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 J
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	17 November 2025
Centre ID:	OSV-0002722
Fieldwork ID:	MON-0048378

About the designated centre

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

Community Living Area J is a designated centre operated by Muiriosa Foundation, and can provide care for up to three male and female residents, who are over the age of 18 years, and who have an intellectual disability. The centre comprises of one bungalow house, situated on the outskirts of a town in Co.Laois, where each resident has their own bedroom, some of which are en-suite, shared bathrooms, and have communal use of a sitting room, living and dining area, kitchen, utility, staff bedrooms and office space. There is also a garden area to the front and rear of the property. The location of this centre is close to a range of amenities, to include, cafe's and restaurants, local parks, pub, and a hotel and leisure centre. Staff are on duty both day and night to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 17 November 2025	10:00hrs to 15:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection to follow-up on the actions taken by the provider since the last inspection in March 2025, so as to inform the renewal of this centre's registration. Overall, this inspection found that the provider had made a number of improvements to the service, which will be discussed throughout this report. However, this inspection did identify that some improvements were required to aspects of this service relating to risk management and health care, and also to medication management which required a number of issues to be addressed, all of which will also be outlined later on in the report.

The day was facilitated by the person in charge, and was later joined for a period of time by the person participating in management. The inspector also got to meet with one staff member who was on duty and with one of the residents, who was receiving a wrap-around service. The other two residents had already left for their day service, one of whom received theirs in the community, while the other received theirs in a separate building that was located on the same grounds as this designated centre. The resident that the inspector did get to meet with had assessed communication needs, and didn't engage directly with the inspector about the care and support that they received. However, they did greet the inspector and sat at the kitchen table in the company of the person in charge and inspector to have their coffee, before later leaving with staff to head out for their lunch.

This designated centre comprised of one bungalow house located on the outskirts of a town in Co. Laois. Residents had their own bedroom, one of which was en-suite, there were shared bathrooms, a living room, kitchen, dining area, sitting room, utility, and staff bedrooms. There was also a garden to the rear and back of the house, which was accessible to residents. Since the last inspection, there was a noticeable improvement to the maintenance and upkeep of this house. Rooms had been freshly painted and were much cleaner and bright, long standing maintenance issues had been addressed, and there was also significant improvement to the garden area which was maintained to a much higher standard. Since the last inspection, input from an appropriate allied health care professional had been sought to review the accessibility of an exit door for wheelchair users, with this door no longer in use for that purpose. The centre was very clean, had some lovely homely touches added, and provided a very comfortable living environment for these residents.

The three residents in this centre had all lived together for a number of years, and got on well as a peer group. Some required care and support with their assessed manual handling and mobility needs, health care needs, social care, intimate and personal care, nutritional care, and some required positive behavioural support from time-to-time. They were all very socially active, often went home to visit family and enjoyed getting out and bout both on their own with staff, and also together as a peer group. Along with their busy day service schedules, they often went to the cinema, went out for a bite to eat, and went for drives. They were also looking

forward to a number planned concerts and outings that were scheduled to happen in the weeks leading up to Christmas. Staff placed significant emphasis on planning outings and events for these residents and consulted with them about these as part of regular house meetings.

Fundamental to the care and support that these residents received was the continuity of care provided by the centre's staffing arrangement. There was good staff retention in this service, which meant that residents were only supported by staff who were very familiar to them. Interactions observed between the staff member and resident present were respectful and kind. As each resident in this centre had assessed communication needs, much time was given to ensuring residents were supported to express themselves in whatever way they preferred, and that the staff supporting them were able to interpret what each resident wanted.

Overall, this was a positive inspection, with assured that better arrangements were in place to support residents' assessed needs, and the operational needs of the service delivered to them. The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Following on from the findings of the last inspection of this service in March 2025, the provider submitted a compliance plan response to the Chief Inspector of Social Services. This inspection found that they had satisfactorily implemented this plan, which had resulted in considerable improvements being made to the premises and maintenance arrangements, to monitoring arrangements, and to the accessibility of allied health care professionals for residents who required this level of support and input.

Recent to this inspection, a new person in charge was appointed to the centre. They had gotten to know the residents' assessed needs very well, and had familiarised themselves with the operational needs of the service delivered to them. They were present regularly each week to meet with residents and with their staff team, and had held staff meetings since their appointment. They also maintained good contact with their line manager around operational matters, and told the inspector they had received good line management support since they commenced their role.

Staffing arrangements were maintained under constant review, which had ensured that residents had the level of staff support available to them at all times. Most of the staff had worked in this centre for a long period of time, and were very familiar with the assessed needs of the residents. Where additional staff support was required, this was accommodated by staff who were well-known to the service and to the residents. Staff training was also maintained up-to-date, with supervision on-going for each staff member.

Since the last inspection, the provider had improved the manner in which they conducted their six monthly provider-led visits. The report from the most recent visit covered a number of very relevant areas of care and support relating to the assessed needs of residents, with a time bound plan put in place for when improvements were to be addressed by. As part of their own oversight arrangements, the person in charge was also in the process of implementing their own local monitoring and review process, so as to provide additional auditing of key areas of this service.

Registration Regulation 5: Application for registration or renewal of registration

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 position and was regularly present at the centre each week to meet with their staff team and with the residents. They had good knowledge of the residents' needs and of the operational needs of the service delivered to them. They did have responsibility for another centre operated by this provider, and current governance and management arrangements gave them the capacity to be able to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, ensuring a suitable number and skill-mix of staff were at all times on duty. There was a well-established team working in this centre, which provided continuity of care. Where additional staffing resources were required from time-to-time, the provider had arrangements in place for this. There was a well-maintained staff roster available, which clearly identified the full names of all staff, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

There provider had effective training arrangements in place, which meant all staff had received the training that they required appropriate to their role. Where refresher training was required, this was scheduled accordingly by the person in charge. Since their appointment, the person in charge had also commenced a schedule of supervision, to ensure all staff received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider continued to monitor the needs of this centre, ensuring adequate resources were at all times available to enable the service to satisfactorily operate. Good internal communication systems continued to be implemented, with regular staff and management meetings consistently occurring on a scheduled basis. Where any changes were upcoming or required, the person in charge also ensured that staff were notified of these in a timely manner.

Since the last inspection, the provider had made a number of improvements to their governance and management arrangements. They had improved their own internal monitoring systems, which had comprised of a complete revision of how provider-led visits were being conducted. The most recent visit carried out in October 2025, was found to comprehensively oversee and monitor very relevant areas of care and support, and where improvements were identified as being needed, there was a clear action plan put in place to outline how and when these were to be addressed by. There was also a noticeable better oversight being maintained of this centre's maintenance requirements and required allied health care input.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure 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, which operated in line with residents' assessed needs, preferences and wishes. There was a significant focus placed on residents' social care needs, ensuring that they had regular opportunities to get out and about to do the activities that they enjoyed. Staff maintained good links with residents' families and representatives, and the provider had ensured that there was sufficient staffing levels, transport, and care and support available to this centre, to enable residents to have a good quality of life. Although this inspection did find multiple examples of where care and support was delivered to a high standard, there were some improvements found to medication management practices, aspects of risk management and also to some documentation supporting residents' health care needs.

Although medication management was maintained under regular monitoring, a number of errors were observed upon this inspection which had not been detected by the provider through their own oversight systems. These errors varied in relation to prescribing practices, administration records, and the checking system for verifying medicines dispensed within blister packs, all of which required the attention of the provider to address. There was also a very low number of incidents reported to have occurred in this centre, with consideration needing to be given by the provider to review the appropriate utilisation of their own incident reporting system in identifying and monitoring for such incidents. Since the last inspection, the provider had reviewed the centre's risk register and also a number risk assessments associated with residents care. However, some of these did still require further review so as to better reflect the control measures put in place in response to these.

Since the last inspection, the provider reviewed residents' assessed needs, to ensure updated input was sought from allied health care professionals, where it was required. This resulted in residents having updated reviews from speech and language and occupational therapy, and the person in charge was maintaining oversight to ensure this level of input was sustained, as and when required by the needs of the residents. Although there were good re-assessment and personal planning arrangements in this centre, it was observed that some protocols relating to resident’s health care needs did require further review, to ensure better clarity in relation to some arrangements associated with this aspect of their care.

Fire safety arrangements had also improved since the last inspection. Since then, the provider had sought a review of the evacuation arrangements for one particular resident, and had used this to inform the personal evacuation plan for this resident. There were also two staff on duty each night to provide support should a fire occur, and regular checks of the centre's fire containment, detection systems and general fire safety precautions were being regularly carried out. Prior to the arrival of the inspector to the centre, the person in charge observed some maintenance works required to a fire door in the main aspect of the house, which was immediately reported and rectified.

Regulation 17: Premises

Following on from the last inspection, the provider satisfactorily implemented their own compliance plan so as to address the issues with the premises that were identified upon the last inspection in March 2025.

Since that inspection, the provider sought the input of an allied health care professional to review the accessibility of an exit door within this centre for wheelchair users. The outcome of that assessment resulted in this exit no longer being used by wheelchair users, which was reported to have had no negative impact to residents and was working well. As per their compliance plan response, the provider also conducted a full review of all maintenance issues in this centre, and had an action plan in place to address further issues which they identified as part of this review.

There was also better maintenance arrangements put in place for this centre since the last inspection, whereby, reported repair works were attended to in a timely manner. This was maintained under very regular review by the person in charge, which had resulted in this centre being maintained to a better and higher standard.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that there was a an appropriate provision of food in this centre that could be prepared in hygienic conditions. Where residents had assessed nutritional needs, food was prepared in accordance with recommended guidelines. Residents were offered a choice at every mealtimes, with snacks and refreshments available to them throughout the day. Due to the assessed nutritional needs of these residents, mealtimes were supervised by staff to ensure residents had the support and assistance that they required.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available which included all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place, and since the last inspection, they had revised residents' risk assessments and the centre's risk register. However, some further improvements were still found to be required to these. Furthermore, improvement was also required to the review of the centre's incident reporting system.

Over the last few months, only one incident was reported to have occurred in this centre. However, over the course of this inspection, the inspector identified a number of medication errors which had not been detected or reported. A review of this incident reporting system was required by the provider, to ensure all incidents were appropriately reported using this system so as to allow better trending and monitoring of all incidents occurring in this centre.

As earlier stated, although there had been a review conducted of all risk assessments and risk register since the last inspection; however, these still required further review. For example, risk assessments for residents with specific health care needs relating to epilepsy, infection and elimination needs were not in place. More minor review was required of the risk register to eliminate duplication of named risks, and better information around some of the specific controls that the provider had in place for identified risks in this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Since the last inspection, the provider had conducted a full review of one resident's evacuation needs in consultation with an allied health care professional, which informed their evacuation plan. There were also two staff on duty each night to aid with an evacuation, should a fire occur. Records from fire drills evidenced that these were regularly occurring, and demonstrated that staff could support these residents

to evacuate in a timely manner. Each resident also had a clear and concise evacuation plan developed which guided on the level of staff support they required.

Fire detection and containment systems were available throughout the centre, with fire exits maintained clear at all times. Regular fire safety checks were occurring, with prompt action taken where any issues were identified. Since their appointment, the person in charge had reviewed the fire procedure for the centre, and were in the process of making further amendments to this document so that it provided clearer instruction to staff as to what to do, should a fire occur.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Secure storage arrangements were provided for all medicines, and all staff had received up-to-date training in the safe administration of medication. However, over the course of this inspection, a number of medication errors were identified by the inspector that required attention, to include:

- Use of tipp-ex was found to have been used a number of occasions on a medication administration record
- As-required medicines did not have indications for use or the maximum dosage to be administered identified on prescription records
- Where a medicine was prescribed regularly and also on an as-required basis, contraindications relating to administration were not identified
- A number of medicines were prescribed without the route of administration
- A topical medicine prescribed on a regular basis was not prescribed with the name of the medicine to be administered
- The prescribed dose of an emergency medicine was in contraindication with the associated protocol
- A medicine dispensed within a blister pack did not match the description provided on the blister pack

Upon identification of the above medication errors, the person in charge took prompt action to contact, verify and assure with pharmacy that all residents were being administered medicines as prescribed by their practitioner, and were not negatively impacted by these errors. However, despite weekly checking systems and other regular monitoring activity of medication management systems in this centre, these had failed to identify and appropriately address the issues raised upon this inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed for on a regular basis, and care plans were updated accordingly, where changes to residents' needs were identified. There was clear evidence of this upon this inspection, and named staff were appointed with the responsibility for maintaining all residents' assessments and personal plans.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were regularly assessed and were well-known to staff in this centre. There had been a significant improvement made since the last inspection in terms of ensuring all residents had received up-to-date review from allied health care professionals, with good oversight by the person in charge to ensure this was sustained. Although for the most part, there was good documentation maintained in relation to residents' health care needs, there was some improvement required to a number of health care protocols, to ensure these provided clear guidance to staff and that they evidenced the input of allied health professionals, as and when required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had ensured that suitable arrangements were in place for this. There were some restrictive practices in place in response to residents' assessed needs, and these were maintained under very regular review to ensure that the least restrictive practice was at all times in place.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding procedures in place to guide staff on what to do, should they have any concerns arise relating to the safety and welfare of residents. All staff had up-to-date training in safeguarding, and at the time of this inspection, there were no 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 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area J OSV-0002722

Inspection ID: MON-0048378

Date of inspection: 17/11/2025

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The person in charge will complete a review of the risk register to eliminate duplication of named risks and include specific controls for identified risks in the Centre. • The person in charge will review and update risk assessments for residents with specific health care needs relating to Epilepsy, Infection and Elimination needs. • The Person in Charge will discuss the Incident Reporting System with their manager and staff team to ensure all incidents are appropriately reported to allow oversight and and monitoring of all incidents occurring in the Centre.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • The Person in Charge will highlight to staff at staff team meetings that Tipp Ex is not be used under any circumstances when recording medication administration. • The Person in Charge will link with the GP and the pharmacy to ensure as-required medicines will indicate the maximum dosage to be administered on prescription records. • The Person in Charge will meet with the GP to review Kardex and discuss contraindications relating to regularly prescribed and as-required basis medications. • The Person in Charge will link with the GP and the pharmacy to ensure that Topical	

medicine prescribed on a regular basis will have the correct prescribed name on the Kardex.

• The Person in Charge will ensure that all protocols for emergency medicine will correspond with all prescribed emergency medicines.

• The Person in Charge will contact the pharmacy to ensure medication dispensed within a blister pack will match the description provided on the blister pack

• The Person in Charge will ensure that any medication errors noted will be reported using the Incident Reporting System in line with the Organizations Medication Management Policy.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

• The Person in Charge will review all health care protocols and update guidance if required and staff will be informed of any updates.

• The Person in Charge will ensure that any guidance or instructions from allied health care professionals when required will be recorded in the service user health care protocols.

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 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	31/12/2025
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	Not Compliant	Orange	05/01/2026

	resident for whom it is prescribed and to no other resident.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/12/2025