



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area T
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	12 November 2025
Centre ID:	OSV-0005680
Fieldwork ID:	MON-0042818

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. The centre can cater for the needs of up to three male and female residents, who are over the age of 18 years and who have an intellectual 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 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.

Number of residents on the date of inspection:	3
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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
Wednesday 12 November 2025	10:15hrs to 17:00hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of the centre. This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with three residents and observed how they lived. Two residents were retired in this centre, and one resident attended a day service each weekday. Residents who lived in this centre had a good quality of life, had control and choice in their daily lives and had lifestyles they enjoyed.

This inspection was facilitated by a manager who was covering a short period of planned leave for the person in charge. This manager had previously held the role of person in charge in this centre and was well known to staff and residents. The inspector spoke with two staff members who were on duty throughout the inspection. On the day of this inspection the provider six-monthly unannounced audit was also taking place in the centre. Due to the size of the centre, the provider representative made arrangements to complete the audit at a later point.

On arrival to the centre, the inspector found that residents were engaged in various activities of their choice. One resident had just returned from getting a coffee in the local shop and was preparing to plan their day with the support of staff. Another resident was spending time in the sitting room watching television. One resident had left the centre to attend their day service. Staff explained the way in which each resident's day was planned and discussed ways in which residents' interests were supported. Later in the morning, one resident went to collect items from their general practitioner (GP) and pharmacy and spent some time in a local town doing some Christmas shopping with the support of staff. Another resident chose to have a relaxing day at home. They were noted to be tired and chose to remain in the centre. Staff on duty were observed to check this resident's vital signs, and they ensured this resident was closely monitored and comfortable throughout the day. The inspector met with a resident after their return from day service. They were found to be relaxed and enjoying using their computer tablet and headphones in the sitting room. This resident used an alternative communication system. Staff described the communication system used by the resident, which involved the use of an online search engine to find words or videos to communicate. Staff described recent multidisciplinary work with this resident to ensure their communication needs were clearly understood. This was found to be effective and had a positive impact for this resident. The inspector observed this resident using their communication system with staff to express what they wished to watch on their computer tablet.

Due to communication differences, residents were unable to describe the care and support they received in the centre. The inspector observed that residents were relaxed and appeared content with the staff members supporting them. One resident chose to approach the inspector regularly and make vocalisations, which staff described as positive.

Residents had access to televisions, music, gaming consoles, computer tablets, Wi-Fi and chose their preferred entertainment. One resident was observed to enjoy Céilí music and staff ensured this was available throughout the day for this resident. The inspector found that residents had opportunities to engage in a range of activities. These activities included community-based activities such as visiting the local pub, restaurants, barbers and shops. Some residents had also joined a local choir group.

Residents had access to a large rear garden with a seating area. The inspector saw the provider had begun bedroom upgrades for one resident, with new flooring ordered and plans to lay it shortly, along with new blinds for the room. Recent painting had taken place in the centre, and the house overall was well maintained. The inspector saw that residents had belongings that they liked in their rooms, such as family photos, soft furnishings, gaming consoles and personalised bedding. One bedroom had a colourful fish tank with bright lights. Staff said this resident finds this relaxing and also enjoys the sound of the water. Residents had adequate storage for clothing and personal belongings in each bedroom.

This inspection identified good practices throughout the regulations that were examined. The next two sections of this report present the inspection findings in relation to governance and management in the centre and how these ensured the quality and safety of the service provided to residents.

Capacity and capability

The provider had appropriate arrangements in place to ensure residents who lived in this centre had a good quality, safe service. There was a clearly defined management structure in place and lines of accountability were clear.

The provider had appointed a suitable person in charge to manage the centre. Staff were appropriately supervised both formally and informally. Staff spoken with said that the person in charge was frequently present in the centre and also held regular supervision meetings with staff. There were on-call arrangements in place for management support at weekends and when the person in charge was not on duty. These arrangements were clearly communicated to staff and staff spoken with were familiar with this system.

Residents were safeguarded through consistent, suitably trained staff. Interactions observed between staff and residents throughout the inspection were compassionate and respectful. There was a consistent staff team who were very familiar with residents' assessed needs and preferences, some staff members had worked in this centre for many years. Where agency staff were required, the provider had measures in place to ensure that residents also had familiar staff available. The provider had ensured that staff numbers and skill mixes were in line with the assessed needs of residents. The inspector observed that there was adequate staff on duty to support residents throughout the inspection, and the review of staff rosters showed that these levels were being consistently maintained.

All staff who worked in the centre had received mandatory training in fire safety and adult safeguarding. Some staff had undertaken additional training in areas such as communication and personal centered planning. Staff spoken with were knowledgeable about their responsibilities regarding the detection and reporting of safeguarding concerns.

The provider had quality assurance systems, including the annual review of the service and unannounced provider audits undertaken every six months. The person in charge also completed ongoing audits of the centre. The annual review of the centre was completed for 2024. As part of this review, the provider had sought feedback from residents and their representatives, which demonstrated a high level of satisfaction with the service. A representative described the centre as a 'good communicator' and they also described staff working in the centre as 'caring'. The six-monthly provider unannounced audit was completed in June 2025. The inspector read this report and found quality improvement plans were in place, with actions either completed or in progress.

In summary, this was a well-run service that provided high-quality care for the residents living in the centre.

Regulation 15: Staffing

The provider had ensured there was sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents.

The person in charge planned and prepared the roster in advance. The inspector saw the planned and actual rosters for the centre from 31 October 2025 up to 12 November 2025. The person in charge had planned rosters prepared up to January 2026. These rosters confirmed that the staffing levels required to meet residents' assessed needs were maintained. For example, there were two staff on duty each day, and a waking night duty from 20.00 until 08.00. The provider had arrangements in place to respond to staff shortages, should they occur, to ensure continuity. These arrangements included the use of a regular relief panel and agency staff on occasion. The provider had arrangements in place to ensure staff who were not frequently employed in the centre were rostered to work with familiar staff members.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff have access to, and had completed mandatory training in areas such as fire safety, safeguarding and medicines management.

Additional training was provided in hand hygiene, infection prevention and epilepsy.

The person in charge had prepared a training matrix for each staff member, this detailed the courses completed and set a timeframe for a refresher to be completed. On the day of inspection, some staff were undertaking training in cardio pulmonary resuscitation (CPR), and other staff members were scheduled to undertake training in vital signs in the coming days.

The inspector spoke with staff about the arrangements for supervision and support in the centre. Staff described receiving formal supervision every three months, or as required. Records of supervision were not available to view in the centre during the inspection. However, the person in charge had a schedule of supervision planned for 2025 and this was available to view.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure a good-quality, safe service for residents. There was a clearly defined management structure, regular staff meetings, and quality assurance systems were in place.

The provider had appointed a suitably qualified and experienced person in charge. Staff told the inspector the person in charge was frequently present in the centre and well known to residents. Arrangements were in place to support staff when the person in charge was not on duty, and these were in operation on the day of inspection. A manager from another centre was deputising for the person in charge during planned leave. On-call arrangements were also in place for out-of-hours emergencies, and this procedure was clearly displayed and understood by staff on duty.

The provider had systems in place for the ongoing review and monitoring of the centre. This included an annual review that the provider had completed for 2024 to assess the quality and safety of the care and support provided in the centre. This review had identified areas for improvement, which were being addressed. For example, the provider had found that residents' personal goals required improvement to ensure residents had a variety of goals to progress, and this was in the process of being addressed. A six-monthly unannounced audit had taken place in line with the regulations in June 2025. This review was comprehensive and identified areas for improvement, such as making records of team meetings available to all staff, and it also recommended the provider carry out a self-assessment questionnaire on restrictive practices in the centre. The person in charge also undertook a range of audits weekly, monthly, quarterly and bi-annually in areas such as fire safety, health and safety, personal centered planning and personal possessions. The inspector viewed these audits for October 2025, which showed a

high level of compliance. Throughout the inspection, the inspector observed that there was adequate resources, such as the provision of safe, suitable, comfortable accommodation, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' assessed needs.

Judgment: Compliant

Quality and safety

Based on what the inspector observed, read and discussed, the provider had arrangements in place that ensured that care and support was of a good quality, was person-centered, and promoted residents' rights.

Residents had personal support plans that reflected their assessed health, personal and social care needs. The personal plans were made available to residents, and the inspector observed that one resident had chosen to store some of their personal information in their bedroom. The provider had systems in place to ensure that residents were active participants in their healthcare choices and that these choices were respected. The inspector saw evidence that a resident was supported to understand and take part in decisions regarding their medical treatment. This process was multidisciplinary, involving the resident, their family representatives, staff members, medical consultants and surgeons. Regular key working sessions were held with the resident to ensure they had ongoing support in the management of this medical diagnosis.

Positive behaviour support plans were in place where required. These were developed and overseen by a behaviour support specialist, and residents had access to multidisciplinary professions such as psychologists. The inspector saw staff implement strategies outlined in a positive behaviour support plan during the inspection and this was found to have a positive impact on this resident alleviating anxiety and allowing the resident to engage in preferred activities.

The centre was managed in a way that supported residents to be as independent as possible and to remain in control of their personal belongings. The inspector found that a resident was supported to manage their own finances while maintaining personal independence and choice. The provider also ensured that each resident had an up-to-date inventory of their personal belongings.

The centre comprised of one detached house located in a residential area close to local amenities such as a church, a shop and GAA grounds. The location, design and layout of the house was suitable for residents' assessed needs. The centre was homely, and residents had personalised their bedrooms and communal areas. During a walkabout of the centre, it was identified an external garage had recently come into use as part of the registered centre. The provider had not previously considered this space as part of the overall footprint of the centre. The provider

during the inspection committed to submitting an application to register this area.

There were systems in place to protect residents from harm and manage risk in the centre. These included detailed intimate care plans, positive behaviour support plans, and safeguarding plans where required. The provider had prepared a risk register identifying specific risks and the control measures in place. Each resident had an up-to-date individual register, and the associated risk assessments were available to view.

Regulation 12: Personal possessions

Residents were supported to retain and manage their own belongings. Residents also had access to their finances.

The inspector reviewed the financial records for two residents and found them to be well maintained. The provider had a system of oversight in place for cash balances to be checked daily, and these records were up to date. Account statements were available for all residents in the centre, and the person in charge regularly reconciled account statement with cash records.

The provider had undertaken financial audits in the centre, the inspector reviewed a sample of one financial audit completed in October 2025 and found this to be robust and detailed. Staff described the support provided to residents in managing their finances. For example, one resident was supported to visit their local post office and manage their money according to their own preferences, using both savings and current accounts in line with their personal choices.

Judgment: Compliant

Regulation 13: General welfare and development

Residents received care and support that met their assessed needs and personal wishes. Some residents had retired in this centre, and one resident attended a nearby day service.

The inspector observed that staff were knowledgeable regarding residents' assessed needs and preferences and planned activities to meet these needs. For example, two residents were observed enjoying sensory lights, and staff had planned a trip to the Wild Lights experience at Dublin Zoo in the coming weeks. The inspector noted residents had opportunities to take part in activities that matched their interests. Staff supported one resident to go to a local town and do some Christmas gift shopping for family gifts on the morning of the inspection. This resident also

planned to travel to meet family in the run-up to Christmas and enjoy a meal together. Another resident planned to host family at the centre over the Christmas period. Records reviewed in the centre found that residents regularly visited local amenities such as pubs, restaurants and shops.

The provider had ensured that when residents were transitioning between services continuity of care was maintained. For example, during the most recent admission to the centre, familiar staff were made available by the provider to support the resident, helping them settle into their new home and routines. This approach had ensured the resident had a positive transition and was supported by consistent, familiar staff during this time.

Judgment: Compliant

Regulation 17: Premises

The designated centre was appropriately designed, laid out and accessible to support the needs of residents. Each resident had their own bedroom, with one ensuite bedroom. There were communal areas where residents could meet with visitors if they wished. The provider had made suitable adaptations, including ensuring the flooring in the main living area was level and that door saddles were flush with the flooring. This reduced the risk of injury for a resident who might choose to spend time on the ground. The inspector observed that all residents had their preferred armchairs in the main sitting room.

The centre was visibly clean, and all areas of the house were well maintained. Residents could access a large back garden that had ramped access, with handrails also available. At the rear of the garden, residents could relax and access an outdoor wooden shelter. Recent work had added sensory features to this shelter, including solar lights and flowers. Staff told the inspector that residents enjoyed this outdoor space. The inspector also observed football goals and a basketball hoop for residents to enjoy.

The centre had access to transport vehicles for residents to access activities and places of interest. Should more than one vehicle be required this was available to the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective systems in place for the identification, recording, investigating, management and ongoing review of risk in the centre.

The inspector reviewed all incidents recorded in the centre for July, August and September 2025. Each incident had been reviewed by the person in charge and escalated to senior management. The inspector also saw records of 'learning forms' completed for each incident, which outlined the improvements required. For example, where the provider had identified risks associated with a resident leaving the centre, they had responded by engaging with the multidisciplinary team and enhancing communication methods to help the resident improve their methods of communication. From discussions had, this type of incident had not reoccurred as a result of this learning and actions taken.

The provider had contingency plans in place for events such as loss of power or heating. On-call arrangements were in place to respond to emergencies out of hours, and staff were aware of these procedures. Contact information was clearly available in the centre.

The provider had prepared a risk register for the centre, which had identified 19 risks. This inspector reviewed this register and found it aligned with residents' assessed needs. For example, the provider had identified a falls risk for some residents, and the inspector observed appropriate control measures such as handrails. The provider had proactively addressed the risk of poor phone signal by installing a landline.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had safe practices in place for the ordering, receipt, prescription, storage, disposal and administration of medicines.

The centre had secure, lockable storage for the storage of medicines, which were kept centrally in the office of the centre. The provider had completed an assessment for each resident to establish the supports they required to self-administer their medicines. These assessments were regularly reviewed and kept up to date. Some medicines were received into the centre in the form of a blister pack system. This system was prepared by the pharmacist and supported staff to administer medicines in line with the residents prescription sheet. The inspector also saw that medicine administration records were colour-coded in line with the blister pack to enhance safe practice. Medicines records were found to be well organised and were regularly reviewed by the pharmacist and general practitioner.

The inspector observed a staff member complete an afternoon medicines round and found it to be safe and well managed. The inspector spoke with staff who had a good understanding of medicines prescribed to residents, including possible side effects. All staff in the centre had received training in safe medicines management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were plans in place based on a detailed assessment of need. Proactive and reactive strategies were clearly identified, such as communication strategies or environmental management.

The inspector reviewed two residents support plans in relation to behaviours of concern, these plans clearly described possible situations that may occur for each resident. During the inspection, the inspector observed a staff member implement a proactive measure. For example, when a resident was engaging in negative self-talk, staff used positive language and supported the resident to remain positive and distract from negative statements. Staff described the importance of routine for some residents and this was evidenced on the morning of the inspection, as staff ensured a resident was supported to do their morning routine and get a coffee locally before beginning to plan their day. A second behaviour support plan reviewed required a minor adjustment to ensure it was in line with the residents current assessed needs. This was brought to the attention of the provider who took prompt action to rectify this matter.

The inspector reviewed the restrictive practices in use and found the provider had ensured they were the least restrictive option and were in line with national best practice. There was strong oversight of all restrictive practices, with a review committee having reviewed each one in October 2025. In addition, the provider had undertaken further work led by an occupational therapist, to review all prescribed equipment associated with a restrictive practice, such as the use of a lap belt on a wheelchair.

Judgment: Compliant

Regulation 8: Protection

The provider had good systems in place to safeguard residents from any form of harm or abuse. There was an identified safeguarding issue in the centre, and the provider had taken appropriate measures to ensure the safety of all residents. The inspector reviewed these control measures and found them to be effective on the day of inspection.

The person in charge had ensured that all staff had received appropriate training in relation to safeguarding, including the prevention, detection and response to abuse or allegations of abuse. Staff were knowledgeable about the learning from this training and their responsibilities in relation to safeguarding. The designated officer

was available to the centre, and their contact details were clearly displayed.

Residents had intimate care plans to guide staff where assistance was required in line with the resident's personal plan. Throughout the inspection, the inspector saw staff promoting residents' privacy and dignity, for example by providing privacy when needed and knocking on doors before entering.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. The inspector saw that residents were supported to make decisions and have control in their daily lives. The inspector saw records that all staff had received training in human rights.

Staff had established and recorded residents' preferences and dislikes, based on observation, discussion with residents, and information shared by family representatives. Residents choose whether or not to exercise their rights to vote and to practice their religion, and these choices were respected by the provider. Throughout the inspection staff were observed to be respectful and kind in their interactions with residents, allowing time for residents to respond when communicating.

Residents were consulted about the running of the service and had opportunities to make decisions about the supports they received. Weekly resident meetings were held and facilitated by a staff member. Residents used these meetings to explore the principles of human rights, raise any concerns, and plan their weekly activities. Easy-to-read information was available on topics such as complaints and safeguarding.

Residents were supported to maintain contact with family and friends and to access the local community, such as local choir groups and reflexology classes. The inspector saw records of staff supporting residents to visit family and arrange social outings.

Complaints and advocacy processes were available to residents, and this information was freely available in the centre to inform residents and their representatives. Staff supported residents to understand these processes using the weekly residents' meetings. The inspector reviewed records of these meetings, which showed that residents were consulted and involved in how the centre was planned and run. For example, residents were supported to plan meals, raise concerns and plan upcoming activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant