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:	Marian Avenue
Name of provider:	St Christopher's Services CLG
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	22 July 2026
Centre ID:	OSV-0001839
Fieldwork ID:	MON-0042940

About the designated centre

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

Marian Avenue can accommodate male and female residents from 18 years to end of life. The centre can accommodate a maximum of five residents with a moderate to severe to profound intellectual disability. Marian Avenue provides support for older persons and associated end of life care needs. Residents are supported by nursing staff and care assistants under the direction of a Person in Charge in delivering a person centred model of service provision. Marian Avenue is a modern purpose built residence located in Co Longford. The house comprises of a large kitchen/dining and living room area, five bedrooms, which have en-suite facilities. There are two further bathrooms one of which includes a fully accessible bath and another which has accessible shower facilities. Residents receive intervention through the community and primary care team from occupational therapy, physiotherapy, and speech and language therapy. Therapists working with residents in Marian Avenue are appropriately qualified and vetted. These staff support residents during assessments and reviews.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Wednesday 22 July 2026	09:00hrs to 16:00hrs	Mary McCann	Lead
Wednesday 22 July 2026	09:00hrs to 16:00hrs	Claire Foley	Support

What residents told us and what inspectors observed

Marian Avenue is registered as a designated centre by the Chief Inspector of social services to provide care and support to five residents. The Registered provider is St Christopher's service limited. Four residents were living in the centre at the time of this inspection. This was an unannounced monitoring inspection to monitor compliance with the care and support of residents in designated centres for persons (children and adults) with disabilities (regulations 2013.

The inspectors observed practices, interaction of residents with staff and with other residents. They met with all residents, three staff and reviewed relevant documentation to form judgments on the quality and safety of the care and support provided to residents. Inspectors found that the quality of care and support provided to residents in Marian Avenue was of a high standard. In order to enhance access to activities and support residents to attend medical appointments an accessible bus and a car to assist residents was available. There was evidence in documentation reviewed of the appreciation of family members regarding the assistance of staff to facilitate one of the residents' attending a family wedding.

The previous inspection of this centre was September 2023. At the time of this inspection inspectors found that improvements were required to ensure compliance with the regulations. The provider had actioned all of the areas that were required and this is discussed further under regulation 23 Governance further on in this report.

When the inspectors arrived, there was one resident in the dining room having their breakfast. Inspectors observed that the staff were encouraging the resident to independently eat their breakfast and assisting the resident as required.

The resident was enjoying eating a selection of fruit and yogurt. Another resident was in the sensory room, staff respectfully asked the resident if they wished to meet with the inspectors, but they declined and two residents were in bed.

Staff explained that one of these residents due to their assessed needs had a day off each week from day services to relax and have a lie in. The other resident had a bespoke service managed and organised by the centre staff. This resident attended sessions of their choice for example music in the day service. Shortly after the inspectors arrived two residents went to day services which were near the centre.

It was a sunny morning and staff assisted residents in their wheelchairs to the day services. There were three staff on duty and the person in charge. Inspectors met with all four residents, three staff, the person in charge and the person participating in the management of the service. The inspectors walked around the premises and found the premises were comfortable and well-maintained. Marian Avenue is large purpose-built bungalow which provides full time residential accommodation to five

residents The house provides a comfortable home to residents with adequate personal and communal space available and a secure safe garden to the back and side of the premises with garden furniture and some nice flowers.

A well-maintained lawn area was available to the right on entry. Residents told or indicated to the inspectors' that they were very happy with their accommodation. Inspectors observed that there was a large map of the local town displayed in the sensory room with the location of the place's residents frequented identified. There was some sensory equipment in this room and a piano, which some staff and one of the residents played. Inspectors observed that bedrooms were personalised and living areas were homely clean and bright with personal items of residents displayed. There here was a homely, relaxed atmosphere in the dining centre with staff chatting with residents about their day as they assisted them and met them in various locations throughout the day.

There were five ensuite bedrooms and two further toilet/shower areas. The design and layout of the house supported accessibility. For example, the dining and sitting room area was open plan with good turning space for wheelchair users. As there were various communal areas including the kitchen, dining and sitting room areas, sensory room, visitors room and all residents had their own ensuite bedrooms residents could spend time together or have privacy away from each other. The layout also assisted staff with supervision and chatting of residents. Externally, level surfaces supported accessibility and ample provision was made for car-parking. The grounds were well maintained. The person in charge maintained the staff duty rota and confirmed that there were no staff vacancies and no concerning turnover of staff. There were three staff members on duty by day and the person in charge and two waking night staff The staff told the inspectors that the residents got on well together and the inspectors observed that residents were content in each others company.

Staff on duty knew the residents well and could clearly communicate with residents who used objects of reference (physical items used consistently to represent a person, place, activity, or idea, helping individuals with communication difficulties understand and anticipate what will happen next. They provide concrete cues such as a cup for "drink" or a towel for "bathroom") and PECS (picture exchange communication system) to communicate. Staff were observed to be attentive to the needs of residents and responded promptly to any of the residents' requests. The staff spoken with had good knowledge of the residents' care and support plans such as the residents' medical care plans and the residents' daily preferences for example what time they liked to get up at and the things they enjoyed doing. Residents attended sessions in day services and at other times were partaking in activities arranged by centre staff. Two residents went out for lunch to the local hotel with two staff on the day of the inspection.

In summary, from what residents told the inspectors and what the inspectors observed, coupled with reviewing documentation, the inspectors were assured that residents' voice was listened to and they enjoyed a good quality of life and were supported to stay in regular contact with their families and had access to meaningful

activities. Inspectors saw in documentation reviewed that families were very complimentary of the care and support given to their loved ones.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents.

Capacity and capability

Clear governance and management structures were in place which ensured that the running of the centre was monitored to ensure residents rights were protected and they availed of a good quality service where they were happy and content.

The provider had ensured that there were good oversight arrangements in place which included a person in charge who had the required qualifications and experience according to the legislation and a consistent staff team who had completed the required mandatory training.

A skill mix of social care and nursing staff was available in the centre due to the assessed needs of residents. An out of hours on call service was in place and staff knew how to use this service. Staff meetings were held on a regular basis, and minutes were available of these. This meant that staff who were unable to attend had access to minutes to update them of any areas required.

Regular audit including six-monthly reviews and an annual review were completed. These reviews were completed by personnel independent of the centre. Where any deficits were identified a corresponding quality improvement plan was enacted. A planned and actual roster was available, and it provided an accurate account of the staff present at the time of this inspection. Supervision occurred regularly and staff spoken with said that they felt well supported by the person in charge and there was a good staff team in place who got on well together.

Team meetings occurred regularly and minutes were available of these meetings so that staff who could not attend were aware of any discussions undertaken.

Regulation 15: Staffing

The inspectors reviewed actual and planned rosters in the centre from 1st June 2026 to the 31st July 2026 and found there was an appropriate number and skill mix of staff on duty to meet the residents' assessed needs.

The centre had a good skill mix of staff. Nursing care was provided, and this was supported by health care assistants and social care workers.
The staff team was well established, and staff were knowledgeable in relation to the care and support requirements of residents in the centre.
There was a protocol in place for unplanned leave within the centre. Familiar agency staff and overtime was utilised within the centre, and there was an induction protocol in place for new staff.

Judgment: Compliant

Regulation 16: Training and staff development

The Person In Charge ensured that all staff had access to appropriate training, refresher training and site-specific training.

In instances where training was scheduled during staff's working hours, additional staff were rostered to facilitate training. There was an annual training schedule available to all staff.The inspectors reviewed training records within the centre and these records indicated that staff had up to date training in areas such as, safeguarding, fire safety and positive behavioural support.

The Person In Charge had an annual schedule in place for staff supervision. The inspectors found these meetings were taking place on a regular basis, in line with the centres policy. There was also evidence of regular induction meetings between the Person In Charge and new staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good governance and management systems in place, and a clear management structure to monitor the quality and safety of the centre.

The inspectors reviewed the providers most recent annual report, on the quality and safety of care and support carried out in January 2026. The provider had also completed six monthly unannounced audits in the centre, the most recent was carried out on the 17th June 2026. The inspector found that actions identified in the December six monthly were reviewed and closed off in the June six monthly. For example, the provider had identified areas of concern in relation to storage facilities within the centre. The provider had sought additional storage facilities for the centre, and this action was closed off in the following six monthly.

The inspector reviewed the annual audit schedule within the centre between January 2026 and July 2026 and found that all actions identified were completed in a timely manner.

There provider had an annual schedule of team meetings within the centre. This was also reflected on the centre's rosters. Where team meetings were unable to take place on the intended date, a new date was promptly identified, and updates were shared with the staff team. The provider also had regular management meetings, and information from this was shared with the staff team.

The provider had addressed all actions from the previous inspection, such as, updating of the End of Life and future care wishes policy.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place. It accurately reflected the service provided and was in compliance with regulation 3

schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

This was a good centre and staff spoken with described how their focus was to ensure residents had a good enjoyable quality of life.

Residents' health care needs were met and there was good monitoring of health care needs with a nurse on duty to ensure the health care needs of residents was met Residents had access health and social care supports such as behaviour support services and physiotherapy. Personal plans reviewed detailed residents' goals which included attending local events, going on day trips, going on a weekend breaks, going to the races and attending a family wedding. There was good evidence of regular reviews and monitoring of progression of these goals and good evidence that goals were being achieved.

Regulation 17: Premises

As described in the first section of this report, the provider ensured that the premises provided was of sound construction, in a good state of repair and provided a comfortable clean home for residents.

Bedrooms were bright and homely and personalised according to the wishes of the residents. The centre was visibly clean throughout and was maintained and decorated to a good standard with lots of personal items of the residents displayed. The staff explained that the sensory room was a great resort particularly in the winter time.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a risk management policy which included advice from the health and safety authority, and a system for responding to emergencies.

A risk register was in place where risks were identified, risk rated and controls were put in place to reduce risks identified. Where there was a specific risk to a resident for example risk of choking a personal risk management plan was in place and a detailed protocol as to how to manage this risk. Adverse incidents were responded to and reviewed. Learning was identified following incidents

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that the centre was suitable to meet the assessed needs of the residents accomodated. The care files contained a detailed pre admission assessment of the residents background and current needs

Comprehensive care plans viewed by the inspector included health, personal and social care plans. The inspectors reviewed two residents' assessments of need and personal plans. These were person centred and had been reviewed in response to the changing needs of residents. Care plans included the specific care required to be delivered to residents for example In one file reviewed an assessment of the things that upset the resident was in place for example I can't stand it when loud noise occurs. There was information in place with regard to maintaining the independence of residents for example helping with household chores.

An annual review of each resident care and support needs was completed. This included ameeting of all personnel who were involved in the delivery of care and support to the resident and family members

Personal goals were details in the care plans and there was good evidence of discussion between staff and the resident regarding goals the residents wished to achieve, for example goals in one file included a trip to Westport with two nights away in a hotel to go to a fancy dinner with day staff to go to see a specific musician. Other goals including attended a family wedding and going to the races which had been achieved

Judgment: Compliant

Regulation 6: Health care

There was evidence of very good monitoring of the health care needs of residents.

All residents were registered with a general practitioner (GP) and had access to screening programmers. The registered provider was responsive to the changing health and social care needs of residents. This centre had a nurse on duty at all times to assist with meeting the health care needs of residents and social care were also on duty at all times.

From speaking with staff and reviewing documentation, it was clear that the residents were supported to attend medical appointments and meetings with other health and social care professionals. This meant that they received appropriate care and support which was in line with their needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had good systems in place to ensure responsive behaviour was managed with a strong emphasis on ensuring all residents were protected.

There were two behaviour support plans in place at the time of this inspection. Inspectors reviewed both and found these were developed to ensure that any behaviors of concern were managed with an emphasis on supporting the residents and having as minor an impact on all residents as possible. Consistent staff were observed to be kind and caring to residents and the inspectors did not witness any responsive behaviour incidents. The inspectors reviewed the two positive behaviour support plans which were completed by staff in collaboration with specialist in

behaviour support staff. These provided clear guidance to staff on how to manage any expressed behaviour of concern.

Judgment: Compliant

Regulation 8: Protection

There were two safeguarding plans in place in the centre at the time of this inspection. Inspectors reviewed both of these plans. One of these plans related to the reducing the risk of unexplained bruising. The person in charge explained that this plan was in place on a long-term basis to ensure that any explained bruising was reviewed and to ensure where this had occurred that procedures were adapted to prevent re occurrence.This plan was last reviewed on the 16 June 2026.

The second safeguarding plan related to protecting all residents from a resident who may display behaviours of concern.

A safeguarding policy was in place, and this was last reviewed on the 24 November 2025. The policy included a guidance to staff on how to report an incident to The HSE safeguarding officer and included definitions of abuse. This assisted staff with reporting responsibility and continuity in reporting.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found from speaking with the resident residents, staff on duty and from reviewing documentation that there was a good relationship with the residents which respected their individuality and promoted their rights.

Communication was viewed as fundamental to residents being able to exercise their rights and as documented under regulation 10 communication the provider had good systems in place to assist residents with expressing their views and wishes. communication.

Residents had access to advocacy services if required and information regarding advocacy services was available in the centre. There was evidence in documentation reviewed and from speaking with residents that they were supported to participate in decisions about their care and support and to have their voice listened to. Weekly residents' meetings were taking place where residents could discuss the running of the centre and activities and menus of their choice. There were adequate staff to ensure residents could do individual activities. Residents' religious rights were protected and they attended Mass if they wished.

Person-centred intimate care and support plans were in place.
Judgment: Compliant

Regulation 10: Communication

A communication profile was documented for each resident. These outlined the communication strategies for each resident. For example one resident used a Picture exchange communication system (PECS) where they used pictures to express their communication. A communication officer was available in day services to assist staff in the centre to develop communication plans.
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	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 10: Communication	Compliant