

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area E2
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	21 October 2025
Centre ID:	OSV-0007843
Fieldwork ID:	MON-0042257

About the designated centre

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

This designated centre comprises of a semi-detached bungalow located in a large town in Co. Laois with access to local amenities. The service can support a maximum of one individual at any given time. This bungalow contains two bedrooms one is used as a staff office/ sleepover room. The kitchen is adjacent to the rear garden which is large and private. The sitting room is adjacent to a corridor off the front hall of the residence. There is one bathroom opposite the two bedrooms which contains an assisted shower. This centre can support one male or female resident over 18 years of age with an intellectual disability. The service provided in this centre would be full time residential and this centre may respond to emergencies once the centre meets the assessed needs of the particular individual. The staffing compliment will be activated and may be subject to change dependent on the support requirements of the resident on admission. It is envisaged that there will be a minimum of one staff rostered 24/7. The person in charge occupies a full time role.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Tuesday 21 October 2025	16:30hrs to 17:00hrs	Jackie Warren	Lead
Wednesday 22 October 2025	10:30hrs to 12:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection, carried out to monitor compliance with the regulations. On arrival at the centre on the first evening of inspection, the inspector was unable to gain entry to the house. The inspector subsequently learned from the person in charge that the centre was not currently occupied and that there were no immediate plans to admit any resident to the centre. Therefore, the inspector did not get the opportunity to meet with any resident or to observe the experience of life in the centre.

Capacity and capability

The provider had acknowledged that this centre was currently not suitable for occupation by residents and had, therefore, taken the decision not to have any resident occupy the centre until necessary improvement works will be completed. Consequently, the condition of the centre did not provide any risk to the health and safety of any resident at present. However, the statement of purpose required improvement.

As the person in charge was not available, they arranged for the inspection to be facilitated by another manager who accompanied the inspector in the centre. Although the house was not open at the time of inspection, and had not been occupied for several months, the provider continued to implement some leadership and management arrangements to oversee the centre.

A statement of purpose had been developed for the centre and, overall, this was suitable. However, it had not been updated to reflect the current status of the centre. The centre is described in the statement of purpose as a residential service for one person, which could also accommodate an emergency admission in the event of the centre having a vacancy. It also described that the centre could be used for COVID-19 related isolation.

Overall, the provider had been mindful of the suitability of the centre at the current time and had identified actions required to resolve any identified deficits. In the interim, there was no impact on any resident as the house was currently closed to admissions.

Regulation 23: Governance and management

The provider was maintaining oversight and governance of the centre although the centre was not occupied at the time of inspection. The previous resident had transferred from the centre to reside in a new home in May 2024 and the centre had been vacant since then.

The provider had ensured that the centre was subject to ongoing auditing, including unannounced provider audits and an annual review, and these processes continued even though the centre was vacant. The inspector read the most recent audit of the centre which had been carried out in May 2025 on behalf of the provider. As the centre was not occupied, this audit focused on the comfort and safety of the physical living environment. This was a comprehensive and detailed audit which identified the deficits in the premises and fire safety systems, and detailed the works required to address these issues. A time frame for completion of these works had not been stated, but the person in charge confirmed that there would be no admissions to the centre until these works were addressed.

The inspector also read the last annual review of the centre which had been completed since the centre had been vacated. This review was completed in February 2025 and focused mainly on the environment. The report also identified works that would have to be completed before any further admissions would be made to the centre.

The provider's ongoing monitoring of the centre demonstrated a commitment to improving the standard of accommodation for residents who would live there in the future.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been developed for the centre. It was not available to view in the centre on the day of inspection, although the person in charge supplied a copy to the Chief Inspector of Social Services following the inspection.

The statement of purpose generally met the requirements of the regulations, and stated the service that the provider intended to provide during times when the centre is occupied. However, it had not been updated to reflect the current status of the service.

Judgment: Substantially compliant

Quality and safety

As the centre had been vacant for some time, this inspection focused mainly on the premises of the designated centre. The centre had not been occupied by any resident since May 2024. Overall, the centre was a potentially suitable and comfortable house, although some areas had fallen into disrepair, namely some fire safety facilities and the bathroom. The current conditions in the house would also provide for an infection control risk.

The centre was suitable for one resident and could provide that resident with their own bedroom, a kitchen, a separate sitting room and a large rear garden. The centre was situated in the centre of a rural town. The location gave any future resident very good access to the facilities of the town.

The fire safety facilities in the centre required maintenance. On the day of inspection, some fire doors were not secure and did not provide adequate containment of smoke and fire. A fire exit door from the building did not open.

To ensure effective infection control, the toilet required repair as it was out of order, the building required cleaning, and a protocol was required for carrying out laundry in the kitchen where the washing machine was located.

Some repairs and removal of miscellaneous debris from the garden was also required. The provider was aware of these requirements and had identified that these works would be completed before any future admission to the centre.

Regulation 17: Premises

Overall, the centre was a comfortable house which could provide suitable accommodation for one resident. At the time of inspection, the centre required some maintenance work to address routine wear-and-tear and upkeep. The provider had identified that these improvements were required and, therefore, the centre was not being occupied until these works were completed.

The centre was a single-storey cottage in a town-centre location. The inspector visited all parts of the house and found that it was generally well-maintained, although some improvements were required. There was a kitchen, sitting room, a bathroom, and two bedrooms, one for a resident and one for support staff. The bedroom for a resident's use had suitable furniture for storage of personal belongings and clothing. There was a large garden behind the house in which there was a storage shed. The inspector did not have an opportunity to go into the shed as the area was not accessible on the day of inspection. The centre had a bright kitchen with a table and chairs and adequate food storage facilities.

The following areas required improvement:

- the fixed ventilation opening in the sitting room was blocked
- there was limited decorative effects and storage furniture in the sitting room
- apart from the cooker, there were no other cooking appliances, such as a toaster, kettle or microwave oven
- there was moss growth on the concrete area behind the house, which could present a falls risk if the house were occupied
- there was some pipe work which appeared to be placed over a hole in ground outside the bathroom wall in the back yard. It was unclear if this was an active or obsolete drain, but it would present a trip hazard if the house was occupied
- there was broken fencing and miscellaneous debris in the back garden which would also present a trip hazard.

The required improvements to the centre did not currently impact on any resident as the centre was not occupied.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had identified that improvements were required to the infection prevention and control measures in the centre and, therefore, the centre was not being occupied until these works were completed.

On a walk through the building, the inspector saw that the centre was generally well kept and reasonably clean. However, the following areas required attention:

- the toilet in the bathroom, which was the only toilet in the house, was not working
- the toilet was in a dirty and stained condition
- the entire house required a general cleaning
- some paintwork had become scuffed and marked
- there was no protocol for the management of laundry in the centre, with regard to the washing machine being in the kitchen.

The infection control issues identified at this inspection did not present a current risk to any resident as there was nobody living in the centre. The provider had identified infection control deficits through its auditing system, and it was explained that the centre would not be occupied until they had been addressed. The provider also explained that a deep clean of the entire centre would be carried out prior to any further future admission.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had identified that improvements were required to protect future residents, staff and visitors from the risk of fire, and therefore, the centre was not being occupied until these works were completed.

On a walk through the building, the inspector saw that the centre was fitted with fire detection and alarm systems, emergency lightening, fire-fighting equipment and doors with self-closing devices intended to contain fire and smoke. However, all fire doors in the centre required review as they were not functioning effectively. For example, one door was ill-fitting and there was a gap under the door. Another door did not close freely, and one bedroom door had an uncovered open keyhole. Consequently, these doors would not effectively contain fire and smoke in the event of emergency.

The back door from the house was in the kitchen and was identified as a fire exit door. On the day of inspection, the door lock on the door appeared to be seized and the door could not be opened to gain access to the back of the house.

Although the house was not occupied the provider continued to ensure that fire safety equipment was being serviced to ensure that it was operating effectively. The inspector saw records which showed that fire extinguishers and the fire alarm system were being serviced by external companies at appropriate frequencies.

Fire orders were displayed in the centre.

The fire safety issues identified at this inspection did not present a current risk to any resident as there was nobody living in the centre. These fire safety deficits had already been identified by the provider, and it was explained that the centre would not be occupied until they had been addressed.

Judgment: Substantially 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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Community Living Area E2 OSV-0007843

Inspection ID: MON-0042257

Date of inspection: 22/10/2025

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Person in Charge will review and update the Statement of Purpose and Function to reflect the current status of the service To be completed by 31/12/25	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in charge will agree a plan with time frames to complete all works identified in the 6 and 12 monthly audits and during the HIQA inspection to ensure the premise meets the necessary standards. The designated center is currently vacant; there will be no admissions to the centre until all regulations are compliant. To be completed by 27/2/26	
Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Person in charge will agree a plan with time frames to complete all works and cleaning plans identified in the 6 and 12 monthly audits and during the HIQA inspection to ensure infection control practices are in accordance with approved standards. The designated center is currently vacant; there will be no admissions to the Centre until all regulations are compliant.

To be completed by 27/2/26

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The person in charge and the fire officer will complete a review of the designated centre and agree a plan for addressing all fire management issues including evacuation routes, fire doors which were identified in the 6 and 12 monthly audits and during the HIQA inspection. The designated center is currently vacant; there will be no admissions to the Centre until all regulations are compliant.

To be completed by 27/2/26

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	27/02/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	27/02/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of	Substantially Compliant	Yellow	27/02/2026

	purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	27/02/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	27/02/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	27/02/2026
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of	Substantially Compliant	Yellow	27/02/2026

	purpose at intervals of not less than one year.			
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