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 G
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	13 July 2026
Centre ID:	OSV-0004089
Fieldwork ID:	MON-0045047

About the designated centre

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

Community Living Area G consists of two single storey cottage-like dwellings located side-by-side in a small town but within close driving distance to a bigger town. The centre can provide full-time residential support for up to eight residents of both genders over the age of 18 with intellectual disabilities and physical, emotional and psychological needs. One of the dwellings can support five residents and the other can support three residents. Each resident had their own individual bedroom while other rooms available for residents in the dwellings include kitchen areas, sitting rooms, utility rooms, and bathrooms. Support to residents is provided by the person in charge, nursing staff, social care workers and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 13 July 2026	10:50hrs to 17:30hrs	Conor Dennehy	Lead
Tuesday 14 July 2026	08:05hrs to 16:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was a monitoring inspection conducted over the course of two days to assess compliance with regulations following the centre's previous inspection in April 2024. During the current inspection, the inspector met six residents and also spoke with the person in charge, two members of covering management and three staff members. Overall, this inspection found good compliance in key areas such as safeguarding and the provision of healthcare. However, some regulatory actions were identified including relating to person-centred planning goals, the centre's directory of residents and fire safety with this latter area judged non-compliant.

Community Living Area G was made up of two separate cottage-like dwellings located side-by-side. Upon arrival at the centre on the first day of inspection, the inspector was informed that residents of one of these cottages had only recently returned to the centre having been staying in another centre since April 2026. These residents had been staying in this other centre to facilitate premises works in areas such as the flooring, heating systems and roof. It was also indicated that such works had been completed in both cottages.

The inspector spent the whole of the first day of inspection in the first cottage visited. This cottage could provide a home for five residents but at the time of inspection, just four residents were living there. It was highlighted to the inspector though that there were plans for a new resident to transition into this cottage to fill a vacant resident bedroom. The inspector was also informed that this prospective resident had visited the cottage in advance of their admission to the centre.

During the first day of the inspection, two of the residents in the first cottage visited were away from the centre for part of the day attending day services. The other two residents were initially present with the inspector meeting both shortly into the inspection. One of these residents did not interact with the inspector but appeared comfortable and was seen to interact humorously with one staff member. Such staff were commented on positively by the other resident.

This resident talked to the inspector about their background and told him that they loved living in the centre. They said that they were enjoying the hot weather at the time of the inspection and liked their bedroom as it was cool. The resident went on to tell the inspector that they would be going to a town later in the day to get an eye test, to do some shopping and to get their nails done. This resident and the other resident initially met, were later supported by staff to leave the centre to go on this outing.

In the mid-afternoon of the first day of inspection, the two residents who had been at their day services returned to the first cottage visited. Both of these residents were overheard being informed about the inspector's presence in their home with one also heard to be asked what they wanted for dinner. A dinner of chicken and

pasta was chosen and later this meal was prepared which resulted in a nice smell being evident in the cottage.

The inspector was introduced to both residents who returned from day services and later had an opportunity to sit with both in the cottage's sitting room. While one of these residents did not significantly interact with the inspector, they appeared comfortable in their living environment and was seen to smile at times. It was particularly noticeable that this resident smiled or laughed at times when the other resident interacted with them. This suggested that both residents had a very close relationship.

During this time, the other resident chatted to the inspector and spoke about doing paperwork in their day services. They also indicated that they loved living in the centre and that staff were good to them. When asked what they would be doing for the rest of the day, the resident said that they did not know. Shortly after this one of the residents put on a song on their tablet device with the other resident heard singing along to this. Both of these residents seemed very relaxed at this time.

Just as the inspector was leaving the first cottage at the end of the first day of inspection, the residents who had earlier gone on an outing returned to the cottage. One of these residents had gotten their nails done which were praised by a staff member. This resident told the inspector that they had a good trip out and had chosen their nail colour and new sun glasses following their eye test. As the inspector left this cottage, the other three residents were seen sat together around a dining table with one of these indicating that they liked their dinner of chicken and pasta.

On the second day of inspection, the inspector spent the majority of his time in the centre's second cottage. Three residents were living in this cottage although one of these residents was not present during the inspection as they were staying with their family at the time. Of the two residents that were present in this cottage, the inspector twice met one of these briefly. On both occasion this resident greeted the inspector with a handshake and was seen smiling. Early into the second day of inspection, the resident left the centre for day services and was not met again.

The inspector did have an opportunity to sit and speak with the other resident. This resident told the inspector that they had been living in the centre for a year. When asked what they thought about living in the centre, the resident responded by saying "love it". The resident then answered "everything" when the inspector asked what they loved about living in the centre. It was further indicated by the resident that they liked the staff, got on with the other residents and felt safe living in the centre.

It was then mentioned by the resident that they would be taking it easy for the day but they also said that they would be going to a doctor's appointment later in the day. Later in the morning this resident left the cottage with a staff member on duty which meant that no residents were present in the second cottage for a period. This resident did return though before the end of the inspection and was seen chatting

with the person in charge before relaxing in the second cottage's sitting room at the end of inspection.

The inspector did spend some time in the first cottage during the second day of inspection. As with the first day, two residents attended day services, but the other two residents were brought for lunch out by staff. One of these residents indicated that they would be going to stay with their family later in the week and appeared to be looking forward to this. As the inspector finished the inspection, residents in the first cottage were seen in the communal areas of the cottage alongside staff with the general atmosphere there being calm and relaxed.

In summary, three residents spoken with gave very positive feedback on living in the centre. Other residents were seen smiling during the inspection. During the course of the inspection, three residents attended day services, but the other residents present also left the centre at points during the inspection for outings and appointments. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

The next two sections of the report present 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 service being delivered.

Capacity and capability

Good compliance overall was found during this inspection which provided assurances that residents were being well-supported in various areas. The good compliance was evidenced in areas such as the appointment of a suitable person in charge. Some actions were identified relating to the centre's statement of purpose and directory of residents.

This designated centre was registered until October 2027 and had been previously inspected on behalf of the Chief Inspector of Social Services in April 2024. That inspection found an overall good level of compliance although some regulatory actions were identified in areas such as medicines management, fire safety and residents' finances. Following that inspection the provider submitted a compliance plan response outlining the measures that they would take to come back into compliance for such areas. Given the length of time since the April 2024 inspection, the current inspection was conducted to assess compliance in more recent times.

Overall, the current inspection found that the provider's governance arrangements had ensured good compliance and good support for residents in most areas reviewed. This included the provision of nursing staff. There was also ongoing monitoring of the services provided in the centre though audits and provider unannounced visits. A statement of purpose was in place for the centre that had

been reviewed within the previous 12 months although it was found that this required some updating. The centre's directory of residents was also missing some required information.

Regulation 14: Persons in charge

Based on documentation previously submitted to the Chief Inspector, the appointed person in charge had the necessary experience and qualifications to fulfil the role. The person in charge came across as committed to their role and demonstrated a good overall awareness of the operations of the centre and the needs of residents. Up until June 2026, the person in charge had been responsible for two designated centres, but was now only responsible for Community Living Area G. The person in charge worked full-time and staff spoken with were aware of who the person in charge was.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements must be provided for a centre to meet the needs of residents living there. Given the needs of residents living in one cottage, the inspector was informed that a nurse was to be on duty in that cottage at all times during the day and night. Discussions with staff and the person in charge indicated that a nurse was always on duty in that cottage. Staff rotas were reviewed for the other cottage from 1 May 2026 on which indicated that appropriate staffing arrangements were in place to support the residents living there. It was also notable that the staff spoken with during this inspection demonstrated a good awareness of the needs of residents living in the centre. During the inspection, some issues were raised regarding fire evacuation from the centre at night when staffing would be at its lowest levels. This is discussed further under Regulation 28 Fire precautions.

Judgment: Compliant

Regulation 16: Training and staff development

Under this regulation, the person in charge should ensure that staff working in a centre are appropriately supervised. The person in charge indicated that they conducted formal supervision of staff working in the centre. Based on discussions with two members of staff and a supervision log reviewed for one cottage, staff had

received multiple supervisions or induction meetings during 2026. This provided assurance that the supervision requirements of this regulation were being met.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which was provided to the inspector during this inspection. From this review, it was noted that the directory contained most of the information and details required by this regulation for five residents of this centre. Such information and details included residents' names, their addresses and details of residents' representatives or next-of-kin. It was noted though that this directory did not include the name and address of any authority, organisation or other body, which arranged three residents' admission to the designated centre. In addition, the directory of resident provided did not include any of the required details for two of the residents that lived in this centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

An organisational structure was in place for the centre as outlined in the centre's statement of purpose. This structure provided for lines of accountability and reporting from staff working in the centre to the provider's board of directors. This structure included the centre's person in charge. In the absence of the person in charge, arrangements had been made to provide support to staff. This was seen in operation on the first day of inspection when the person in charge was not present with two other management personnel from the provider attending in their place. There was also an on-call system to provide support for staff out-of-hours or at weekends if required. Staff spoken with were aware of this system.

Ongoing monitoring of the services provided in the centre were being carried out based on documentation provided. This monitoring included conducting audits in areas such as finances and medicines management with an audit schedule in place for 2026. This promoted systematic monitoring of the services provided. Regulatory requirements to monitor the quality and safety of care and support provided in the centre were also being met. These included an annual review being completed for 2025 and unannounced visits to the centre being conducted by representatives of the provider every six months.

The 2025 annual review was reflected in a written report and included some feedback from residents and their families. The provider unannounced visits were also reflected in written reports which had been completed most recently in June

2025, December 2025 and May 2026. Where any areas for improvement were identified during these unannounced visits, action plans were put in place which assigned time frames and responsibilities for addressing these.

Overall, the current inspection found good levels of compliance in key areas, such as safeguarding and healthcare. It was also noted that areas for improvement highlighted by the April 2024 inspection, including aspects of medicines management and oversight of residents' finances had improved. While some regulatory actions were identified during the current inspection, most of these were paper based actions. As will be discussed later in this report, there were some concerns noted regarding fire safety. It was acknowledged that similar concerns had been identified by the person in charge who had recently escalated these internally within the provider.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This regulation requires that residents be afforded the opportunity to visit a centre before being admitted to that centre. As mentioned earlier in this report, there were plans for a new resident to transition into one cottage to fill a vacant resident bedroom there. The person in charge informed the inspector that this resident had visited the centre in advance of their admission. It was also referenced in the report of a provider unannounced visit from May 2026 that this resident had visited the centre numerous times.

Aside from this, a contract for the provision of services is required be in place for residents under this regulation. This is important to ensure that it is outlined what services and facilities are to be provided in a centre and the fees that residents are to pay. During this inspection, the contracts of three current residents were seen with both found to contain all of the information required by this regulation. It was noted though that one of these contracts had not been signed to indicate that it had been agreed to. Under this regulation, such contracts must be agreed to at the time of admission.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for this centre which had last been reviewed in September 2025. This statement of purpose was found to contain information required by this regulation including the arrangements for respecting the privacy of

residents and details of the centre's fire precautions. However, not all of the required information was accurately stated, such as:

- The descriptions of some rooms in the statement of purpose was different to what these room were in reality. For example, a visitors room in the floor plans was actually an office.
- The statement of purpose should contain all of the information outlined in the centre's registration certificate. It was noted though that the registration details in the statement of purpose related to the centre's previous period of registration and not its current one. As such, some of the information from the centre's current registration certificate, such as the centre's current registration conditions, was not included in the statement of purpose.

Judgment: Substantially compliant

Quality and safety

Residents were supported with their health needs with guidance on supporting residents' needs outlined in their personal plans. Aspects of fire safety required improvement or review.

The needs of residents were outlined in their personal plans. Such plans included guidance on how to support the health needs of residents. Support was given to residents to help meet these health needs. For example, residents were supported to attend medical appointments as happened on both days of this inspection. Residents were supported to receive their prescribed medicines with appropriate facilities provided for medicines to be stored securely in. In addition, residents were provided with safes in their bedrooms to store their finances in.

Both cottages of the centre were provided with fire safety systems such as fire alarms and fire doors. However, improvement or review was needed for some aspects of the centre's fire safety measures. This included the maintenance of some fire doors and the night-time evacuation arrangements in one cottage. It was seen though that the general premises provided for residents was seen to be well-presented on the days of inspection. The recent premises works that had been completed had helped to address a previously identified roof leak issue in one cottage.

Regulation 10: Communication

In both cottages of the centre, it was seen that residents had access to media including televisions and radios. The inspector was also informed that both cottages

had access to Wi-Fi Internet and that one resident used a tablet device and a mobile phone to help them communicate. When reviewing three residents' personal plans, it was found that guidance was present for staff within these plans around how residents communicated.

Judgment: Compliant

Regulation 12: Personal possessions

During the April 2024 inspection, it was highlighted that the oversight arrangements required some improvements to promote the safeguarding of residents' finances. On the current inspection, the inspector was informed that most residents had their own bank accounts while one resident had a financial arrangement with the provider to oversee this resident's personal accounts. While the inspector was informed that one resident was independent with their finances, the other residents of this centre were supported by staff with their finances.

To ensure oversight of residents' finances, the inspector was told that transactions were recorded with receipts also kept. Such transactions were cross-checked against monthly bank statements based on records reviewed for one resident. For the resident that had a financial arrangement with the provider to oversee their personal accounts, it was highlighted that attempts had been made to change this resident's financial arrangements. In the interim, this resident primarily kept their finances in the centre via cash with daily checks conducted for this cash. It was found that the recorded cash balance for the resident matched the amount of cash that was kept in the centre for the resident.

Each resident had a safe in their bedroom for their money or bank cards to be stored. These bedrooms were also seen to be provided with other facilities to store residents' personal belongings such as wardrobes. When reviewing two residents' personal plans, the inspector also observed that lists of residents' personal possessions were being maintained. These lists included photographs of such possessions.

Judgment: Compliant

Regulation 17: Premises

At the time of the April 2024 inspection, the premises provided for residents to live in was found to be well-presented overall. However, it was highlighted then that a persistent unresolved leak in the roof of one of the cottages detracted from the homeliness of centre. During the current inspection the inspector was informed that works had recently been completed for both cottages in areas such as the flooring,

heating systems and roof. It was further indicated that these works had addressed the persistent roof leak.

It was also seen during this inspection that the premises provided was homely in its general appearance as well as being well-furnished and largely clean. Each resident had their own bedrooms which were personalised with communal space also provided for. Given the hot weather at the time of this inspection occurring, attempts had been made to cool the premises for residents' comfort. As part of this, a small swimming pool had been obtained to allow residents to engage in water play.

Given the recent premises works that had been completed, it was observed that parts of the centre, such as the kitchen décor, were modern in their general appearance. The bathrooms in both cottages were observed though to be older in style and appearance. Provision has been made for laundry facilities in both cottages although during the inspection, it was observed that one cottage did not have a washing machine. The inspector was informed by the person in charge that a new washing machine had been ordered and was awaiting delivery.

Judgment: Compliant

Regulation 20: Information for residents

During this inspection, a copy of the centre's residents' guide was seen. This was presented in an easy-to-read format and contained all of the information required by the regulations. This included details about the visiting arrangements for the centre.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of the April 2024 inspection, it was highlighted that improvements were required to ensure that residents could evacuate the centre in a prompt manner should a fire occur. That inspection also raised some issues with fire doors in the centre, Having such fire doors in place is important as they help prevent the spread of fire and smoke in the event of a fire occurring. During the current inspection, it was seen that both cottages were equipped with various fire safety systems. These included fire alarms, emergency lighting, fire extinguishers and fire doors. Each cottage was also provided with five separate fire evacuation routes.

While such fire safety measures were noted, some instances were observed during this inspection where fire safety measures could be improved. These were:

- During the first day of inspection, it was observed that a mobility aid was placed in front of an open fire door. The location of the mobility aid would have prevented the fire door from closing if required and would therefore reduce its effectiveness. This mobility aid was quickly removed on the first day of inspection after the inspector highlighted it to a member of management.
- Some issues were observed with fire doors in both cottages. This included three fire doors missing screws from their hinges in one cottage. In the other cottage it was seen that two fire doors had noticeable gaps under them while one fire door frame was missing parts of its fire seal. Such matters had the potential to limit the effectiveness of these fire doors.
- On the first day of inspection, it was observed that one fire evacuation route was obstructed by a wheelchair and a hoist. The inspector highlighted this to a member of management during the first day but the evacuation route was not seen to be cleared until the second day of inspection. It was acknowledged though that all other fire evacuation routes in both cottages were seen to be unobstructed.
- In the main corridor of one cottage, it was seen that two cylinders of oxygen were stored there. This corridor led directly to three separate fire evacuation routes and so served as an escape corridor for the cottage. Given that such oxygen can cause materials to burn extremely rapidly and can cause some materials to burn that would not normally be combustible, the storing of oxygen in an escape corridor required review.

Aside from such matters, it was also noted risk assessments were in place for the centre relating to fire safety. One of these related to emergency evacuation of one cottage with this risk assessment having been reviewed in November 2025. This risk assessment provided for various control measures such as fire safety equipment, evacuation plans and monthly fire drills. Such control measures were generally seen to be in place. For example, based on records reviewed, all staff (including agency staff) had completed fire safety training. It was identified though, from fire drills records for this cottage, that fire drills were not being conducted monthly. The person in charge indicated that an internal direction had been given by the provider during December 2025 to reduce the frequency of fire drills.

For the fire drills that had been conducted in the cottage, it was noted that low evacuation time for fire drills during the day were recorded. However, since December 2025 two fire drills for this cottage had been conducted to reflect a night-time situation when staffing levels would be at their lowest. The first of these fire drills in December 2025 involved three residents and had a recorded evacuation time of 6 minutes 40 seconds. The next night-time fire drill was conducted on 10 July 2026 which involved four residents. The record of this drill had a recorded evacuation time of 7 minutes 12 second for three residents but a fourth resident had refused evacuation, so the evacuation was not completed.

It was acknowledged that this refusal had since been risk assessed and rated as a low risk. It was also noted that the fire evacuation plan for the centre highlighted how support could be obtained from another designated centre located nearby while the local fire station was also located close to the centre. The person in charge

indicated how they had engaged with the local fire services about this and with these fire services were due to visit the centre following this inspection. While this was noted, the inspector was also informed that the relevant risk for this had been escalated within the provider. In addition, it was indicated in the risk assessment completed that if the relevant resident refused to evacuate their bedroom, staff were to close the resident's bedroom and inform emergency services of this.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management practices were reviewed in one cottage given that the residents living there had higher medical needs. In this cottage, it was found that appropriate secure storage facilities for medicines (including medicines which required refrigeration) were present. The inspector viewed inside these storage facilities and found a sample of medicines in there to be in-date and appropriately labelled. It was noted though that there were two opened containers of prescribed eye drops with neither container indicating the date when they were first opened. It is important to clearly record such information given that these eye drops were to be disposed of after a certain period from when first used. It was acknowledged though that both of these eye drops had recent pharmacy labels on them and neither would have been past their disposal period at the time of this inspection.

Medicines documentation was reviewed for two residents in this cottage. Such documentation was generally found to contain all of the required information, such as details of residents' prescribed medicines and information about when these medicines were to be administered. It was observed that one resident's medicines documentation was missing a photograph of the resident. This was highlighted to the person in charge during the second day of inspection. The documentation reviewed did confirm though that both residents had received their medicines as prescribed in the weeks leading up to this inspection. Records also confirmed that residents were assessed to determine if they could self-administer their own medicines.

Aside from such matters, the April 2024 inspection has raised concerns around the titration of medicines of one resident and daily checks of a controlled medicine for the same resident. During the current inspection, it was highlighted that this resident no longer resided in the centre and that there were no controlled medicines nor medicines which required titration currently in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

To comply with this regulation, all residents should have an individualised personal plan in place. Such personal plans are intended to provide guidance for staff on how to support the health, personal and social needs of residents. During this inspection, the personal plans of three residents were reviewed. The contents of these residents' personal plans had been reviewed within the previous 12 months and provided guidance on how to support the needs of residents in areas such as their health needs and communication.

As part of the personal planning process, person-centred planning was used to identify goals for residents. Based on records reviewed within residents' personal plans, such goal setting had the involvement of residents and their families. Goals identified for residents included relationship building, having a night away and going to a concert. The documentation reviewed in the personal plans and discussions with staff and the person in charge indicated that some of these goals had been completed or were being progressed. For example, one resident had attended a concert in keeping with their identified goal. Another resident also had a goal to go to Disneyland Paris and had been supported to get a passport to help achieve this goal.

However, some areas were identified where the process for person-centred planning goals could be improved. These included:

- One resident had goals identified in February 2026, but no time-frames nor responsibilities were assigned for supporting the resident with these goals. This included a goal for the resident to live in their own house but from speaking with the person in charge it was unclear if this was something the resident actually wanted.
- Another resident had a goal around community interaction that included the resident attending certain events or places by certain dates that had passed as of this inspection taking place. These included going to the beach and the circus. It was not documented in the records provided if the resident had gone to these or not. This was queried with the person in charge who also unsure if the resident had attended some of these events and places.

Judgment: Substantially compliant

Regulation 6: Health care

When reviewing the personal plans of three residents, it was found that these plans contained guidance on supporting the various health needs of residents. This included particular areas such as epilepsy, constipation, and diabetes. Such guidance was noted to be detailed in its nature which was particularly important given the higher health needs of residents in one cottage. A staff nurse spoken with who worked in this cottage demonstrated a good awareness of how to support the health needs of the residents living there. It was also noted that residents spoken

with told the inspector that they were being brought to medical appointments during this inspection. This provided assurances that residents were supported to access various health and social care professionals as required. Documentation reviewed for another resident also confirmed that they had availed of a national health screening service related to their diabetes.

Judgment: Compliant

Regulation 7: Positive behavioural support

When reviewing incident records for 2026, it was noted that some instances had occurred in one cottage whereby one resident could engage in loud shouting. Discussions with the person in charge and a staff member working in this cottage indicated that this shouting did not impact the other residents living there. The staff member spoken with also demonstrated a good awareness of how to support this resident during such incidents. The information provided by this staff member was consistent with positive behaviour support guidelines that were present within the resident's personal plan. These guidelines had been reviewed in February 2026 by a behavioural therapist.

Judgment: Compliant

Regulation 8: Protection

The Chief Inspector had received three safeguarding notifications from this centre since the April 2024 inspection. Documentation provided during this inspection around each of these three matters confirmed that these had all been subject to preliminary screenings with safeguarding plans put in place where required. Aside from these three notifications, no safeguarding concerns were identified during this inspection based on incident reports reviewed for 2026, discussions with residents, staff and management, and observations across both days of inspection. Records provided also confirmed that all staff, including agency staff, had undergone safeguarding training. Staff spoken with during this inspection demonstrated a good awareness of how to respond to any safeguarding concern if it arose.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area G OSV-0004089

Inspection ID: MON-0045047

Date of inspection: 14/07/2026

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: • The person in charge completed a review of all resident's Directory of residents and information required is included for each resident. • The person in charge has put in place the required details for two resident's and both have Directory of Residents in place.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • The PIC has met with the resident, and the contract of care is now signed.	
Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The PIC updated the existing floor plan to ensure it accurately reflects the current physical layout of the centre.

• The PIC has reviewed and amended the Statement of Purpose to ensure that all registration information accurately reflects the centre's current registration certificate and any conditions attached to the registration.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Missing screws identified on fire doors have been replaced and the doors repaired as required. The damaged seal on one fire door has been replaced. Gaps identified in two fire doors have been rectified. All issues identified during inspection have been addressed and the fire doors are now compliant with fire safety requirements.
• Oxygen cylinders that were being stored in the main corridor have been removed and relocated to an appropriate designated storage area. This action has eliminated the obstruction from the corridor and supports compliance with fire safety and emergency evacuation requirements.

• The Registered Provider has considered the requirements of Regulation 28, the current HIQA Fire Safety Handbook and the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses.
The Registered Provider recognises that there is no single prescribed evacuation timeframe within Regulation 28 or the Community Dwelling Houses Code of Practice that can be universally applied to all community dwelling houses. The appropriate evacuation arrangements are dependent on the particular characteristics of the building, its fire safety strategy, means of escape, staffing arrangements and the number and individual needs of the residents.

• Following the unannounced inspection, the Person in Charge (PIC) reviewed all fire safety arrangements within the designated centre to ensure the effectiveness of evacuation procedures and ongoing fire safety management in conjunction with the Fire Safety Officer.
• The designated centre has 30-minute fire-rated doors and a protected means of escape designed to provide 30 minutes of fire resistance. The Registered Provider recognises that this fire-resistance period should not itself be interpreted as an evacuation timeframe. It is, however, an important element of the overall fire safety arrangements
• The designated centre has a comprehensive fire safety system in place, including fire

detection and alarm systems, emergency lighting, and firefighting equipment. All fire safety equipment and the fire alarm panel system are serviced by a qualified fire engineer on a quarterly basis, and more frequently if required. In addition, the PIC and staff team complete daily and weekly fire safety checks to ensure that all fire safety equipment is functioning effectively. Any defects identified are reported immediately and addressed as a matter of high priority.
• As an additional safety measure, the Chief of the local Fire Brigade was invited to the designated centre to undertake a site survey and familiarisation visit. This will ensure that emergency services are fully aware of the layout of the property and all entry and exit points should an emergency response ever be required.

• The Registered Provider also acknowledges the Chief Inspector's concern regarding a resident who may initially refuse to evacuate. In relation to the resident who initially refused to evacuate during a fire drill, a comprehensive review was completed by the PIC. It was explained to the inspector on the day of inspection that the refusal was unusual for this resident and may have been influenced by the fact that the resident had only recently returned to the designated centre following an extended period of absence while repair works were being completed in the centre.

Immediately following the refusal, the PIC completed a risk assessment and contacted the local Fire Brigade to seek additional guidance and support. The resident's Personal Emergency Evacuation Plan (PEEP) has since been reviewed and updated to clearly document the potential for refusal and the control measures required to support a safe evacuation.

To further address this issue, the PIC and staff team developed a social story with the resident focusing on the importance of evacuating promptly when the fire alarm sounds. Fire safety and evacuation procedures were also discussed with all residents during the weekly house meeting. Fire safety has now been added as a standing agenda item for all future house meetings to ensure ongoing awareness and engagement.

• Since the inspection, all residents have successfully participated in three fire drills, consisting of two daytime drills and one night-time drill. On each occasion, the resident evacuated successfully and in line with their support needs. (Day and night fire drills were completed on 31/07/26, 05/08/26 and 14/08/26). The PIC has scheduled an ongoing programme of both day and night-time fire drills for both houses to ensure that all residents continue to practise evacuation procedures regularly. There has been an additional person admitted to this designated centre since the inspection, and he participated in a fire drill since his admission.

• If the evacuation time is above 12 minutes [this time is specific to Cottage 1] during a fire drill, the rationale for the variance will be documented within the fire drill report, it will be reviewed by the Person in Charge and the Fire Safety Officer and escalated to the Person Participating in Management (PPIM) for review and oversight.

These actions provide assurance that robust fire safety arrangements are in place within the designated centre and that residents are supported to evacuate safely and effectively in the event of an emergency

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

• The PIC informed staff present at the staff meeting held on the 29.07.26 that all residents' plans must clearly document when an activity has been completed, or—where an activity is ongoing, and what has been completed to date. The person in charge will oversee and review all individual assessments and personal plans monthly.

• Staff will be reminded that accurate, timely documentation is essential to demonstrate compliance with Regulation 5 and to ensure continuity of care.

• The person in charge has scheduled meetings with key workers to go through goals for the year planned with each resident and to clarify what has been completed/not completed to date this year. Dates have been assigned for meetings with the person in charge and the key workers.

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/07/2026
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	10/08/2026
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services,	Not Compliant	Orange	31/07/2026

	bedding and furnishings.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/09/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/07/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2026
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and	Substantially Compliant	Yellow	30/09/2026

	shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.			