



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area A5
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	18 September 2025
Centre ID:	OSV-0008466
Fieldwork ID:	MON-0048025

About the designated centre

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

Community Living Area A5 is a four bed bungalow just outside a rural town which can accommodate four adults, male or female, over the age of 18 years. Individuals with a diagnosis of moderate to severe or profound intellectual disabilities, physical disabilities and or autism may be supported in this centre. The staff team expertise includes experienced and skilled staff ranging from Support Worker, Social Care Worker & a Person In Charge. The aim of the designated centre is to achieve and sustain a high-quality care environment that cares for, supports and values each individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 18 September 2025	10:00hrs to 15:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of this centre. The inspector met with three of the four residents who availed of this service and also the three staff members who were on duty. The inspection was facilitated by person in charge, who held this role for two designated centres. As part of the inspection process, the inspector reviewed two personal plans, financial supports for two residents, medication practices and recorded incidents for the year to date. In addition, the centre's rota, staff training, supervision and oversight arrangements were also examined. From meeting with residents and staff, and also from reviewing documents within the centre, it was clear that residents were safe, and enjoyed a good quality of life. They were supported by a consistent and familiar staff team who had received training to meet their collective care needs.

Four residents were availing of this service on the day of inspection, with two residents having high support needs and two requiring a moderate amount of care and support. The centre was a large, single storey building which was located on its own site and within a short walk of a nearby village. The centre was also within a short drive a neighbouring town where hotels, supermarkets, restaurants and public transport links were available. The centre was well maintained both internally and externally and also had a large patio and spacious gardens. Each resident had their own bedroom which was warm, cosy and individually decorated. The residents with higher support needs had ensuite bedrooms and one bedroom also had an overhead tracking hoist which was installed due to their mobility needs. The centre also promoted accessibility with wide corridors and doorways to facilitate ease of navigation for wheelchair users. Communal areas were also spacious and the centre in general had a bright and airy feel.

The inspection commenced in the morning as three of the residents were preparing for the day ahead. One resident had already left to go their day service, which they attended five days each week. One resident attended a day service three days each week, one other went every Wednesday and the fourth resident did not attend day services. The centre had a very relaxed and pleasant with residents interacting warmly with staff throughout the course of the inspection. The inspector observed staff patiently supporting residents and it was clear they had a good understanding of their preferences in relation to care. One resident sought frequent reassurance from staff in relation to breakfast and their activities for the day ahead while the remaining two residents smiled when staff supported them from their bedrooms or stopped for a chat with them.

Two of the residents with high support needs used sounds, gestures and body language to communicate and a staff on duty explained to the inspector what each sound and gesture meant. One of the residents was also a wheelchair user and the inspector observed staff members coming to eye level with them as they chatted and explained what the plans were for the day ahead. One of the residents could

communicate verbally and they chatted with the inspector over a cup of tea. They explained that staff were very nice and they enjoyed living in the centre which they considered their home. They said that they liked their bedroom and they were out and about each day in their local community. This resident had just been on a hotel break and they had created a photo album of their trip which they proudly showed to the inspector. They said that they had a great time and enjoyed going to an Italian restaurant and seeing the sights of Galway city.

The three staff members on duty had a pleasant and warm approach to the delivery of care. All three staff members were observed to take their time when chatting with residents and they also had an energetic attitude when interacting collectively with the group. One of the staff members chatted freely about how residents liked to spend their day and recent achievements such as a resident going on their first hotel break. They also explained that two residents had celebrated milestone birthdays over the summer with one resident having their birthday party with family and friends in a local public house.

The inspector spoke directly with one staff member for a period of time and it was clear that they had a detailed understanding of the service and the resident's individual care needs. They went through the fire evacuation requirements of the centre and also how each resident was best supported to evacuate the centre in the case of an emergency. They also had a good understanding of the safe administration of medicinal products and they spoke clearly in relation to the administration of rescue medication. In addition, they outlined each resident's preference in relation to activities, routines and supports they make require if they were feeling unwell or needed assistance with their mental health.

The inspector found that residents enjoyed living in this centre and they offered a good level of care and support. Some improvements were identified on this inspection in relation to governance, fire safety, incident management and personal planning but overall the centre was safe and well managed.

Capacity and capability

The centre had a defined management structure with clear lines of authority and accountability. The provider had assigned a person in charge to oversee the day-to-day operation of the centre and a senior manager had been appointed to provide additional support. This management structure had a clear oversight of care which promoted safety and the delivery of a good quality service.

The person in charge had been recently appointed and they had a good understanding of the resident's individual and collective care needs. They held this role over two designated centres but they were employed in a full managerial capacity which facilitated them to fulfill the duties of this dual role. From a review of the rota and the visitors book it was clear that they attended the centre throughout the working week. A staff member who met with the inspector also stated that the

person in charge had a regular presence in the centre and they were readily available should any issues or concerns arise. The person in charge also completed routine audits in areas of care such as medication management, fire safety, personal planning and risk and incident management were had scheduled audits which aided in the promotion of a good quality service. The provider had also completed the centre's unannounced audits as set out in the regulations, with comprehensive reviews of care completed on a six monthly basis. Audits generally found that care was held to a good standard, but did identify several areas for improvement. Although the majority of these areas had been addressed, a key action in relation to skin integrity had not been addressed as required.

The provider had ensured that the centre was resourced with a consistent and well informed staff team. There was no agency staff in use and any gaps in the rota in relation to planned and unplanned leave were generally covered by the existing staff team. Staff on duty had a very pleasant approach to care and they were observed interacting with the resident in a meaningful manner throughout the inspection. The provider also had arrangements in place for staff to discuss care and raise any concerns or issues which they may have. Staff attended scheduled team and individual supervision sessions where they discussed topics such as the provision of care, training, safety and maintenance of the centre.

Overall, the inspector found that the provider facilitated the delivery of a good quality service to the resident. The resident enjoyed a consistent approach to the delivery of their care and they appeared happy in their home.

Regulation 15: Staffing

The provider ensured that the centre was well resourced in terms of staffing. There were adequate numbers of staff in place to meet resident's personal and social care needs, with three staff supporting residents during the day and one waking night staff in place.

The person in charge also maintained a planned and accurate rota which demonstrated that the resident was assisted by a consistent and familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge facilitated monthly staff meetings which gave staff a platform in which to discuss care in the centre. Staff members also attended scheduled one-to-one supervision sessions with the person in charge which assisted in terms of personal development.

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could cater for the resident's assessed needs. The person in charge maintained responsibility in relation to staff training and a review of training records indicated that staff had completed mandatory training in areas such as fire safety and safeguarding. Staff had also completed training in the safe administration of medications and assisting residents with modified diets.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was well resourced in terms of staffing, facilities and transport. The availability of these resources ensured that residents were safe, enjoyed a good quality of social access and also had a warm and comfortable home. Staff who met with the inspector stated that they felt supported in their role and that the centre had an open and transparent culture in relation to the delivery of care.

The provider had completed the required six monthly audits and the centre's annual review, both of which found that residents received a good level of care and support. The centre's most recent audits highlighted several areas of care which required further attention, including the assessment of a resident's skin integrity. Although the majority of actions had been addresses, this action which was relevant to a key area of care had not been completed as required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications had been submitted as required by the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that residents who used this service lead a good quality of life and that their rights were actively promoted. This inspection highlighted that

adjustments were required in relation to aspects of fire safety, personal planning and incidents but overall care was held to a good standard.

Personal plans were in place and clearly described residents' level of independence and also areas of care where they may require support. Resident's preferences in relation to how best to support them was also clearly outlined and the inspector found that personal planning was generally held to a good standard. Residents' personal plans were reviewed to reflect any changes in their care requirements and also formally on an annual basis. Although the formal personal plans which guided in the delivery of care were of a good standard, planning in relation to supporting some residents with some of their goals required review.

It was clear that residents enjoyed living in this centre and that their rights and wellbeing was actively promoted through the actions of the provider and the staff team. Residents attended scheduled house meetings and also monthly keyworker sessions. The inspector found that these arrangements ensured that residents were actively involved in decisions about their care and home. In addition, residents enjoyed a full and active social life. They used local services such as shops, restaurants and public houses and they were well supported to celebrate milestone events such as birthdays.

Overall, the inspector found that residents enjoyed living in the centre and they had a good quality of life. The inspector observed that they had a good relationship with their peers and they were active members of their local community.

Regulation 12: Personal possessions

Residents had their own bedrooms which had ample lockable storage in place for their personal items and belongings. Residents required support in regards to spending on personal items and also in relation to managing their financial affairs.

The provider had a system in place to safeguard residents' finances which included the recording and monitoring of all financial transactions completed with and on behalf of residents. As part of this system, staff recorded each transaction and maintained detailed records of income and expenditure. The person in charge completed regular spot checks of financial records to ensure that resident's money was appropriately used at all times.

Judgment: Compliant

Regulation 13: General welfare and development

Residents enjoyed a good level of social access and support in relation to personal development. Residents attended day services in line with their personal

preferences, with one resident recently returning to these services one day each week after they expressed an interest to meet up with some old friends.

A review of records indicated that residents were active in their local community and enjoyed shopping, going out for coffee and visiting local restaurants. One resident liked to go for routine massages in a nearby spa and they also enjoyed getting their hair done. One resident went to a weekly art class and another resident who had a love of farming had attended the national ploughing championships.

Judgment: Compliant

Regulation 17: Premises

The centre was a large, modern single storey detached property. It had a front garden and also a patio area which was adjacent to a large back garden. The centre was spacious and residents had free access to all communal areas of their home which included two reception rooms, and a large kitchen and dining area.

Four residents used this service with each resident having their own spacious and individually decorated bedroom. Two of the bedrooms had ensuite facilities and one of these bedrooms had an overhead tracking hoist in place.

Judgment: Compliant

Regulation 26: Risk management procedures

There was good oversight of incidents and risks in this centre. The person in charge held responsibility for these areas of care and comprehensive risk assessments were in place in relation to falls, manual handling, a medical condition and modified diets. The person in charge had a good understanding of all known risks in the centre and they spoke confidently in relation to the implemented control measures which promoted residents' safety.

All recorded incidents were reviewed by the person in charge in a prompt manner and there were no negative trends in relation to incidents or accidents in this centre. An additional risk assessment was in place in relation to the impact behaviours which may impact on some residents; however, there was no formal method for recording these behaviours to determine their frequency or impact on others.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety was taken seriously by the provider. Fire safety equipment such as fire doors, emergency lighting, fire alarm and fire extinguishers were installed. The provider had employed the services of an external company to complete scheduled servicing of this equipment and a review of associated maintenance records indicated that equipment was serviced as required.

The staff who were on duty had a good understanding of the resident's individual and collective evacuation requirements and detailed evacuations plans were readily available in the centre. Staff and residents participated in scheduled fire drills and a review of fire drill records indicated that both residents and staff could evacuate across all shift patterns.

Although fire safety was held to an overall good standard, the provider failed to demonstrate that one aspect of a double fire door would close in the event of a fire, which had the potential to impact upon the centre's fire containment arrangements.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable storage in place for medicinal products which was securely locked over the course of the inspection. The inspector reviewed the storage of medications and found that medicinal products were segregated into regular medications, as required medications and those which required return to the dispensing pharmacy. There was also chilled storage available for medicinal products which required refrigeration.

Two residents' prescription sheets which were reviewed, contained the required information for the safe administration of medications and had been signed by the resident's general practitioner. A review of associated medication administration records indicated that residents received their medication as prescribed and there were no trends of concern in relation to medication administration errors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a personal plan in place which had been adapted into a user friendly format. The inspector found that it was comprehensive in nature and provided an in-depth account of the resident's preferences and needs in relation to care. The plan

contained detailed information in relation to supporting the resident with routine care such as medications, showering, dressing, attending their training centre and also using their wheelchair.

Although, personal planning was generally held to a good standard, improvements were required in relation the supporting some residents with their goals. For example, a resident was supported to have their family at their planning meeting when the decided upon their goals for the upcoming year. Goals which they achieved included planning a milestone birthday party and also attending a music festival; however, other goals such as going on a hotel break, attending local matches and taking up gardening had not been progressed.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans required on the day of inspection and staff who met with the inspector had a good understanding of associated safeguarding procedures.

Staff had undertaken safeguarding training and the provider had appointed a person to manage any safeguarding concerns. Information in relation to this person and associated reporting procedures were readily available in the centre and it was apparent that safeguarding was actively promoted.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were actively promoted through the actions of the provider and the staff team.

Throughout the inspection the inspector observed staff interacting with the resident in warm and respectful manner and it was clear that the residents considered the centre their home.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area A5 OSV-0008466

Inspection ID: MON-0048025

Date of inspection: 18/09/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: - Referral for assessment of skin integrity has been completed and any recommendations resulting from same will be implemented. Date for Completion: 30/11/25 - Residents care plan and risk assessment will be updated as necessary to reflect accurate support needs for this issue. Date for Completion: 30/11/25 - Monthly team meetings will now include a standing agenda item: Review of Audit actions outstanding: Date for Completion: 31/10/25	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: - Behaviour Recording System: Now in place with input from Psychologist. A formal recording tool has been introduced to document behaviours that may impact other residents. This includes details such as frequency & context. Date Completed: 02/10/25 - The person in charge will review and analyse this data on a monthly basis to identify patterns, potential risks, and areas for intervention or support.	

<p>Date for Completion: 01/11/25 and on-going</p> <ul style="list-style-type: none"> - Individual risk assessments and the overall risk register will be updated if necessary based on findings from the behaviour records to ensure that all identified risks are managed proactively. <p>Date for Completion: 30/11/25</p> <ul style="list-style-type: none"> - Safeguarding will continue to be an agenda item at monthly team meetings to ensure all staff are aware of and adhere to safeguarding reporting procedures, including how and when to escalate concerns. <p>Date for Completion: 30/10/25 and on-going</p> <ul style="list-style-type: none"> - Include behavioural record and safeguarding reviews in routine management audits to monitor effectiveness and ensure continuous improvement. <p>Date for Completion: 30/11/25 and on-going</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - The access panel was closed and secured immediately upon identification. The integrity and closure mechanism of the fire door were checked to ensure full functionality. Date Completed: 18/09/25 - A local protocol was developed and reminder notice was placed near the relevant area instructing staff to ensure that the fire door access panel remain closed when not in use. Date Completed: 22/09/25 - Fire doors and access panels will be included in the monthly fire safety inspection checklist to ensure ongoing compliance. Date for Completion: 31/10/25 - Importance of maintaining fire door integrity and ensuring that access panels remain closed when not in use was discussed at team meeting. Date Completed: 24/09/25 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> - All goals and progress have been reviewed by the PIC and will be done so on a monthly basis going forward. Date Completed: 10/10/25 and on-going 	

- Keyworkers will complete monthly PCP reports which will review each resident's goals in detail and document any relevant information regarding progress, reasons for unmet goals e.g. preference changes, unavailability of activity etc. Date for Completion: 31/10/25 and on-going

- PCP goals update will be an agenda item at monthly team meetings: Date for Completion: 31/10/25

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/11/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	30/11/2025

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/10/2025