



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area B
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	10 December 2025
Centre ID:	OSV-0004085
Fieldwork ID:	MON-0039709

About the designated centre

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

This centre comprises of one house located in a residential area of a large town with easy access to local amenities. It provides services to three residents with a moderate intellectual disability. The centre strives to promote positive community awareness through daily presence and participation in the local community. The aim of the provider is to provide a welcoming, safe and supportive environment that people can regard as home. Residents are supported by a team of social care workers and also care assistants. Residents are supported by one staff member during the day and by a staff sleep in arrangement for nighttime hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 10 December 2025	09:50hrs to 14:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

This inspection was carried out to monitor the provider's compliance with the regulations, relating to the care and welfare of people who reside in designated centres for adults with disabilities, and following receipt of an application to renew the registration of the centre. As part of this inspection, the inspector met with the person in charge and a senior manager, who was their line manager, and viewed a range of documentation and processes. The inspector only met briefly with the staff that were on duty, these staff members were not present in the centre during most of the inspection.

Three satisfaction surveys had been completed by residents prior to the inspection, and these questionnaires recorded a high level of satisfaction with the care and quality of life in the centre. Residents did not identify any areas of dissatisfaction in these surveys. Information of concern regarding the care delivered in the service had been supplied to the Chief Inspector from an external source before the inspection. The areas of concern were examined during the inspection and although some areas for improvement were identified during the inspection, overall, the concerns were not found to be substantiated.

The inspector did not get the opportunity to meet any of the residents who lived in the centre, as they had busy days planned and had left the centre before the inspection.

Review of documentation and records that took place during the inspection, discussion with the person in charge, and limited discussions with staff, indicated that the person in charge, management team and staff prioritised the well-being, and quality of life of residents. It also showed that residents had a good quality of life, had good levels of health and social care, and had choices in their daily lives.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents. The centre was clean, nicely furnished in domestic style, and was well-maintained. At the time of inspection, the centre was nicely decorated with Christmas decorations, and the inspector was told that the tree had been put up for the Toy Show, which the residents had watched and enjoyed. Residents also had access to a garden at the back of the house. The person in charge explained that some residents enjoyed outdoor work in the garden and the inspector saw that there was a flower bed for summer use, and a garden shed which was used for gardening work.

There were records to show that residents carried out regular community activities such as going out for meals or to the cinema, personal shopping, visiting the

pharmacist and taking part in health and fitness projects. Activities that residents enjoyed in the centre included watching television, listening to music, using computers and technology devices, and taking part in household tasks and garden maintenance. All residents in the centre also had close contact with their families and were supported to have frequent family visits.

In summary, based on what the inspector read, observed and discussed, this service was person-centered, with staff ensuring that the individuality and rights of each resident were respected and promoted. The provider ensured that it had the necessary arrangements in place to ensure that the service was planned, delivered, managed and overseen to ensure a good quality service suited to each resident's specific needs.

The next two sections of this report will discuss the governance and management arrangements of the designated centre, and how these ensured and assured the quality and safety of the service provided.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the residents who lived in the centre. However, improvement was required to the identification of some assessed needs, and to ensuring that these were being suitably supported.

There was a clear organisational structure in place to manage the service. The provider had appointed a suitably qualified and experienced person in charge who was very involved in the day-to-day running of the service, and was knowledgeable regarding the individual needs of each resident. A new person in charge had recently been appointed to the centre. Although they were not long working in the centre, they had developed a good understanding of the residents' needs and were knowledgeable of their regulatory responsibilities. Arrangements were also in place to support staff when the person in charge was not on duty.

The centre was well-resourced to ensure the effective delivery of care and support for residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, televisions, games and equipment. Appropriately trained staff were also allocated to support residents' preferences and assessed needs. Training had been provided to staff to enable them to carry out their roles effectively. The staff who met with the inspector were very knowledgeable of residents' support needs.

It was clear that the provider was focused on quality improvement in the centre, and any issues that had been identified for improvement at the previous inspection

of the centre had been addressed. For example, since the last inspection of the centre, the provider had strengthened the arrangements for medication management. Systems had been developed for the ongoing review of the service, to ensure that a high standard of care, support and safety was being provided. These systems included unannounced audits that were carried out twice each year on behalf of the provider. An annual review of the quality and safety of care in the centre had also been carried out as required. However, improved oversight of follow-through on action plans was required to ensure that a high quality of care would be maintained.

The person in charge discussed plans to work more collaboratively with residents' day services to ensure a consistent approach to meeting residents' assessed needs and goals.

Documents required during the inspection were kept in the centre and were available to view. The records viewed by the inspector, such as personal planning documentation, healthcare records, medication management systems, were generally clear, informative and well organised, although improvement was required to some aspects of personal planning to ensure that clear guidance was available to staff.

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents. All staff who worked in the centre had received mandatory training, in addition to other relevant training.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding, in addition to other training relevant to their roles, such as feeding, eating, drinking and swallowing, use of inhalers and nebulisers, management of sharps, food safety, and human rights.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective governance arrangements in place to ensure that the centre was well managed. However, some aspects of oversight of the service

required strengthening to ensure that a good quality and safe service would continue to be provided to residents.

An organisational structure with clear lines of authority had been established to manage the centre. This included arrangements to support staff and to manage the service when the person in charge was not on duty.

Improvement was required to follow-through on outcomes of audits. The provider had good auditing systems in place to ensure that the service was safe and suitable for residents. The inspector viewed the the last two unannounced audits carried out on behalf of the provider and the last annual review of the service. These audits were comprehensive and detailed and actions plans had been developed to identify any required improvements. However, while many of the issues identified in the previous unannounced audit had been completed or were in progress, it was recorded that some had not been addressed. These had been carried over to the action plan in the most recent unannounced audit. Furthermore, there were no time frames identified for the responsible person to address outstanding works. This presented a risk that these actions may not be addressed in a timely manner.

Overall, clear records and documentation were being maintained in the centre. The records viewed were up-to-date and informative, although improvement to some personal planning records was required and this is further discussed under regulation 5 in this report.

Judgment: Substantially compliant

Quality and safety

Based on the findings of this inspection, there was a good level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The provider had systems in place to ensure that residents received person-centred care and support. However, some aspects of personal planning required review to ensure that all residents' assessed needs and preferences would be suitably supported.

Comprehensive assessments of residents' care needs had been carried out and individualised personal plans had been developed for each resident. As part of the personal planning process, individualised goals had been agreed with each resident. However, improvement to oversight and recording these goals was required as, in some instances, progress in achieving goals was not being consistently recorded.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Residents' nutritional

needs were well met. The provider had also ensured that there were safe medication management practices in the centre.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. As this was a residential service, with access to day services on weekdays, residents could take part in a range of activities in the community, at day service and in the centre. Suitable support, including access to transport, was provided to enable residents to live their lives in accordance with their individual choices and interests. Records showed that residents were taking part in both leisure and development activities on an ongoing basis, and these were being supported by both day service and centre staff. Residents were involved in a range of activities such as shopping, outings, day service activities, visiting their families, attending a gym and going out for something to eat. Residents were also being supported to access their own finances with the required support from their families and staff.

Information was supplied to residents through a residents' guide which had been developed by the provider, easy-read documents and weekly staff meetings. Although most residents had good verbal communication skills, plans were also in place to support any identified communication needs.

The centre suited the needs of residents, and was clean, comfortable, well maintained, and suitably furnished. All residents had their own bedrooms which were decorated in line with each resident's liking. There was a garden behind the house where residents could spend time outdoors. Residents also had access to laundry facilities and a refuse collection service was provided by a private company. The centre had a well equipped kitchen where residents could store and prepare their food in hygienic conditions. However, improvement was required to an area external to the building where frozen food for the kitchen was stored.

Regulation 12: Personal possessions

There were systems in place for the secure management of residents' finances and personal property.

All residents who lived in this centre received some level of family support in the management of their finances. However, all residents had access to their own money for their daily spending needs. The provider had systems in place for oversight, recording and checking of residents' personal expenditure. The inspector viewed these systems and saw that receipts were being maintained for all residents' expenditures. The inspector also saw that expenditures were being clearly and accurately logged and that records and balances were being checked daily. These systems protected residents from the risk of financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services, and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests.

The inspector saw evidence of projects that residents were involved in and staff discussed these with the inspector. Residents' artwork was display in the centre and the inspector saw examples of work that residents had been involved in in the garden. Planting had been carried out during the past summer and staff explained that two residents had worked with staff to paint the garden boundary wall. There was a potting shed in the garden where residents could prepare gardening projects in the summer. Some residents liked, and were involved in, light household tasks such as recycling, laundry, cooking and managing the household bins. It was acknowledged that two residents did not like grocery shopping and their preference was supported.

As residents went to day services on weekdays, a range of developmental options were available to them through these service. The inspector learned, for example, that a resident had attended a literacy course, a twelve week 'active me' programme and an employability course. A resident was also being supported to use public transport independently. On the day of inspection, a resident had declined to meet the inspector as they were going for an appointment with an education and training board to plan their next project.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of residents, was of sound construction and well maintained, was clean, and was suitably decorated and equipped throughout.

The centre was made up of one house, which could accommodate up to three residents. The house was spacious and there was a comfortable sitting room and a sun room where residents could relax. During a walk around the centre, the inspector found that the house was warm, clean, comfortable and nicely furnished. As it was approaching Christmas, the house was decorated with Christmas decorations, including a tree. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their clothing and belongings in their bedrooms. There was an enclosed garden behind the centre. The centre was served by an external refuse collection service and there were

laundry facilities for residents to use. The centre was also equipped with Wi-Fi and televisions for residents' use.

Judgment: Compliant

Regulation 18: Food and nutrition

Overall, residents' nutritional needs were being well supported, however, improvement to an aspect of food storage arrangements was required.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. However, adequate provision was not made to store frozen foods in hygienic conditions. Frozen food was stored in a freezer in a shed at the back of the garden. This area was not maintained in a hygienic condition and the freezer itself was not cleaned to a high standard. Furthermore this area was not readily accessible for residents to access this food if they wished to.

The inspector saw that weekly food choices and preferences were discussed with residents at weekly meetings and recorded to inform meal planning and shopping. The inspector saw the plan for the current week, although staff confirmed that this was flexible and could be changed in line with residents' preferences. The inspector viewed food records for all residents and found that a variety of meals were being prepared for residents.

Residents' assessed dietary and nutritional needs had been identified, with involvement of multidisciplinary support as required.

Judgment: Substantially compliant

Regulation 20: Information for residents

Information was provided for residents. The provider had developed a residents' guide which had been supplied to the Chief Inspector of Social Services as part of the registration renewal process. The inspector read this guide and found that it met the requirement of the regulations and was available to residents in an easy-read format.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

The inspector viewed the arrangements for the storage and management of medication, and found that residents' medications were suitably and securely stored at the centre and there were suitable arrangements for the storage and disposal of out-of-date or discontinued medication. Since the last inspection of the centre the provider had made changes to strengthen the arrangements for medication management. They showed the inspector a secure unit which had been acquired for the safe and secure storage of medication, and on the day of inspection this unit was being used solely for medication storage. The person in charge had also reviewed the assessment of capacity of a resident to self-administer their medication, and an appropriate medication support plan and risk assessment had been developed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal planning process to ensure that residents' needs were being identified and met. Overall, these systems were clear and informative, however, improvement to the documentation and recording of some support needs was required.

Comprehensive assessments of the health, personal and social care needs of residents had been carried out and personal care plans had been developed for each resident. The inspector viewed all three residents' personal plans and found that multidisciplinary involvement had been included as required. Personal goals had been developed for residents. However, the inspector saw that while some records were clearly recorded, progress in achieving these goals was not being clearly recorded for some plans viewed, which could impact on the effective oversight of this process. It was also found that some healthcare interventions had not been clearly laid out in personal plans to guide staff. While the inspector saw that there were clear and specific plans of care for most healthcare needs that had been identified for residents, some plans of care lacked sufficient detail to to guide care, and one did not identify what goal or target the plan was designed to achieve. This presented a risk that clear information may not consistently be available to guide unfamiliar staff in delivery of care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their well-being. There were good measures in place to support residents to achieve suitable healthcare as required.

The inspector viewed the healthcare records of all three residents. These included records of medical assessments and appointments. In some instances, residents' families supported their healthcare needs and arranged and accompanied them for medical appointments, while for some residents these were arranged and supported by staff. Records viewed indicated that residents could visit general practitioners and medical specialist consultations as required. Residents also had access to some allied healthcare professionals within the organisation and appointments and assessments were arranged as necessary.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Community Living Area B OSV-0004085

Inspection ID: MON-0039709

Date of inspection: 10/12/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulation 23: The Person in Charge will conduct a comprehensive review of all outstanding actions from previous audits to confirm current status and all actions will be categorised with completion date outlined. Date for Completion: 20/02/2026</p> <p>Regulation 23: The Person in Charge with future audits, will ensure that the assigned named responsible person is given clear, realistic timeframes for completion for every action. Where delays are unavoidable, the reason for delay and revised completion dates will be recorded. Date for Completion: 30/01/2026</p> <p>Regulation 23: Governance Oversight where audit action progress will be an agenda item at monthly management meetings. Any overdue actions will be escalated where appropriate and reason and new timeframe identified as necessary. Date for Completion: 20/02/2026</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Regulation 18: Freezer currently situated in the shed will be removed and a new freezer to be placed inside the home. Date for Completion: 20/02/2026</p>	

Regulation 18: Areas noted under Regulation 18 will be discussed in detail at next team meeting on 23.01.2026
 Date for Completion: 23/01/2026

Regulation 18: Cleaning of exterior and door seals is included as part of the weekly refrigerator/freezer cleaning.
 Date for Completion: 20/02/2026

Regulation 18: PIC will complete spot checks on all areas to ensure adherence to standards.
 Date for Completion: 20/02/2026 |

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Regulation 5: The Person in Charge will carry out a full review of all residents' care plans to ensure that all identified healthcare and support needs are clearly documented and that each care plan includes a clearly defined goal or intended outcome and interventions are specific and provide clear guidance for staff.
 Date for Completion: 20/03/2026

Regulation 5: The Person in Charge will carry out a full review of all healthcare interventions and ensure that it is clearly outlined; What care is required, how it is to be delivered, frequency and any monitoring required for each.
 Date for Completion: 20/03/2026

Regulation 5: The Person in Charge will provide care plan training with the staff team on documentation and recording goal progression
 Date for Completion: 31/03/2026

Regulation 5: The PIC will complete spot checks on care plans to ensure adherence to standards of Quality of documentation, Clarity of goals and care interventions.
 Date for Completion: 20/02/2026

Regulation 5: Areas noted under Regulation 5 will be discussed in detail at next team meeting on 23.01.2026
 Date for Completion: 23/01/2026 |

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 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	20/02/2026
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	20/02/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Substantially Compliant	Yellow	20/02/2026

	and effectively monitored.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/03/2026