



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area A7
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	17 February 2026
Centre ID:	OSV-0008531
Fieldwork ID:	MON-0040814

About the designated centre

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

Community Living Area A7 is a designated centre operated by Muiríosa Foundation. The centre can provide residential care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. It comprises of one large bungalow house. Each resident has their own bedroom, some of which are en-suite, there are shared bathrooms, a staff office, staff sleepover room, a sitting room, a utility and a large dining and kitchen area. An enclosed garden area was also available to the rear of the building for residents to enjoy. Staff are on duty both day and night to support the residents who avail of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 17 February 2026	09:30hrs to 15:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to assess the provider's compliance with the regulations, so as to inform a registration renewal decision. The day was facilitated by the person in charge, and the inspector also got to meet three staff, and with three of the residents that live here. Overall, this was a very positive inspection, that found many examples of where care and support was being provided in a high standard.

The centre comprised of one large purpose-built bungalow located on the outskirts of a town in Co. Offaly. The centre was home to five residents, and they each had their own bedroom, some of which were en-suite, there was a shared bathroom with an assisted bath, a toilet, large sitting room, kitchen and dining area, utility, staff office, and staff bedroom. A garden was available to the front and rear of the centre, containing raised flower beds for residents, there was a covered outdoor seating area, a swing, and a green house, for these residents to use in the good weather. The centre was spacious in size, well-maintained and provided a very homely and comfortable living environment for these residents. In particular, the decoration, layout and furnishing of residents' bedrooms was completed to a high standard. For residents who didn't have an en-suite bathroom, a hand sink was available to them in their bedroom. Each bedroom was very tastefully decorated in colours that residents themselves had chosen, beds were beautifully dressed with linen that complimented each colour scheme, and residents each had a comfortable armchair in front of their own television, should they want to spend time away from communal areas. There was ample wardrobe space provided, and as these residents loved to display memorabilia that they had collected over the years, adequate provision of shelving was made available for them to do so.

These five residents had lived together for a long time, and got on very well as a peer group. They primarily required care and support in relation to their social care needs, some had aspects of their healthcare that required monitoring, and some had identified risks relating to their nutrition and falls. They were quite independent with regards to their own personal and intimate care needs, and didn't require any enhanced staff supervision. They were all well at the time of this inspection, and had very busy and active lifestyles, which was encouraged and very much supported by the arrangements that the provider had in place.

Upon the inspector's arrival, they were greeted by a member of staff and the person in charge, and there was a very relaxed and calm atmosphere. Two of the residents had already left for their day service, one was gone out to a hair appointment, and two were present and getting on with their morning routines. One of them was sitting in the sitting room having their breakfast on a fold-out table, but due to their communication needs, they didn't speak with the inspector. This sitting room was large in size, and had many photographs of the residents engaging in various activities framed and displayed on the wall. The person in charge told the inspector

that all residents liked to spend time together in this room, and each had their own armchair, and often liked to watch television together. There was a fold-up table and cosy blanket available to each resident, and they liked to place these in front of them when using this room, so they could do table-top activities or have their meals while watching television. In the corner of this room, a desk area was set up for one of these residents, as they liked to colour and do puzzles. A little while later, the inspector met with the second resident who had a very warm welcome for the inspector, and gave her a picture that they had coloured for her. They also presented the inspector with satisfaction questionnaires that both they and their peers completed ahead of this inspection. This resident spoke a different intervals with the inspector over the course of the day, and told of how they loved to go on holidays and had been to Disneyland with another resident they lived with, with a large photo from this holiday hung up in the kitchen. They were planning to head to Co. Kerry with this same peer in the summer, and were looking forward to booking themselves in for a facial, and possibly going to a music concert. They spoke of their love for bowling and at their delight when they got a strike playing this, they had weekly appointments to have their hair and nails done and were delighted with a recent haircut that was easier for them to manage, they really enjoyed getting out for coffee, and often liked to bake. They brought the inspector down to see their bedroom, which was very nicely decorated and furnished. They had a particular fondness for butterflies, and had mirrored butterflies on their wall along with a display of such ornaments and souvenirs they had collected on their travels. They had multiple photographs displayed around their room, and also showed the inspector their en-suite where an allocated area had been created for them to look after their dental care. As the morning went on, both of these residents did their laundry, they cleaned and dusted their bedrooms, went outside to feed the birds with staff, and one of them went out to bring in the post from the post-box, before they both later headed out. During this time, the third resident arrived back from their hair appointment and equally had a warm welcome for the inspector. They told of how they were particularly cognisant of their daily step count and showed the inspector a watch they wore on their wrist to monitor this. They used a walking-frame when out in the community, and were very aware of their own safety when using this aid. They were very excited about it being pan-cake Tuesday, and were looking forward to enjoying some later that evening. They also spoke of holidays they had been on with their peer, and of the planning they were doing to head off again in the coming months. After a while, this resident briefly spoke with the inspector again, while sitting in their chair in the sitting room engaging in a table top activity. They said they were very content living in this centre, attended every resident meeting that was held, and were very happy with the level of care and support they received from staff. They told of how they got on very well with the person in charge, and later spoke with them to arrange a coffee date with her and one of the other residents that lived in the centre.

The person in charge took some time with the inspector to speak about the care and support needs of the two other residents that the inspector didn't have the opportunity to meet with. They equally were as socially active as their peers, with one of them having gone to a concert last minute the night before, as a ticket had become available at short notice, and they were delighted to have been able to go. This resident also was supported to have overnight stays at home with family every

second weekend. The other resident also enjoyed getting out and about, and were involved in a local meals on wheels operation. Similar to their peers, they loved to go on holidays, with multiple photos of them doing so displayed around the communal areas of the house.

Although there had been little change to the care and support needs of these residents over the last while, some of these residents were of an aging profile, which was very much the focus of this provider in their review of this centre's future planning. They were ensuring all residents' needs were subject to regular re-assessment, and had very robust systems in place around this. The provider was also aware of the importance of maintaining staffing levels under very frequent review, to ensure that should residents' needs change, that they would identify this on time to adapt this centre' staffing levels. Fundamental to how this centre operated was the well-established staff team working in this centre, who knew these residents very well. Over the course of this inspection, residents appeared very comfortable in the company of the staff on duty, with warm and friendly banter often observed between them all.

Ahead of this inspection, each resident completed a survey, to inform what it was like for them to live in this centre. Residents provided very positive feedback in relation to this, expressing their satisfaction around the meals that staff prepare for them, were very happy with the layout of their bedrooms, loved that they had so much trips and holidays to look forward to, said they felt well-supported by staff, and particularly mentioned how their privacy and dignity was respected by all.

The last inspection of this centre did identify aspects of this service that required improvement, and the outcome of this inspection found that the provider had satisfactorily addressed these. Furthermore, there was good governance and oversight of the improvements made, to ensure these improvements had been sustained.

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

Capacity and capability

This was a well-managed and well-run centre that provided residents with a safe and good quality of care. The provider took on board the findings of the last inspection, and ensured appropriate action was taken to address the areas requiring improvement, resulting in better risk management systems, fire containment, and health care arrangements.

The person in charge was responsible for this service, and regularly visited the centre each week. They held meetings with their staff team, and also were in frequent contact with their line manager around any issues. They ensured staff had

up-to-date training in areas appropriate to their role, and their regular presence at the centre, gave them the opportunity to observe the quality of care delivered to these residents.

There was good staff retention maintained, with all staff having supported these residents for a number of years. Staff were very familiar with these residents, and of the staff that the inspector did speak with, they were very knowledgeable of their individual needs, and how they were required to support them. Due to the aging profile of some of these residents, the provider and local management were very much cognisant of the future planning of this service, in anticipation of residents' changing needs. Fundamental to this was the provider's on-going review of this centre's staffing resources. However, over the course of this inspection, the inspector did identify that although there was evidence that this was being completed, it would benefit from a more structured approach of review. This was brought to the attention of the person in charge, who was putting plans in place by the end of this inspection, to address this with senior management.

The quality and safety of care was well-monitored by this provider and was largely attributed to, the regular presence of the person in charge, the centre's incident reporting system, and various internal audits that were being carried out. Along with this, the provider was also completing their own six monthly visits, and where improvements were found, time bound action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present at this centre each week to meet with residents and with their staff team. They had good knowledge of the residents' assessed needs, and of the operational needs of the service delivered to them. They were supported in their role by their staff team and line manager. They did hold responsibility for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to fulfill their managerial duties.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was maintained under the review of the person in charge, ensuring that an adequate number and skill-mix of staff were at all times on duty. Where additional staff support was required, the provider had arrangements in place for this. The person in charge maintained an actual and planned roster for this centre. There was a very low staff turn-over, which provided residents with good continuity of care, ensuring they were at all times supported by a staff team who knew them, and their assessed needs very well.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had the training that they needed to fulfill their duties. Where refresher training was required, this was scheduled accordingly. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced to meet the assessed needs of residents. They had suitable persons appointed to manage and oversee the running of this centre, and ensured that good internal communication was maintained between all staff. Staff team meetings routinely occurred on a monthly basis, and included agenda items such as, incident reviews, residents' personal planning and assessment arrangements, staffing, risk management, and any other business that staff wanted to discuss. The person in charge maintained good contact with their line manager, and also attended various management meetings around the service these residents received.

Since the last inspection, the provider had ensured that their compliance plan response was effectively implemented, with better arrangements found particularly in relation to risk management systems. Along with various internal audits, six monthly provider-led visits were occurring in line with the requirements of the regulations. The report from the most recent visit in December 2025 was reviewed by the inspector, and was found to monitor relevant aspects of care and support delivered in this centre. This visit did identify that improvements were required to aspects of personal planning and assessment, fire safety records, and medication

management, with an action plan put in place to demonstrate that all had been addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at this centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting of all incidents, and had ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, that operated daily based on the preferred routines of these residents, and in accordance with their assessed needs. Residents' quality of social care was driven by staff, who ensured that residents got out and about to enjoy the activities they liked to do. There were robust systems in place to oversee the re-assessments of their needs, to ensure they were maintained safe from harm, and to ensure they lived in a well-maintained and comfortable environment. However, some aspects of medication management did require review.

Since the last inspection, action was taken by the provider to ensure any issues relating to fire containment were quickly identified and addressed. Residents that the inspector met with told of the frequent involvement in fire drills, and of how this was often discussed with them at resident meetings. There was good fire safety practices implemented by staff, with all fire doors maintained clear from obstruction, and daily fire safety checks were adhered to.

Aspects of risk management had greatly improved since the last inspection. A complete revision of residents' risk assessments had been undertaken by the person in charge, and there were found to be up-to-date, clearly informed on specific risks residents were identified with, and the controls that were in place to mitigate against these. Where previous incidents relating to falls had occurred, the inspector observed evidence of where falls risk assessments were updated, with regular input from physiotherapy. A culture of incident reporting was promoted, subsequently then reviewed by the person in charge, and any new control measures quickly communicated with staff.

Medication management was an aspect of this service that was subject to regular auditing and review. There were secure storage arrangements in place for all medicines, and prescription and administration records were well-maintained and legible. However, there were some aspects of prescribing practices that did require review.

Overall, this was a very positive inspection, that demonstrated this service was committed to driving improvement, and maintained the needs, preference and wishes of these residents at the forefront of how the centre operated.

Regulation 13: General welfare and development

The provider had ensured that suitable arrangements were in place to provide these residents with multiple opportunities for social engagement and recreation, in accordance with their assessed needs and preferences. Some residents routinely attended day services, while others who had retired from this, were supported during the day with their social activities by staff working in this centre. The provider was cognisant of the aging profile of some of these residents, and ensured that they had a variety of meaningful activities to choose from. For residents who preferred more centre-based activities, this was accommodated for them. Residents were supported to maintain good links with their local community, often going out for coffee, to the shops, went to the gym, they attended concerts, participated in yoga and relaxation, had in-house massages, and a variety of table-top activities to engage in. One resident was actively part of a local meals-on-wheels operation two evenings a week. Family engagement was a very important aspect of some of these residents' lives, and they were supported to maintain regular contact with their relatives, and were supported to visit them as often as they wanted.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large purpose-built bungalow, located in an estate within a town. The house was well-maintained, very clean, and tastefully decorated and furnished. The spacious layout and design of the centre gave due consideration to the future planning of this service, allowing for ample space should the needs of residents be subject to change. Where maintenance works were required from time-to-time, the provider had an effective system in place for staff to report this, and for quick rectification.

Judgment: Compliant

Regulation 20: Information for residents

There was a Residents' Guide available at the centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Since the last inspection, there was much review and action taken by the provider to address issues raised upon the last inspection with regards to risk management systems. Residents' risk assessments had been completed revised, and provided much clearer hazard identification, outline of existing control measures, and accurate risk-ratings. The maintenance of these documents were kept under constant review by the person in charge, to ensure that these improvements would be sustained.

Where risk was identified, there was a timely response to this, and any new controls were quickly communicated to all staff. In response to falls that had occurred in 2025, there were appropriate revised risk assessments in place for this. In addition, one resident had a risk associated with their nutritional care, and there was an appropriate risk assessment also in place for this. When incidents did occur, these were reported by staff, and reviewed by local management.

The person in charge maintained operational related risks under on-going review, and had a risk register in place to support them to do so. A number of these risk assessments were in the process of further review at the time of this inspection by the person in charge.

Judgment: Compliant

Regulation 28: Fire precautions

Following the outcome of the last inspection, better arrangements were put in place to ensure all fire doors were in working order in this centre. Checks of these door were routinely carried out by staff, and upon further check by the inspector, no issues were found in relation to fire containment on the day of this inspection.

Fire drills were regularly occurring, with better records maintained of the performance of these drills. These records demonstrated that staff could support these residents to evacuate the centre in a timely manner, with all residents requiring minimal assistance from staff to do so. Residents who spoke with the inspector spoke of their regular participation in fire drills, and knew what to do, should the fire alarm sound. All staff had up-to-date training in fire safety, external and internal emergency lighting was available, fire detection systems were in place, and there were multiple fire doors throughout this premises. There was a fire procedure in place to guide staff on what to do, should a fire occur. In addition, each resident had a personal evacuation plan, outlining the level of support they would need to safely and quickly evacuate.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Although medication management was subject to on-going review, some aspects of this system did require the review of the provider, to include:

- Some prescription records didn't clearly prescribe the exact dose of regular daily medicines
- Indications for administration of as-required medicines wasn't prescribed
- The frequency of administration of some medicines required review. For example, for as-required medicines, the frequency of their administration was stated upon the prescription sheet that these were to be given every day.

Although these findings didn't result in any negative impact to these residents, these errors did require the attention of the provider to rectify.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Effective arrangements were in place for the re-assessment and personal planning of these residents' care and support needs. Key-worker staff were appointed to take

responsibility for this, and this was working well in ensuring this aspect of the service was maintained up-to-date. Personal goal setting with each resident was taken seriously, with each resident having their own personal record in place, outlining their chosen goals, and the progress they had made towards achieving these. Residents had goals identified around maintaining healthy lifestyles, family connections, and enhancing their social engagement, with photographs on record of residents participating in such activities.

Judgment: Compliant

Regulation 6: Health care

Although residents' assessed health care needs were minimal in this centre, it was still an aspect of their care and support that was subject to on-going review. Residents regularly required staff support to attend various medical appointments, and residents told the inspector that they were made aware and kept informed of any upcoming appointments being scheduled for them. Some residents did require some support in relation to skin integrity management, and there were appropriate risk assessments and plans in place, outlining how staff were to support them with this. When required, referrals were made on residents' behalf to allied health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable arrangements in place to ensure residents were provided with positive behaviour support, as and when required. Where behavioural related incidents did occur, these were reviewed locally and then submitted to the behaviour support therapist for further review. This had resulted in such incidents rarely occurring in this centre. At the time of this inspection, there were no restrictive practices required to be in place.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on how to identify, report, respond to, and monitor any concerns relating to the safety and welfare of these

residents. All staff had up-to-date training in safeguarding, and at the time of this inspection there were no active safeguarding concerns in this centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for Community Living Area A7 OSV-0008531

Inspection ID: MON-0040814

Date of inspection: 17/02/2026

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none">• The Person in Charge has completed a comprehensive medication management review within the centre. Completed: 20/02/2026• Issues noted with prescription records on the day of inspection in relation to exact dose of daily medication, indications for administration of as-required medicines and frequency of administration of as-required medicines have been clarified and rectified. Completed: 20/02/2026	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	20/02/2026