Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area G1
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	04 June 2026
Centre ID:	OSV-0007799
Fieldwork ID:	MON-0041821

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:	6

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 June 2026	09:00hrs to 16:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of this centre. The inspector met with four residents, three staff members and the inspection was facilitated by the centre's person in charge. Overall, the inspector found that residents enjoyed a good quality of life and they were supported by a consistent staff team. A good level of compliance was found across the regulations inspected, but some adjustments were required in relation to medications and an aspect of fire safety.

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. Each resident had their own bedroom and there was an ample number of shared bathrooms for residents to use. There was also an open plan kitchen/dining area and a large sitting room which was comfortably furnished and cosy in nature. The previous inspection highlighted that this house required additional external maintenance and painting, all of which had been recently completed. The centre's second house was located within a short drive of the same town, and it supported one resident. This house was spacious, well maintained and decorated in line with the resident's own preferences. The resident had their own ensuite bedroom, and the use of a large comfortable sitting room and a spacious open plan kitchen/dining area.

The inspection commenced in the house that catered for five residents. Three residents were up and preparing for the day ahead with one resident finishing off their breakfast. This resident chatted for a period of time and they explained that they had recently moved to the centre. They were very relaxed and chatted about how they like to spend their time, and they explained that they were enjoying living in their new home. They stated that they generally got on well with the other residents, one of which they had known for a long time. They were happy with their room, meals and they loved getting out and about for lunch, coffee and shopping. They also discussed their family and they told the inspector that even though they liked their new home, they loved meeting up with their own family which they did on a regular basis. Two other residents were relaxing in the sitting room before they went to their day service and they chatted with the inspector for a short period of time. They both indicated that they liked their home and they enjoyed going shopping in the larger towns like Portlaoise. Both residents smiled as they interacted with the inspector and staff,it was also clear that they were felt comfortable and safe in their own home.

One resident was at home with their parents on the day of inspection and the remaining resident was having a lie on in bed as they were officially retired. When they got up they were in pleasant form and they joked and chatted freely with the inspector and staff. They made their own breakfast and they had their own coffee machine which they used each morning. The inspector had met this resident over

the course of several inspections, and each occasion they highlighted their satisfaction with the service and staff. They talked about their family and how they go to visit them every year in Co.Kerry and this year they had stayed in a hotel, which they loved. They told the inspector that they liked walking into the local town by themselves and they advised the inspector of a nice cafe for lunch, that they popped into each day.

The second house in the designated centre catered for one resident. This resident sometimes found visitors difficult and the inspector went to their home when they were out with staff. The inspector had met with this resident on the previous inspection and the person in charge explained that they were doing really well, episodes of challenging behaviour had greatly reduced, and they enjoyed going to a number of individualised baking and art classes each week. As part of the announced inspection process, each resident completed a questionnaire in regards to the service they received. All questionnaires gave a pleasant account of their home, staffing and how they were assisted with decisions. A resident was supported by their sibling to complete their questionnaire which gave an overall positive account of the centre and the service on offer.

There were a number of staff on duty over the course of the inspection, with some staff finishing their rostered shift as others commenced. The staff who the inspector met with had a pleasant demeanour and they chatted freely and interacted with the residents in a caring and familiar manner. The residents referred to them for reassurance about their plans for the day and they also sat with them in the centre's sitting room as they watched both morning and day time television. Nearing the conclusion of the inspection, one resident became slightly anxious when they returned from an outing. This was quickly recognised by a staff member who used spoke reassuringly to the resident and also redirected the resident to an activity which they enjoyed. They resident responded well to the staff member and it was clear that they had a good rapport with each other.

This was a very homely centre and it was clear that residents enjoyed a consistent level of good care and support. They were actively involved in decisions about their care and home, and overall they centre was a pleasant place in which to live. Some areas for improvement were identified, which will be discussed in the subsequent sections of this report.

Capacity and capability

There was good oversight of care in this centre and the arrangements in place ensured that residents had a good quality of life.

The provider ensured that the centre met the residents' assessed needs. One house in the centre was tailored to meet the needs of one resident who was best suited to an individualised service. The provider ensured that both aspects of the centre were

well resourced in terms of staffing, and the person in charge stated that a familiar staff team was an integral aspect of care in the individualised service. Both houses also had their own transport and the provider had employed allied health professionals who carried out additional reviews when required.

The provider had appointed a full time person in charge who held responsibility for the day to day delivery of the service and also the oversight of care. The provider had proactive measures in place to ensure that any potential issues would be identified early, and prior to having a significant impact on the delivery of care. For example, the person in charge was assigned a range of audits in areas such as medications, transport, fire safety and incidents were reviewed quarterly by the regional manager to monitor for both negative and positive trends in regards to care. The provider had also completed the centre's unannounced audit which found that care was generally held to a good standard, but outlined where improvements could be made in relation to staff training, medications and an aspect of fire safety.

Overall, this centre was well ran and the oversight arrangements ensured that the centre was sufficiently resourced and offered residents a good level of care and support.

Regulation 15: Staffing

The person in charge maintained both a planned and actual rota which clearly outlined the staffing arrangements in both houses, over the day and nightime hours. A review of this rota indicated that residents were supported by a staff team who were familiar to them, including relief staff. Staff who met with the inspector had a pleasant approach to the delivery of care and they were observed to have a good rapport with residents.

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 which promoted an informed and consistent approach to these areas of care.

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

Quality and safety

The residents were generally happy in their home and received a good level of care and support. They were supported by a staff team who knew their needs well and overall the service was well managed and promoted a good quality of life. Some adjustments were required in regards to medications and an element of fire safety but the inspector found that this centre was very pleasant and promoted residents' rights.

The residents who met with the inspector were relaxed and interacted in a warm manner with staff and each other. The inspector observed that the centre had a relaxed atmosphere and residents went about their own affairs in a carefree manner. The actions of the provider actively promoted residents' rights. The provider ensured that residents were given the opportunity to attend their own planning meetings and residents also got together as a group to decide upon the running and operation of their home.

Residents had a busy social schedule and they were out and about each day in their local town, community and also larger towns which had more amenities. Residents enjoyed shopping, going for coffee and having meals out in nearby restaurants and public houses. Some residents attended day services, one resident was enjoying their retirement and one resident had an integrated service in which their personal development and residential service were operated from one house in the designated centre. This resident attended baking and art classes and the person in

charge also stated that they enjoyed one to one outings such as lunch out, shopping and scenic walks and drives.

To summarise, the quality and safety of support on offer was held to a good standard. Residents reported that they liked their home and the inspector observed that staff new their needs well and provided a person centred approach to care.

Regulation 12: Personal possessions

The residents had their own bedrooms which had ample storage for their personal items and possessions. All residents who used this service had their own bank accounts and required varying levels of support in regards to managing their money and spending. Two of the residents required minimal assistance, with one of these residents preferring to leave their bank card in the centre's office and used cash independently when out and about each day. For the residents who needed full support, staff maintained detailed records of all cash and cashless transactions which ensured that their finances were safeguarded.

Judgment: Compliant

Regulation 17: Premises

Both houses in the designated centre were warm, inviting and were homely in nature. Residents had decorated their bedrooms in line with their own preferences and there was ample space for residents to sit, relax and watch television in both properties. The actions from the last inspection had been addressed with external maintenance completed, which included painting and the ground works in one of the houses.

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.

Risk assessments had been completed in relation to known issues which had the potential to impact directly upon residents and also the provision of the service. These included falls, medical conditions, fire, behavioural of concern and safeguarding. The inspector found that all risk assessments were kept under regular review and the provider demonstrated that risks were well managed.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety was taken seriously, and the provider had ensured staff had received fire safety training and also participated in fire drills to reflect both day and nighttime hours. A review of fire drill records indicated that residents and staff could leave the centre safely in the event of an emergency. The provider had developed individualised evacuation plans for each resident and a combined plan was also in place to ensure that a consistent approach was implemented by the staff team.

The provider had installed emergency lighting, extinguishers and a fire alarm, all of which had an up to date service schedule in place. Fire doors were also installed which promoted the containment of fire; however, one of these doors was not functioning properly on the day of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate storage for medicinal products in both houses which made up the designated centre. The inspector reviewed a sample of medication prescriptions and found that they contained the relevant information for the safe administration of medications. Staff had also completed medication administration training. Although several aspects of medication management were held to a good standard, some improvements were required. For example, in one house an as required pain relief was not administered in line with prescribed intervals and the associated administration records were not consistently completed.

Medication stock taking was completed in both houses which was an an example of good practice, but in the second house the stock take for two separate medications were not in line with administration records and required further review. In addition, the stock take record itself did not contain the time it was completed which impacted upon the auditor's ability to verify that number of a particular medication held in the centre was accurate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which gave a good account of their individual care needs and where they required support. The plans gave an outline of each resident's relevant background and also included likes and dislikes, family involvement and areas of personal interest. Each plan was individualised and if required, supplemented with additional guidance in areas such as behavioural support, maintaining good health, mobility and support with personal goals

The residents were actively involved in their personal plans and they attended individual meetings in regards to their wishes and goals for the future. The inspector reviewed a plan for one resident which outlined how they worked with the staff team in identifying their preferences for 2026. These included going on a holiday to County Kerry which also involved catching up with their relations. In addition they had planned and celebrated a milestone birthday with family, friends and staff and also went to a country music experience. The staff had also made up a small folder with their achievements for the year and the resident sat with the inspector and pointed out all the places they had been.

Judgment: Compliant

Regulation 7: Positive behavioural support

The actions from the previous inspection had been completed as described by the provider, with a comprehensive review of a resident's behavioural support plan. The plan gave clear guidance on how best to support this resident and the person in charge reported that overall, the resident was engaging very well with staff, community outings and activities, with behaviours of concern now a rare occurrence in their home.

Judgment: Compliant

Regulation 8: Protection

The provider had appointed a person to manage allegations of concern and information in regards to this person, and associated reporting procedures was readily available in the centre. There was one active safeguarding plan that had a positive effect on resident interactions and was kept under regular review by the person in charge. Residents who met with the inspector stated that they felt safe

and they liked their home and the inspector observed that staff had a pleasant approach to the delivery of care.

There was an additional safeguarding review underway at the time of the inspection in regards to a historical issue which occurred outside of the centre. The provider had taken this issue seriously and the relevant agencies had been notified.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that residents' rights were actively promoted through the actions of the staff team and the provider. Residents enjoyed a good level of social access and they made their own decisions in regards to activities and relaxation. The staff team also completed scheduled house meetings in which residents discussed the running and operation of their home.

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 17: Premises	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area G1 OSV-0007799

Inspection ID: MON-0041821

Date of inspection: 04/06/2026

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: The defective fire door seal will be replaced immediately, and the door will be repaired, adjusted and tested to ensure it closes, latches and functions correctly in accordance with fire safety standards. the organisation's Fire Officer will complete a comprehensive inspection of every fire door within the designated centre to ensure all doors, seals, self-closing devices, hinges and latching mechanisms are fully compliant. Any defects identified during the inspection will be documented, risk assessed and rectified. Records of inspections, repairs and maintenance will be maintained and available for audit. Monthly environmental audits will include documented fire door checks to verify continued compliance. Replacement of the defective fire door seal and repair of the affected door will be completed within 7 days of the inspection. A full inspection of all fire doors by the Organisation's Fire Officer will be completed within 14 days. Any additional defects identified will be rectified within 30 days, with higher-risk issues addressed immediately. Fire door inspections will thereafter form part of the centre's monthly environmental audits and annual fire safety review to ensure ongoing compliance.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: SMART Compliance Plan Specific: A comprehensive medication review was completed by the resident's General Practitioner. Following this review, a new medication was	

prescribed to better manage the resident's pain and anxiety. A new PRN medication protocol was developed to clearly outline the indications for use, minimum dosing intervals and maximum daily dose. The updated prescription and protocol were communicated to all staff through a formal handover, ensuring staff understand the revised medication management plan. The medication stock checking process has also been reviewed. The medication stock record has been amended to include a dedicated column to record the exact time each stock check is completed. A standardised medication stock check protocol has been implemented, requiring medication stock checks to be completed every Sunday at 2200 hours to ensure consistency and accuracy. The Person in Charge reviews all weekly stock checks to ensure medication balances reconcile with administration records and that any discrepancies are investigated immediately.

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(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	27/07/2026
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	13/07/2026