

On the morning of inspection, the inspector attended an aspect of the centre which accommodated three residents. The inspector met with two residents who were up and about and getting ready for the day ahead. One resident had already left independently to go to their day service and a staff member explained that they always left early as they enjoyed stopping for a coffee each morning. The remaining two residents were in pleasant form with one resident chatting for a good period of time about their recent illness and life in the centre. They said that they were happy

in their home and that they were feeling much better in recent weeks, following a period of ill health. They told the inspector that they were resting more and they needed some additional support from staff each day. They told the inspector that they normally go to day services each day, but on the day of inspection they were waiting for their sister who was picking them up and bringing them home for the day. They told the inspector that they enjoy these visits and they planned to have lunch and play with the dogs while they were there. The centre had a very pleasant atmosphere and the second resident who met with the inspector was in good spirits and enjoyed the banter with the other resident and staff. They had some words, and also used sounds and body language to communicate. They joked with the other resident in the sitting room and both residents laughed with one resident telling the inspector that the other was very funny.

On the last inspection of this centre, two residents enjoyed a high level of independence in terms of community access and staying in the centre by themselves without staff support. The remaining resident required support in regards to community access and safety, and the dynamic of the centre's care needs meant that the one staff on duty could meet the assessed needs of all residents. In the recent months, one resident's care needs had significantly changed, and they required more staff supports in terms of their individual care, including safety in their home due to changes in their mobility. They were also prescribed by their GP to rest. The inspector found that the provider had been responsive to this resident's care needs; however, another resident's social care needs were not fully met on the day of inspection, as one staff on duty could not facilitate this resident to access the community at a time of their choosing. The provider had, on occasion, resourced the centre with a second staff to facilitate social outings; but a review of the residents' combined care needs was required to ensure that the centre was adequately resourced in the short, medium and long term.

Overall, the inspector found that the centre was a pleasant place in which to live. Residents were generally happy and they were assisted by a familiar staff team. The healthcare arrangements for one resident had stabilised following a recent illness; however, the collective needs of the residents, in one aspect of the centre had recently changed and a further review of staffing resources was required to ensure that all residents had ample opportunity to engage in activities in their local community.

Capacity and capability

The provider had a clear management structure in place, which included a person in charge and a senior manager who coordinated the delivery of the service and the oversight of care. The provider ensured that the person in charge had sufficient time to fulfill the duties of this role and they were also empowered to make decisions to improve the quality and safety of care which residents received. This inspection

found that care and support was generally held to a good standard and the oversight arrangements ensured that any issues which may impact on the provision of care were identified. Although this was an overall positive inspection, of review of the collective care needs of residents was required to ensure that the centre's staffing resources were adapted to meet the current needs of the service.

The inspection was facilitated by the centre's person in charge who was well aware of the recent challenges which the service had managed. They were in a full time role and they attended the centre throughout the working week. They had a good understanding of the resident's individual care needs and they also completed a range of internal audits which ensured that care was generally held to a good standard.

The provider had completed the required audits of care with the most recent audit completed two months prior this inspection. This audit gave a good account of life in the centre and found that residents were safe and that care was held to a good standard. Subsequent to this audit, a resident's health needs changed, and where they were previously independent, they now required additional supports from the staff team. The inspector found that the collective needs of the centre had not been fully reviewed to ensure that all residents' social needs were being met at the time of inspection.

Overall, the inspector found that the centre was homely in nature and that residents did receive a good quality of care and support; however, staffing resources required further examination to ensure that all residents could access their local community at a time of their choosing.

Regulation 15: Staffing

Staff who met with the inspector were very pleasant and they had a good rapport with residents in the two houses which were reviewed as part of this inspection. The inspector spoke for a period of time with one of these staff members and found that they had a good understanding of resident's individual and collective care needs.

The person in charge maintained both a planned and actual rota which clearly outlined the staffing allocations in the designated centre. The actions from the last inspection had been recently completed by the provider, with additional hours implemented for weekday evenings in one of the houses in the designated centre. These additional hours ensured that residents had better community access to engage in activities which they enjoyed, including participating in the special Olympics, shopping and meals out in their local town.

Judgment: Compliant

Regulation 23: Governance and management

The provider had governance and oversight arrangements in place which ensured that the centre was safe and residents generally received a good quality service. The allocated management structure of the centre included a person in charge and a senior manager, with both individuals having an in-depth understanding of the service and associated measures for the monitoring of care.

The centre's annual review of care and announced audits were completed as required by the regulations and all associated actions were addressed by the person in charge. These audits and reviews examined a range of care and support needs and included consultation with residents and their representatives. Areas of care which required some adjustments included staffing, fire safety and training but overall the latest review of care gave a positive feedback in terms of service delivery.

Although care was generally held to a good standard, the inspector found that due to a resident's changing needs, the staffing resources in one aspect of the designated centre required review to ensure that it was suitably resourced at all times.

Judgment: Substantially compliant

Quality and safety

Residents enjoyed living in this centre and they were well supported by a consistent and knowledgeable staff team. Residents who met with the inspector were in good spirits and it was clear that they enjoyed the company and assistance offered by the staff on duty. In general, residents received a good level of care and support; however, the arrangements in one aspect of the designated centre required further review to ensure that one resident could access their local community at a time of their choosing.

The inspector met with three residents in two separate houses during the course of the inspection. On the morning of inspection, two of the residents were preparing to leave their home with one going to their day service and the other going home with their sister. Both residents indicated that they liked their home and they referred to the staff member on duty and the person in charge for reassurance in terms of the day ahead. The inspector attended the second house in the afternoon and met with one more resident, a staff member and the centre's team leader. Again, this aspect of the centre was very pleasant and the resident was relaxing in the sitting room getting their nails painted by the staff on duty. They chatted briefly with the inspector and they indicated that they liked their home and the staff who supported

them. This resident had officially retired and the arrangements that were implemented by the provider ensured they could access their community each day and also enjoy a more relaxed approach to their day.

As mentioned throughout this report, a resident's needs had recently changed and they required more support in terms of their mobility and health. Their GP recommended that rest was an integral aspect of their recovery and information which was received by the Chief Inspector indicated that suitable rest was not always in place. In the early stages of their changing healthcare needs, there was an inconsistent approach in supporting the resident to rest; however, at the time of inspection the person in charge had resolved this issue. A family member who met with the inspector was satisfied with the level of support which they were receiving at the time of inspection and overall, the inspector found that this resident's health and wellbeing was promoted.

The centre overall, was a pleasant place in which to live. Residents who met with the inspector were happy in their home and the enjoyed the company of those whom they lived with.

Regulation 13: General welfare and development

Residents were well supported in terms of personal development with some residents' education and training needs catered for in their respective day services. Some residents also accessed their local town independently to meet up with friends and one resident could remain in their home by themselves. The inspector found that these arrangements promoted their rights and wellbeing. One resident received an integrated service and they enjoyed accessing their community each day and also attending sporting events in the evening time. As mentioned previously, one resident had also retired and they were supported by one staff each day in their home to have a more relaxed approach to their day.

Although the majority of residents were well supported in terms of social and community access, the arrangements in one aspect of the designated centre required review, to ensure that one of the residents who resided there had ample opportunity for community access, at a time of their choosing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The provider ensured that residents were supported to enjoy a varied diet. Fresh fruit and vegetables were clearly evident in the designated centre and residents enjoyed a home cooked meal each day. Residents also liked eating out with

residents in one of the houses in the centre going out for a meal together every Friday in nearby restaurants or public houses.

Due to recent illness, one resident has lost weight and the staff team were recording their nutritional and fluid intake each day to ensure that their dietary needs were met. They were in the recovery stage of this illness and making good overall progress. A review of their dietary intake showed that they did not always make the best choices in terms of a balanced diet and the person in charge indicated that this had been an ongoing issue for this resident. Following a discussion with the person in charge, a referral was made to a dietitian to provide additional supports and advice for this resident.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire doors, emergency lighting and a fire alarm were installed. All fire equipment had a completed service schedule in place and staff were conducting scheduled fire safety audits to ensure that equipment was in good working order.

A resident's mobility needs had recently increased and the staff team had completed a fire drill to determine if they needed any additional supports to evacuate the centre. The associated records indicated that this resident could still leave the centre in a prompt manner and their associated personalised evacuation plan had been updated to include to use of mobility equipment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable storage in place for medicinal products which was securely locked on the day of inspection. The provider had prescription sheets in place which contained the required information for the safe administration of medications, and a review of records indicated that medications were administered as prescribed.

A resident had recently undergone several changes in prescribed medications and staff who met with the inspector had a good knowledge of these changes and also the recommended administrations times for as required medicinal products.

Judgment: Compliant

Regulation 6: Health care

This inspection was focused on the healthcare needs of one resident who recently had undergone an acute illness which impacted their day to day quality of life. The inspector found that the delivery of their care had been previously inconsistent; however in the weeks prior to this inspection, a standardised approach to their care was introduced which led to a more consistent approach to their care. The resident was actively supported to have sufficient rest and recommended interventions from their physiotherapist were promoted each day. The resident's GP was actively involved in their care and the person in charge was well aware of recent referrals for further medical investigations.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Community Living Area A OSV-0004084

Inspection ID: MON-0049652

Date of inspection: 17/02/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Additional staffing measures have been implemented in the centre to ensure the centre is suitably resourced at all times. Additional hours have been implemented on Saturday's and Sunday's from 21.2.26 for a period of 7 weeks. If required these additional measures will be reviewed by 30.3.26.]	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Additional staffing measures have been implemented in the centre to ensure the residents have ample opportunity for community access. Additional hours have been implemented on Saturday's and Sunday's from 21.2.26 for a period of 7 weeks. If required, the additional measure will be reviewed on 30.3.26. The additional hours are scheduled in advance but times are adjusted depending on the residents wishes on the day and the activities they want to engage in.]	

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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	21/02/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	21/02/2026