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

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| Name of designated centre: | Community Living Area T |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Offaly |
| Type of inspection: | Announced |
| Date of inspection: | 10 June 2026 |
| Centre ID: | OSV-0005680 |
| Fieldwork ID: | MON-0042784 |

## About the designated centre

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

This designated centre is operated by Muiriosa Foundation, and can cater for the needs of up to three male and female residents, who are over the age of 18 years and who have a disability. The centre comprises of one bungalow house located in a cul-de-sac in a village in Co. Offaly. Here, residents have their own bedroom, some en-suite facilities, a shared bathroom and communal use of a sitting room, utility and kitchen and dining area. A garden and patio area and outdoor shed space is also available for residents to use, as they wish. Staff are on duty both day and night to support the residents who live here.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 3 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Wednesday 10 June 2026 | 09:00hrs to 14:30hrs | Anne Marie Byrne | Lead |

## What residents told us and what inspectors observed

This was an announced inspection carried out to assess the provider's compliance with regulations, so as to inform a registration renewal decision. The inspection was facilitated by the person in charge, and the inspector also met with the three residents that live here, and two staff members. The last inspection of this service in November 2025 found the provider in full compliance with the regulations. This inspection found that while very good care and support practices had been sustained since then, there was some minor reviews required to aspects of fire safety and medication management.

This centre comprised of one bungalow house located in a quiet cul-de-sac within a village in Co. Offaly. Each resident had their own bedroom, one of which was en-suite, there was a large shared bathroom, and residents had communal use of a spacious kitchen and dining area, utility, sitting room, with a large and well-maintained garden to the rear. There was also a staff office, and an outside shed that was used by both staff and residents for laundry and storage purposes. The house was very bright, tastefully decorated and very clean. Residents had decorated their bedrooms to suit their own personal taste, with one having a fish tank in their room that they took care of. Another had a feature armchair to compliment the decor of their room, and had displayed many photographs and words of affirmation on their walls. One resident had chosen a more moody tone to decorate their bedroom, displaying posters of super mario brothers, and had clever ceiling storage installed for their soft toys. There were good maintenance arrangements in place to make sure this house was kept to a high standard, providing residents with a very comfortable living space.

These three residents had lived together for a good while, and were supported by a staff team who were very familiar with them. They primarily required care and support in response to their assessed personal and intimate care needs, communication, positive behavioural support, and falls management. One had a particular progressive health care need that required on-going observation and management from staff, and there were very clear arrangements in place for this. In addition, due to some previous peer-to-peer incidents, staff supervision of two particular residents' interactions with one another was required on an on-going basis, and was working well in preventing similar incidents re-occurring. Two staff were on duty each day, and a waking staff arrangement was in place by night. The person in charge visited the centre regularly each week, and maintained good contact with staff in between these visits. On-call arrangements also provided staff with access to managerial support, during out-of-hours and at weekends. At the time of this inspection, all residents were presenting well and were getting on fine with their daily routines.

Upon the inspector's arrival to the centre, they were greeted at the door by a resident and the person in charge. This resident had an electronic hand-held device

with them, which they were using to speak to the person in charge. They were the newest admission to the centre, having transition over a year or more ago, and had settled in well. They were waiting to be collected to head off to their day service, and before they left, they brought the inspector down to see their bedroom, with the decoration of this room reflecting their interests. While they were there, the resident used their electronic device to tell the inspector they were going to day service and also asked for their blanket so that they could bring it to day service with them. They liked to play piano, and a keyboard had been set up in the sitting room for them to do so. As part of their personal goals, this resident had just returned back from a break away to England with family, which was reported to have been a great success. They also were recently enrolled in an education programme, where they would be learning about road safety, and other basic life skills. The two other residents were in the kitchen, one of whom was being supported by staff to have their breakfast. This resident had undergone significant changes to their health care status in the last number of years, and required on-going support from staff throughout the day. Staff spoke with the inspector at length about this, stating that the resident was presenting stable for the last while, and was getting on well at medical appointments and check-ups. Staff liaised regularly with relevant allied health care professionals, and knew what to do should any change to the resident's presentation occur. While this resident did not engage verbally with the inspector, they were observed to be content in their own surroundings, engaging in a ritualistic behaviour that was very common for them to do. The third resident who was also in the kitchen, was getting ready to go for a walk with staff down to the local shop to grab a coffee. They did this every morning, and had a routine around drinking straws that they also liked to engage in daily. They loved the sensory aspect of holding these straws, often bringing them to their ears to hear the sound of the rustle, which they responded well to. After they returned from getting their coffee, staff told the inspector that the plan for the day was to bring both of these residents to a new town park that had opened in Co. Laois, to explore that area as it was suitable for both residents due to ground level surfacing and it also had plenty of seating areas. Overall, there was a very warm and relaxed atmosphere in this centre, with residents casually coming and going as they pleased. Staff interactions with these residents were very friendly and considerate, and it was evident that this was the normal easy-going morning routine that these residents were used to in this house.

These residents liked to get out and about daily, often heading to coffee shops, liked to go shopping, loved to go for long drives, went for walks, one liked swimming, and another regularly attended reflexology. Recent to this inspection, all three had gone on an overnight hotel break to Co.Cork with the support of staff, and were reported to have had a great time together. One of them attended day service during the week and engaged in lots of activities while there, to include meals on wheels, which they really enjoyed. The other two residents who were more of an aging profile, availed of a wrap-around service and preferred routine and slower approach to their day, which was facilitated by staff. These two residents loved to go for long drives, often not coming back until mid-to-late afternoon. Recent to the inspection, incidents had happened involving one resident while in transit with staff on these daily drives, which was very quickly responded to by the provider, and scheduled for further review a few days after this inspection. There were consistent arrangements

in place around staffing, with most staff having supported these residents for a long time. This continuity of care was sustained through the regular oversight of the person in charge, with any new staff member subject to thorough induction.

The specific findings of this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

This was a well-run and well-managed centre, that ensured residents were receiving a good quality and safe service. There were many systems in place to ensure this centre had the resources it required, with effective oversight arrangements to ensure residents were receiving the care and support that they required.

The person in charge was responsible for the running of this service, and was regularly on-site to meet with their staff team and with the residents. There was good internal communication systems between the senior management, the person in charge, and the staff team, ensuring that everyone was kept up-to-date on any changes or issues arising. There was good staff retention, which had a positive impact on the continuity of care for these residents. Relief staff were required from time-to-time, with a new staff member due to commence induction around the time of this inspection. Good arrangements were also found in relation to the oversight of staff training, and in ensuring all notifications to the Chief Inspector were submitted, as and when required.

Over the course of the last year, the provider had made changes and improved upon their six monthly provider-led visits. These improvements were very much noted by the inspector upon this inspection, particularly with regards to the methodology in approach of what aspects of the service were subject for review. This resulted in more informative reports from these visits, that better directed on the specific areas of the service that needed improvement, relevant to the service these residents received.

## Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was in the process of submitting their application to renew the registration of this designated centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge held a full-time role, and regularly visited the centre each week. They were supported in the running and management of the service by their staff team and line manager. They knew residents' assessed needs very well, and were equally as familiar with the operational needs of the service delivered to them. They did have responsibility for other services operated by this provider, and current governance and management arrangements provided them with the capacity to ensure they could fulfil their managerial duties.

Judgment: Compliant

## Regulation 15: Staffing

Staffing levels in this service were subject to on-going review, ensuring a suitable number and skill-mix of staff were at all times on duty to support these residents. There were two staff rostered every day, and a waking staff member at night. When additional staffing resources were required from time-to-time, the provider had regular relief staff identified to provide this cover. There was a well-maintained staff roster available, which included the full name of each staff member, and their start and finish times worked.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge maintained regular oversight of staff training needs, ensuring all had completed mandatory training and other training required so that they could do their role. When refresher training was needed, this was scheduled accordingly. Staff were also receiving regular supervision from their line manager.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of residents, and operational needs of the service delivered to them. There were suitable persons appointed to manage and oversee this centre, who ensured that it was ran in accordance with the objectives set out in the statement of

purpose. There were effective communication systems in place, with staff team meetings regularly happening to allow formal discussion around residents' care and support arrangements. The person in charge was also in frequent contact with their line manager about operational issues, and attended all required management meetings.

The monitoring of the quality and safety of care in this service was largely attributed to the conduction of internal audits, along with the provider's own six monthly provider-led visit. The report from the last visit was reviewed by the inspector, and was found to have focused on very relevant aspect of residents' care and support, gave due consideration to reviewing the effectiveness of the provider's response and oversight of incidents that had occurred around that time, and also included input from staff and residents. The outcome of that visit was similar to the findings of this inspection, with the person in charge in the process of addressing all areas identified in the action plan.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a statement of purpose in place, which outlined all information as required by Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

## Quality and safety

This service operated in accordance with residents' assessed needs, preferences for their care, and with the full support of the relevant multi-disciplinary teams. Staff placed a particular emphasis on ensuring the plan for each day was filled with what activities that these residents were interested in, and responded well to. Residents' involvement in the running of their home was sought daily through staff interactions

with them, and also as part of residents' meetings. There were very good and consistent care and support practices in place, particularly in relation to residents' healthcare, communication, and falls management needs. However, there were elements of fire safety and medication management that required the attention of the provider to address.

The provider had fire detection systems in place, and was in the process of upgrading the fire alarm system in the outdoor shed at the time of this inspection. Drills were often occurring, and the outcome of these provided assurances that staff could support these residents to evacuate in a timely manner. Fire exits were maintained clear, with emergency lighting throughout with some undergoing general upgrades. Fire fighting equipment was available, and fire safety checks formed part of daily routines performed by staff. However, despite fire containment arrangements being in place, the oversight system for ensuring these were operating to standard, required review by the provider.

At the time of this inspection, there was no resident taking responsibility for their own medicines. Staff had received up-to-date training in safe administration of medicines, and there were suitable storage arrangements in place for all medicinal products. However, over the course of this inspection, areas of improvement were noted to be required to aspects of prescribing practices, to the medication dispensing system, and to the overall method the provider was using to monitor this aspect of their service.

Risk was found to be well-managed in this centre, particularly where trends and patterns in incident occurrence was identified. There was very clear guidance given to staff around any specific control measures required to mitigate against any such risks, and the inspector saw good examples of this in relation to falls and behavioural related risks. The last provider-led visit had identified various actions needed in relation to the updating of residents' individual risk assessments, care plans, and to the risk register for the service. These were all being addressed by the person in charge in line with time frames set out.

There were also good arrangements in place with regards to safeguarding. This centre had experienced previous safeguarding related incidents, which were responded to at the time, and well-monitored for re-occurrence. Around the time these occurred, staff conducted individual key-working sessions with the residents involved, so as to support their understanding of staying safe. Similar effective systems were also found with regards to behavioural support, which were overseen and supported by a behaviour support specialist, as and when required.

## Regulation 13: General welfare and development

The provider had ensured that there were adequate arrangements in place for these residents to be able to get out and about as much as they wished. This was largely supported by the centre's staffing and transport arrangement, which was kept under review by the person in charge. One resident availed of day service during the

week, while their peers had a wrap-around service. Residents were supported to go for drives, go out for lunch and coffee, go for walks, swimming, and some attended reflexology. Family involvement was very much encouraged, and residents were supported to have visits home, and to also welcome visitors to the centre. One resident was recently enrolled in a training programme, where they would be learning about road safety, and other basic life skills. Staff were very focused on providing residents with good quality social care, and ensured residents were consulted daily as to how they wanted to spend their time.

Judgment: Compliant

## Regulation 17: Premises

The centre comprised of one well-maintained bungalow, that was located within a village in Co. Offaly. The layout and design of the house provided residents with spacious communal areas, with each having decorated their bedrooms to suit their own personal taste. The provider did have a system in place for any maintenance works to be reported, with a timely response to any repairs required.

Judgment: Compliant

## Regulation 20: Information for residents

There was a Residents' Guide in place, which contained all information as required by the regulations.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a system in place for the identification, response, assessment and monitoring of risk in this centre. Risk was a topic regularly discussed with staff, and residents' risks were well-known, and well documented. There was a very good incident reporting culture in this centre, and any patterns in incidents was detected and responded to quickly. The person in charge also completed trending of incidents on a monthly basis, which did inform any potential concerns and additional measures that may potentially be required.

While there were good practices found, the inspector did identify that some improvement was needed to the risk-rating of incidents, to a number of risk

assessments, and also to the risk register. The most recent six monthly provider visit had also identified these improvements, with the person in charge in the process of addressing these at the time of this inspection.

Judgment: Compliant

## Regulation 28: Fire precautions

While there were some very good practices around fire safety, there was some improvement needed to the oversight of containment arrangements.

During a walk-around of this house, it was observed that the utility fire door was not closing properly, and a gap to the bottom of the sitting room fire door was also noticed. The person in charge was quick to respond to these issues, contacting the relevant persons who attended the centre to immediately rectify. However, despite these fire containment arrangements being subject to a very recent fire safety review and further weekly checks, these issues were not identified by the provider. These monitoring arrangements required review to ensure their overall effectiveness in identifying any further issues going forward.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Although medication management was subject to very regular review in this centre, there were areas that required the provider to address. These included:

- Prescribing records for as-required medicines did not include the maximum daily dose to be administered, or the indications for use

- Prescribing records for some regularly prescribed medicines referred to the number of medicine tablets to be administered, and not to exact prescribed dose to be administered, which was not in line with the prescribing practices outlined in the provider's medication management policy

- Some medicines dispensed via blister pack system could not be clearly identified from the identifiable information provided from pharmacy

- While medication audits were happening regularly, they failed to identify these issues despite these audits covering these particular aspects of medication management

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

There were effective arrangements in place to ensure residents' needs were re-assessed on a regular basis, and that personal plans were in place to guide staff practice. The most recent provider-led visit included a thorough review of these documents, and did identify that a number of them required review. The person in charge was in the process of completing these at the time of this inspection. Personal goal setting was carried out with each resident, with some having chosen to commence education, to plan trips with family, and to go on overnight stays away with the support of staff. Key-working sessions were often used as a way to review these with residents, and this was maintained under very regular review by the person in charge.

Judgment: Compliant

## Regulation 6: Health care

The provider had ensured that adequate arrangements were in place for residents with assessed health care needs. Staff were very aware of the residents who required this specific care and support, and spoke very confidently with the inspector about how they support these residents. There was very good involvement from various allied health care professionals, with prompt referrals made when additional review by these persons was required. Residents were supported to avail of national health screenings that they were eligible for, and at all times there was adequate staff on duty to bring residents to medical appointments. Any changes to this aspect of residents' care was quickly communicated to all staff, and reiterated again to them as part of daily handover.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required positive behaviour support, they were receiving care and support which was in line with their behaviour support plan. In response to some behavioural related incidents that had occurred in the months prior to this inspection, these were trended by the person in charge, referred to the behaviour support specialist for review, interim preventative measures put in place, with a timebound review date scheduled. There were some restrictive practices in use in response to residents' safety needs, and these were subject to regular multi-disciplinary review.

Judgment: Compliant

## Regulation 8: Protection

The provider did have procedures in place to support staff to identify, report, respond to, and monitor any concerns relating to the safety and welfare of these residents. All staff had up-to-date training in safeguarding, and it was a topic of conversation often covered at team meetings. In response to some negative peer-to-peer incidents that happened a few months prior to this inspection, a safeguarding plan was put in place. This had resulted in no similar incident happening since March 2026, which was due to changes made to staff supervision arrangements, along with other specific interventions that were working very well. However, the associated safeguarding plan didn't provide clarity around these particular arrangements. This was brought to the attention of the person in charge, who was making arrangements to have this document updated with this information.

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** | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Community Living Area T OSV-0005680

## Inspection ID: MON-0042784

## Date of inspection: 10/06/2026

**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 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>• Person in Charge met with the Fire Prevention Manager on site to review what to check on fire doors. Completed 29/06/26<br>• All fire doors will be placed in the open position before carrying out the weekly fire alarm bell test to verify that each door closes correctly when the fire alarm is activated. Completed 30/06/26<br>• Any defects or issues identified during these checks will be raised as individual tasks on Flex (the online maintenance management system) and recorded on the Monthly Fire Safety Inspection Checklist for the Fire Prevention Manager to review and arrange the necessary corrective actions. In place 30/06/26<br>• This information was shared with the staff team via email on the 29/06/2026 And will be discussed at team meeting. | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:<br>• Comprehensive review of medication management practices within the centre was completed to address the issues identified. Completed 16/06/26<br>• All prescribing records have been reviewed and amended where required to ensure that PRN medications include a clearly documented indication for use and maximum daily dose. Completed 12/06/26<br>• All prescribed medicines are recorded using the exact prescribed dose in accordance | |

with the centre's medication management policy. Completed 12/06/26
• The Person in Charge has liaised with the dispensing pharmacy to ensure that all medications supplied in blister packs are clearly identifiable. Completed 15/06/26
• Medication audits and management procedures were discussed at team meeting on the 16/06/2026 and with relevant staff individually to clarify the procedure for carrying out medication audits and ensure that issues are identified and rectified in a timely manner going forward. Completed 16/06/2026

## 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 28(2)(b)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 30/06/2026 |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating 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. | Substantially Compliant | Yellow | 16/06/2026 |