



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area G1
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	09 July 2025
Centre ID:	OSV-0007799
Fieldwork ID:	MON-0046906

About the designated centre

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

This centre is located in Co. Laois and consists of two units. One unit can accommodate up to five individuals of mixed gender, the other unit can accommodate up to three residents. Ashtrees is a large 6 bedroom house, One of the bedrooms is used as a staff sleep over room and another one is within a self-contained apartment like area adjoining the residence. The bedroom in the apartment has an ensuite bathroom and has its own living area, this area has internal access to the rest of the residence. There are two main bathrooms, one with a bath and the other has a shower. There is a kitchen dining area and a communal living room area. There is a separate utility area to the kitchen. There is ample parking available. Moneycross is a large 4 bedroom house. One of the bedrooms is uses as a staff sleepover room. Two bedrooms have ensuites. There are two bathrooms, one of which is a large assisted bathroom. There is a communal sitting room, a large kitchen/dining/living area to the rear of the house, with a beautiful view of the countryside from the dining room area. There is a separate utility room. Moneycross is surrounded by large garden. There is ample parking available The staff team comprises social care workers/facilitators.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 9 July 2025	08:45hrs to 14:45hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor the provider's compliance with the regulations. The inspection was facilitated by a newly appointed person in charge and a manager who participated in the oversight of the centre. As part of the inspection process, the inspector met with four residents and three staff members. On the day of inspection, one other resident was being treated in hospital following a recent change in their medical needs.

The inspector found that residents enjoyed a good quality of life and they were supported by a consistent staff team. Staff who met with the inspector had a good rapport with residents and they also had an in-depth understanding of their individual and collective needs. The newly appointed person in charge also had a good rapport with residents and staff, and they had a clear knowledge base of the care requirements of the centre. This inspection highlighted that some adjustments were required in relation to personal planning, maintenance, behavioural support and some aspects of fire safety and risk management, but overall the inspector found that care and support was held to a good standard.

The centre comprised of two houses which were located within a short drive of each other. One house was in a small town and supported up-to-five residents, which included a self-contained living area for one resident. Four residents were availing of a service in this house with one vacancy on the day of inspection. One of these residents was in hospital following a decline in their health, and the inspector met with the remaining three residents. One resident availed of a residential service three nights each week while the remaining two residents had a full-time service. One of these residents also had an integrated service, and did not attend a day programme, while the other residents attended day services four-to-five days each week. Residents were assisted by two staff members three days each week and by one staff member for the remainder of the week. There was also a sleep-in arrangement during nighttime hours.

Each resident was in good spirits and they chatted separately with the inspector. All three voiced their satisfaction with the service they received and stated they were happy in their home. This house had a very pleasant and relaxed atmosphere and two residents were up and ready to attend their respective day service on the morning of inspection. Both residents indicated that they liked going to day services and one resident explained that they like to get up early each day as they don't like to rush. Both residents had a good rapport with the staff member on duty and also the newly appointed person in charge. They chatted openly with them about their plans for the day and sought some reassurance in relation to the time that they would be collected. The remaining resident did not attend day service and they were having a sleep-in when the inspection commenced. When they got up, they were warm and welcoming towards the inspector and they smiled and chatted openly with staff and the person in charge. They made their own breakfast and they

explained that they were heading out later when the next staff member came on duty.

The staff member on duty had a good rapport with all three residents and it was clear that they enjoyed their company and support. The staff member was part of the relief panel and they worked frequently in both houses which made up the designated centre. They had a good knowledge of residents' needs and they openly discussed their individual social and personal interests. They also explained how residents were supported to evacuate the centre in the event of a fire and they had conducted a fire drill that morning

The other house in the designated centre was located in the country side and could support up-to-three residents. On the day of inspection, there was one resident availing of a full-time residential service and there were no plans to admit any further residents to this aspect of the centre. This resident had high support needs in terms of managing their behaviours and also accessing their local community. They were assisted by one staff member during the day and there was a sleep-in arrangement at nighttime. This resident met with the inspector and it was clear that they enjoyed their home and the company of staff. They were relaxed as they told the inspector that they were looking forward to attending a baking class later in the day and the frequently referred to the supporting staff member for reassurance in regards to their schedule. They went about their own affairs freely and they were initially having their lunch when the inspector attended the their home.

The inspector met with their support staff and they spoke for a period of time in relation to the resident's care needs and how they liked to spend their time. The staff member had a good rapport with the resident and they spoke confidently in relation to their behavioural support needs. They also clearly outlined how the resident liked to go to less busy areas for lunch, shopping and also how they loved attending both baking and art classes each week.

Each house in the designated centre was well maintained internally; however, one of the house's exterior required additional maintenance and upkeep. The exterior of the building required painting and at the rear of the property the clothesline area was uneven, unfinished and required further attention. Internally both houses were homely, inviting and comfortably furnished. Each house had large reception rooms where the residents could relax and both had an open plan kitchen/dining area, one of which had been recently renovated. Residents had their own bedroom and there was also an ample number of private and shared bathrooms.

The inspector found that residents were supported by a consistent and knowledgeable staff team. They enjoyed a good quality of life and although some areas of care required some improvements, overall residents were offered a good standard of care and support.

Capacity and capability

This inspection was facilitated by the centre's person in charge. The inspector found that the quality and safety of care was generally held to a good standard, although some adjustments were required in relation to risk management, fire safety, behavioural support and maintenance in one house. The provider had appointed a person in charge who knew the residents and the service well and they attended the centre each week to meet with residents and staff, and also to monitor the provision of care.

The person in charge discussed the general care of residents and it was clear that they had a good understanding of their social, personal and behavioural support needs. They explained that a mandatory and refresher training programme was in place and they managed the training needs of the centre. They were newly appointed to this role and were planning team meetings and individual supervision sessions at the time of inspection. Staff who met with the inspector stated that they were well supported in their role by the person in charge who was readily available to them should they had a query or concern.

There was clear lines of responsibility and accountability in the day-to-day operation of the centre. The person in charge had a suite of internal audits to ensure that areas of care such as possessions, training, personal planning and fire safety were generally held to a good standard at all times. The person in charge held responsibility for the overall delivery of care and the provider had an on-call management arrangement for evenings and weekends which ensured that the staff were supported by senior decision makers at all times.

The day-to-day oversight was held to a good standard, and all required reviews and audits had been completed. The centre's annual review gave a good insight in to the progression of the centre over the previous year and also took into account resident's experience of living in the centre. The centre's six monthly audit had been completed prior to this inspection and identified that some improvements were required in relation to internal audits, fire safety and some medication practices. The person in charge had begun to complete the associated action plan and the inspector found that the governance arrangements ensured that the quality of care was promoted at all times.

Overall, the inspector found that this centre had a person-centred approach to care and that the oversight arrangements ensured that the safety and quality of care was generally held to a consistently good standard.

Regulation 14: Persons in charge

The person in charge was newly appointed to this role and they facilitated the inspection. They had a good understanding of the residents' collective and individual needs and they attended the centre on a weekly basis.

The person in charge was appropriately qualified and experienced and they had the capacity to fulfill the duties of this role.

Judgment: Compliant

Regulation 15: Staffing

The provider maintained both a planned and actual rota which indicated that residents were supported by a consistent staff team. One house in the centre supported one resident and one staff was on duty at all times, which included a sleep in arrangement. The other house in the centre also had a sleep in arrangement and it was staffed by two staff members every Saturday and also three evenings each week. At all other times one staff member was on duty.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff had completed all mandatory training in areas such as fire safety, safeguarding and also the safe administration of medications. Staff who met with the inspector had a good understanding of these areas of care and they could clearly explain how fire safety was promoted and medication practices within the centre.

Staff also attended scheduled team meetings and supervision sessions which promoted an open and transparent culture within the centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a management structure with clear lines of authority and accountability. The person in charge held responsibility for the day to day running and operation of the centre and they were supported in their role by a senior manager.

The person in charge had a schedule of internal audits which assisted in ensuring that areas of care such as personal possessions, medications, training and incident management were held to a good standard at all times.

The provider had completed all audits and reviews as set out in the regulations and in general found that residents enjoyed a good quality of life and that care was held to an overall good standard.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

The inspector found that residents enjoyed living in this centre which they considered their home. They were active in their local communities and they enjoyed a good quality of life. Although adjustments were required in relation to some of the regulations which were inspected, overall a good level of care and support was offered to residents.

The residents in both houses enjoyed a good level of social access. The location of one house assisted with a resident's independence as they accessed the local town independently and they were well known in the local shops and coffee shops. The remaining residents required some supports for community activities and they went out some evenings but mostly at the weekends. They liked to go shopping and some times to go as a group for dinner.

Residents were also well supported to keep in contact with their respective families and one resident who had family abroad had in the last year travelled to England to catch up with them. The same resident also travelled to the south of Ireland to meet up with family while others were supported with day visits and some overnight stays with their families. One resident was also having a milestone birthday this year and initial planning with their respective family was in place to celebrate this event.

Residents rights were actively promoted by the actions of the staff team and the arrangements which were implemented by the provider. The staff team were observed to actively consult with, and discuss the delivery of care with residents over the course of inspection. Staff chatted freely with residents in relation to activities, plans for the day ahead and also their preferred meals. One of the residents was observed to make their own tea and breakfast and it was clear that this was an everyday occurrence in the centre. The resident went at their own pace in the morning and they chatted openly and warmly with the person in charge and

the staff on duty. Residents also met on a monthly basis to discuss events, any issues within their home and upcoming birthdays.

The inspector found that this centre was a pleasant place in which to live, as will be discussed in the below regulations, some adjustments were required in relation to maintenance, personal planning, behavioural support and aspects of fire safety and risk management.

Regulation 10: Communication

Residents could communicate verbally and relevant information in regards to their communication needs was clearly evident in their care support plan.

Residents had access to media such as television and newspapers and the internet was also available in both houses in the designated centre.

Judgment: Compliant

Regulation 17: Premises

Each resident had their own bedroom which they had personalised with pictures of family and friends. There was also an ample number of private and shared bathrooms for residents to use. Both houses in the centre were warm and comfortably furnished and residents had free access to all communal areas of their home.

Both houses were well maintained internally; however, one house in the designated centre required some external maintenance and upkeep. This house required painting and the removal of weeds and moss. In addition, the clothesline area of this house also required some attention as it was uneven and had the potential to present as a trip hazard to residents and staff.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Both houses were well stocked in terms of food, snacks and fresh fruit. There were no dietary restrictions in place and residents were observed to prepare their own breakfast and also to make their own tea and coffee.

A review of records indicated that residents enjoyed a varied diet which included home cooked meals and snacks.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, recording and responding to incidents and accidents in the centre. The person in charge held responsibility for monitoring this system and a review of associated records indicated that all adverse events had been reviewed in a prompt manner. The person in charge was also monitoring to identify trends which had the potential to impact upon safety or the provision of care.

Although safety was generally promoted, some improvements were required in relation to risk management. Risk assessments were in place for topics such as safeguarding, fire, lone working and accessing the community independently; however, risk assessments had not been formulated in relation to issues such as a known medical condition, impaired vision, behaviours of concern and staying in the centre independently.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and equipment such as fire doors, alarm system, extinguishers and emergency lighting had been installed. Staff were completing scheduled checks of this equipment to ensure it was in good working order and an up to date service schedule was in place. Fire procedures were also displayed and staff who met with the inspector had a good understanding of resident's evacuation requirements.

Fire safety was promoted in this centre; however, some adjustments were required. For example, at certain times in the morning fire drills which were completed indicated delays in evacuating one resident. A resident could also stay independently in the centre, although they hadn't stayed by themselves in the centre for a period of time, improvements were required to ensure that this resident could evacuate independently in an emergency situation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate medication storage facilities in place which was locked and the keys held securely during the inspection. Staff had undertaken training in the safe administration of medicinal products and a staff member who met with the inspector had a good understanding of administration procedures in the centre.

The provider had suitable prescriptions in place for medications which included the dosage, frequency, route and times for administration. Prescription sheets were also signed by the resident's general practitioner and included if the resident had any known drug allergies.

The staff team were also completing a monthly medication stock check which assisted in monitoring for medication errors. A review of administration records also indicated that medications were generally administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place and the inspector reviewed a sample of three plans. The resident's plans gave a detailed account of their preferences in relation to care and also highlighted the important things in their life such as family, community access and also their home. Plans were individualised to each resident and also gave clear details in terms of resident's health and personal care needs.

Residents were also supported to identify personal goals at their annual planning meeting. Goals which were achieved in the past included holidays, dance classes and going to a large outdoor concert. However, improvements were required in relation to some resident's goals chosen for this year. For example, a resident wished to go on a holiday, go line dancing and also the cinema but the provider did not demonstrate that sufficient progress had been made in supporting the resident with these goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were no restrictive practices in use in this centre and residents in both houses had free access to all communal areas of their home. Behavioural support was an active requirement of care for one resident, in one aspect of the centre, and a staff

member who met with the inspector had detailed knowledge of this resident's behavioural support needs. They explained how the resident presented normally and also when their behaviours were escalating. They also discussed the measures and actions taken to reduce the likelihood of behaviours of concern occurring, particularly when the resident was engaging in a social activity.

Although staff had a good knowledge of their care needs, supporting behavioural guidance required some adjustments. For example, this guidance did not include how the resident presents when at baseline or the strategies implemented by staff when facilitating the resident in a social setting.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans in place on the day of inspection and the centre had pleasant atmosphere. Residents who met with the inspector stated that staff were very nice and that they enjoyed their company.

Information in relation to promoting safeguarding was clearly displayed and staff had completed both mandatory and refresher training in this area of care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had good access to their local community and it was clear that they were actively consulted in regards to the running and operation of their home. The inspector observed staff members checking in with residents throughout the inspection in regards to how they would like to spend their day, what they would like for lunch and snacks and also activities they would like to do. Residents also attended monthly meetings where they were kept up to date in relation to topics like summer holidays, concerts, birthdays and centre issues such as fire safety.

Residents were also assisted to have their own passports and some residents also had their own mobile phones which they used to stay in contact with their family and the centre when they accessed the local community independently.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area G1 OSV-0007799

Inspection ID: MON-0046906

Date of inspection: 09/07/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The PIC has submitted a request for the exterior of one house within the center to be painted. To be completed by 31.3.2026 • The PIC has submitted a request for moss and weeds to be removed outside one house within the centre. To be completed by 30.12.2025 • The PIC has submitted a request for a review of the clothes line area of one house to address the uneven terrain. To be completed by 30.12.2025 • The Service provider has placed all required works on a maintenance prioritization plan.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The P.I.C has completed a review of the risk register within the designated centre. Risk assessments have been implemented for one resident with respect to their medical condition and impaired vision. This was completed on 13.08.2025. • A stress management plan for one resident's behaviours of concerns has been reviewed and updated with valuable staff input included. This was completed on 17.07.2025. • The P.I.C has spoken with one resident who had previously chosen to stay in the center on their own at times in the past. The resident has expressed that whilst this is something they have done in the past, they have not done so for some time and no longer wish to do so in the future. If this situation changes a risk assessment and management plan will be completed.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
• Previous fire evacuation identified that one resident can become distracted in their routine and thus can be delayed in evacuating the centre. Additional fire drills were completed to ensure that this resident can safely evacuate the centre in a safe timeframe. A fire evacuation on 24.07.2025 & 12.08.2025 showed that all residents were able to safely evacuate the centre within a safe time frame. Resident's keyworker has undertaken a piece of work with the resident on the importance of evacuating the centre promptly in the event of a fire alarm activation. (This will be ongoing) • The P.I.C has spoken with one resident who had previously chosen to stay in the center on their own at times in the past. The resident has expressed that whilst this is something they have done in the past, they have not done so for some time and no longer wish to do so in the future. If this situation changes a risk assessment and management plan will be completed.	
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:	
A review of one resident's goals for the year was completed by the resident's keyworker, in consultation with the resident. The residents' goals have been fully reviewed and updated to accurately reflect the progress made in supporting the resident with their goals. (Completed)	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	
A review of the residents' stress management plan was completed with the staff team, P.I.C and behavioral support team on 17.07.2025 in consultation with the resident.	
The reviewed stress management plan provides clear guidance, with pivotal staff input, into how the resident presents when they are at 'baseline'.	
The stress management plan has been updated to include effective strategies implemented by the resident's familiar staff team to support the resident in a social setting. (Completed)	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31.3.2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	13.08.2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Substantially Compliant	Yellow	12.08.2025

	persons in the designated centre and bringing them to safe locations.			
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	15.08.25
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	17.07.2025