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 T36
Name of provider:	Muiríosa Foundation
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	13 July 2026
Centre ID:	OSV-0008178
Fieldwork ID:	MON-0045896

About the designated centre

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

Community Living Area T36 - Cooleeney is a designated centre operated by the Muiríosa Foundation. It provides a community residential service for a maximum of three adults with a disability. The centre is located in a rural area near a busy town in Co.Tipperary with access to a variety of local amenities including shops, pubs, clubs and parks. The centre is a two-storey detached house consisting of a kitchen-dining area, living room, sitting room, conservatory, utility room, office, storage room, staff sleep-over room and three individual resident bedrooms. The designated centre is staffed by care workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 July 2026	10:00hrs to 16:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection to monitor on-going compliance with the regulations. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to meet with the two residents. The two residents did not attend a formal day service and received a 'wrap-around' service where they were supported in activities by the residential staff team. The inspector also spoke to the person in charge and two staff members.

On arrival, the inspector was welcomed at the front door by one resident. The resident then sat with the inspector at the kitchen table. They said that they liked living in the service. The resident appeared content in their home. The inspector was informed of plans to go to dog racing in the morning and for a picnic. A picnic cooler was observed on the kitchen counter. The inspector was informed of plans for an upcoming holiday, regular visits home, interest in art and the activities the resident liked such as golf and farming. The resident then left the centre with their support staff.

The second resident was sitting on the couch in the sitting room enjoying a cup of tea, watching TV and engaging with their tablet. The resident acknowledged the inspector and appeared content and comfortable in their home and in the presence of the staff team. The inspector was informed on regular visits home and their interests in walking and social clubs. The resident was then observed leaving the centre to go swimming and for lunch out with their support staff.

The inspector completed a walkthrough of the centre accompanied by the person in charge. The house was well maintained and decorated in a homely manner. For example, located throughout the centre there were photographs of residents and people important in their lives, certificates of achievements and resident's artwork. The resident bedrooms were decorated in line with their preferences. There was a large garden to the rear of the premises which contained a polytunnel and seating area with BBQ. There was two vehicles assigned to the centre.

Overall, the inspector found that the residents were receiving a quality and safe person-centred service. However, some improvement was required in positive behaviour support plans.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there were management systems in place to ensure the provision of a good quality care to the residents. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a defined governance structure in place. The centre was managed by an appropriately qualified and experienced person in charge. Quality assurance audits were taking place to assess and monitor the service including the annual review for 2025 and six-monthly provider audits. These audits identified areas for improvement and developed actions plans to address same.

The inspector found that there were sufficient numbers of staff to meet the assessed needs of residents. The inspector reviewed a sample of the staffing roster which demonstrated that there was an established staff team in place which ensured consistency of care and support to the residents.

The inspector reviewed a sample of training records which demonstrated that, for the most part, the staff team had up-to-date training. This meant that the staff team had the skills and knowledge to support the residents.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for two other designated centre. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. During the day, the two residents were supported by two residential staff members. The two residents did not attend a formal day service and received a 'wrap-around' service where they were supported in activities by the residential staff team. At night, one sleep over staff was in place to support the two residents.

The person in charge maintained a planned and actual staffing roster. The inspector reviewed the roster for May 2026 and June 2026 and found that there was an established staff team in place which ensured continuity of care and support to the residents. At the time of the inspection, the centre was operating with a full staffing complement. Where cover was required, the provider had identified a small panel of regular relief staff. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date mandatory training including fire safety, safeguarding, manual handling, de-escalation and intervention techniques and safe administration of medication. Where members of the staff team required refresher training, this had been self-identified and plans were in place to address same.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time appropriately qualified and experienced person in charge. The person in charge reported to an Area Director, who in turn reports to the Regional Director.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review 2025 which provided consultation with residents and their representatives. The provider had also carried out six-monthly provider visits. The audits identified areas for improvement and developed action plans to address same. For example, the last six-monthly audit identified areas of external paint in need of attention and plans were in place to address this.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre for the period of January 2026 to July 2026 and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life. However, the positive behaviour support plans required review.

The inspector found that the premises was designed and laid out to meet the needs of residents. The centre was clean, generally well maintained and presented in a homely manner.

The inspector reviewed a sample of the residents' personal files which comprised of an up to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their needs. However, the positive behaviour support plans required review.

There were appropriate systems in place to keep the residents safe. For example, one resident communicated with the inspector that they liked living in the designated centre. The two residents appeared comfortable and content in their home. A review of incident and accident records demonstrated that they were appropriately managed and responded to. In addition, there was suitable fire safety equipment in place and fire drills had been carried out.

Regulation 12: Personal possessions

The previous inspection identified that improvement was required in the oversight systems in place to support residents to manage their monies and/or savings in circumstances where residents were supported by others. This had been addressed.

Overall, the inspector found that there was evidence of appropriate oversight of residents finances. For example, regular statements were received from relevant

financial institutions and reconciled. There were also appropriate local systems in place to provide oversight of monies held by residents physically in the centre including local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was laid out to meet the needs of residents. The centre is a two-storey detached house consisting of a kitchen-dining area, living room, sitting room, conservatory, utility room, office, storage room, staff sleep-over room and three individual resident bedrooms. The centre was well maintained, clean and decorated in a homely manner with photographs, certificates of achievements and resident's artwork located throughout the centre. The resident bedrooms were decorated in line with their preferences. There was a large well maintained garden to the rear of the premises.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the risks and control measures in place. For example, the inspector reviewed risk assessments in place for safeguarding, lone working, behaviours and manual handling.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation

drills taking place in the centre which demonstrated the all persons could evacuate the service in a safe and timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the administration, documentation and disposal of medicines.

There were appropriate arrangements in place for the safe secure storage of medication. The inspector reviewed the medication, prescription and administration sheets for both residents and found that it contained all the the relevant information for the safe administration of medication including photo, name, name of medication, dose and route. The inspector reviewed the medication records and found that for the sample reviewed that medication was administered as prescribed. In addition, the inspector reviewed a sample of the residents' medication and found that it was readily available and in-date.

An up-to-date assessment had been completed for both residents regarding self-administering their own medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of needs in place which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans. At the time of the inspection, the provider was in the process of implementing a new assessment of need template. The new template had been completed for one resident and was in the process of being completed for the second resident.

The inspector reviewed the two residents' personal files and found that they were up to date, appropriately identified the residents needs and guided the staff team on how to support the residents. For example, personal support plans were in place communication, finances and health needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed. Residents were supported to manage their behaviours and positive behaviour support guidelines were in place which guided staff in supporting the residents. However, the positive behaviour support plans required review as they had not been reviewed within the last year. The inspector was informed that there were plans for the review begin the week of the inspection.

The provider promoted a restraint-free environment. At the time of the inspection, there were no restrictive practices in use and previous restrictive practices had been removed.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. All staff had received training in safeguarding vulnerable adults. Staff were found to be knowledgeable in relation to keeping the residents safe and on how to report allegations of abuse. One resident told the inspector that they liked their home. The residents were observed to appear relaxed and content in their home and in the presence of the staff team and management.

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 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area T36 OSV-0008178

Inspection ID: MON-0045896

Date of inspection: 14/07/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A new psychologist has taken over responsibility for supporting the residents. They attended the service on 15th July to meet the residents. A Positive Behaviour Support (PBS) meeting has been scheduled for 8th September, where support plans and any relevant documentation will be discussed and reviewed.	

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 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	08/09/2026