



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

Issued by the Chief Inspector

Name of designated centre:	La Verna
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0002363
Fieldwork ID:	MON-0045556

About the designated centre

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

La Verna provides full-time residential care to adults with an intellectual disability. Support provided at La Verna is based on the social care model with a focus on supporting and assisting residents to participate and be involved in their local community, develop daily living skills and sustain relationships with family and friends. La Verna is located in a residential area of a city and is close to local shops and other amenities. The centre is in addition close to public transport links, which enable residents to access leisure amenities and work placements in the surrounding area. The centre is a two-storey house and comprises of six bedrooms of which five are used by residents. The other bedroom is used by the provider as an office and overnight accommodation for staff. Residents have access to a communal sitting room, kitchen and dining room. Residents have access to laundry facilities which are located in a purpose-built shed located in the centre's rear garden. The centre has two upstairs bathrooms which are both equipped with shower facilities, one of which is a walk-in design to ensure accessibility to residents. A further additional toilet is located on the ground floor of the house. The centre has a rear garden which is accessible to residents and also contains additional premises which are part of a day service operated by the provider, but is not part of the designated centre. Residents are supported by a team of social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 10 June 2026	10:15hrs to 17:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over the course of one day to monitor the designated centre's level of compliance with the regulations and in particular, to ensure residents living in the centre were provided with the services in accordance to the centre's statement of purpose.

The inspector found that the provider and person in charge were ensuring that each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where each of the resident's needs, wishes and preferences were taken into account. There were high levels of compliance with the regulations found on the day of the inspection. However, some improvements were needed to the storage of medicines and associated practices. In addition, some improvements were required to the upkeep and maintenance of two shower facilities in the house. These matters are addressed in detail under Regulation 27: Protection against infection and Regulation 29: Medicines and pharmaceutical services.

The inspector used conversations with residents, key staff and the person in charge alongside observations and a review of documentation to inform judgments on the residents' quality of life. The inspection was facilitated by the person in charge for the duration of the inspection. The senior service manager, who is one of the centre's personal participating in management (PPIM), called to the centre in the evening to attend the inspection feedback meeting.

On arrival at the centre the inspector provided the person in charge with a 'nice to meet you' document to share with the residents. The document included easy-to-read information about the inspector, why they were visiting the residents' home and overall, what the inspection entailed. This document was in place to support residents understand the inspection process, but also to support residents in relation to unexpected visitors in their home.

There were five residents living in the designated centre and the inspector was provided with the opportunity to meet with all residents on the day. Residents were supported and empowered to live as independently as they were capable of. The residents had active lives, and on the day of the inspection, the inspector observed residents to be engaged in different activities in their home and in the community; For example, residents enjoyed a shopping trip in the morning, and in the afternoon, one resident completed their physiotherapy exercises, three residents listened to music and enjoyed colouring pictures and one resident, who had returned from a family visit, went for a walk in the park with their staff member.

In the afternoon, the inspector sat with four of the residents at the dining room table and joined them for a cup of tea and a chat. One resident asked to show the inspector their physiotherapy stretching exercises. The resident was happy for the

inspector to join in with the exercises. The resident had been provided with a page of diagrams that explained how to complete each stretching move. On observing the resident, it was clear that they understood each diagram and were capable of completing the exercises by them self.

Another resident talked to the inspector about their family and relayed details and dates of upcoming family anniversaries. The resident also relayed their sadness about a recent bereavement in their family. Later in the day, on review of the resident's personal plan, the inspector saw that the person in charge had organised specific supports for the resident to assist them through their grief.

One resident spoke excitedly about their planned overnight trip away. They told the inspector that a large house in a rural area in County Wicklow had been booked for three nights in July. The resident expressed their happiness about the upcoming trip and said they were looking forward to going away with their housemates. The resident told the inspector that they planned to do a lot of shopping and were looking forward to eating out in restaurants each night. They also said that they planned to visit the grave of a friend who had passed away a couple of years ago. They had planned to make a card and bring some flowers to lay on the grave. Staff informed the inspector that this visit was important to all residents as it supported them through the loss of a friend they had all known.

Residents also talked to the inspector about their house meetings and the different topics that they discussed. They said that they chose their weekly menu and activities at the meetings. Resident were also informed of the follow week's staff roster at the meeting. To support this, there was a poster in place that included a picture of the team lead on shift each day. For one resident in particular, knowing what staff were on duty was important to them and overall, supported their assessed needs and preferences.

One resident spoke to the inspector about their bird-feeders. They told the inspector that they cleaned them out regularly and ensure there were always seeds in them. The resident expressed their fondness of all animals and in particular, their fondness of dogs. They told the inspector that they had recently donated to a local animal charity which was part of one of their chosen goals.

On observing the four residents take part in conversations together as a group, it was clear that they enjoyed each other's company. It was also evident that they were mindful and respectful to give time to each other to speak. The inspector observed that the residents did not require staff support to manage discussions. For example, on one or two occasions where a resident spoke when another resident was speaking, the resident gently reminded the other resident not to interrupt. The resident accepted this and let the other resident proceed with their conversation. Later in the day, staff informed the inspector that residents had learnt to be respectful of each other during times of group engagement as a result of weekly household meetings. They advised that many of the residents had different opinions and through the household meeting process, had found a way to ensure each person's opinion and voice was heard.

Later in the afternoon the inspector met another resident who was returning from visiting their family home. They appeared happy to be returning to the house and excited when greeted by their keyworker at the door. The resident spoke with the inspector for a short while and said that they liked living in the house and liked who they shared their home with. Later in the afternoon, the resident went for a walk to the local park with their keyworker. The inspector was informed that, as part of a healthy routine, all residents went for a walk in the park at least once a day.

Residents were supported to engage in meaningful community activities through their day service as well as residential service. Most residents attended a day service. Some residents had the option of attending five days however choose to take some days off to join in the activities at their home. In particular, all residents enjoyed the Wednesday shopping activity. They told the inspector they liked shopping as a group. Residents said that they liked shopping for colouring books, clothes, treats and items for their room. The inspector was informed by staff that the residents were supported to manage their money during shopping trips as much as possible. For example, residents were supported to keep their cards on their person and pay for their purchases themselves.

Residents were supported to engage in activities that promoted their independent living skills. There was a rota on the residents' notice board which listed a variety of tasks which residents could part-take in if they wished. The tasks included laundry, cleaning bedrooms, drying pots and pans and emptying the dishwasher and were assigned to each resident on different days of the week. Residents were supported by their staff team to complete these tasks. Residents who spoke with the inspector advised that the tasks were discussed and shared out during their weekly house hold meetings and that they were happy to complete the tasks.

The inspector spoke with a number of staff throughout the day however, spoke in detail on a one-to-one basis with two staff members. The inspector found that staff were very knowledgeable about the residents' needs and the supports required to meet their needs. Staff advocated on behalf of residents and supported them to talk about and raise issues that mattered to them. The inspector observed that residents knew and were familiar with the person in charge and all staff supporting them. Residents seemed comfortable and happy in their company and the inspector observed a lot of jovial and friendly interactions between residents and staff.

The centre was a two-storey house and comprised of six bedrooms, five of which were residents' bedrooms. The downstairs section of the premises consisted of a kitchen, dining room, sitting room, staff office and sleepover room as well as one resident's bedroom. The upstairs section of the house consisted of four residents' individual bedrooms. There were shower and toilet facilities in both the downstairs and upstairs areas of the house. One of the upstairs shower facilities provided a walk-in design to ensure accessibility to residents.

Residents had access to laundry facilities which were located in a purpose-built shed located in the centre's rear garden. The garden was accessible to residents and included a seating area and an array of bird-feeders, potted plants and flowers.

There was also an additional premises which was part of a day service operated by the provider, but was not part of the designated centre.

During a walk around of the centre, the inspector observed the house to be clean and tidy and have a welcoming and homely feel to it. Residents' bedrooms reflected their likes and preferences. For example, the inspector observed each room to contain items that were personal to residents such as colourful bedding, soft furnishings, teddy bears, music and video DVDs, toys, family photographs and other memorabilia that important to each resident. All bedrooms included ample storage with large wardrobes as well as shelving for residents to store their clothes and belongings.

Overall, the inspector found that while the house was observed as clean and tidy There was a lot of chipped paint on the walls in kitchen and dining room areas as well as the door frames into these rooms. There was also some upkeep needed to two of the shower and toilet facilities. This was to ensure that all these areas could be cleaned effectively, in terms of infection prevention and control.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. Residents were supported to engage in their community in a meaningful way and their choices, preferences and likes were respected.

However, improvements were needed and in particular, to some of the medication management systems in place. This was to ensure all medication storage practices were safe and in line with best practice. In addition, some improvements were needed to the centre's infection prevention and control systems. This was to ensure the effectiveness of the measures in place to ensure the safety of residents at all times. These matters are discussed further in the next two sections of the report which present 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 the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place. Where improvements were needed to the areas of infection prevention and

control and medication management, these are discussed further in the quality and safety section of the report.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and suitably qualified, experienced, and skilled for their role. The person in charge had a clear understanding of the service to be provided to residents, and was promoting the delivery of a human rights-based approach to their care and support. The person in charge reported to a senior service manager, and there were effective arrangements for them to communicate with each other.

The provider had ensured that there were sufficient suitably qualified and experienced staff on duty to meet residents' current assessed needs.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. This ensured that staff were provided with the necessary skills and training to deliver quality, safe and effective services that catered for each resident's assessed needs.

The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

For the most part, the registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report and six monthly reviews of the quality and safety of care and support provided to residents. On review of the annual report the inspector saw that residents, their families and representatives and staff had been part of the consultation process. In addition, the person in charge carried out a comprehensive local audit of the care and support provided in the centre, which was then reviewed by the senior service manager to ensure all actions were in process or completed.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure, as well as an accessible policy, was available for residents in a prominent place in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The staff team consisted of the person in charge and a team social care workers. The person in charge completed a number of shifts on the weekly roster as well as having dedicated hours to complete administrative tasks related to their role.

There was a staff roster in place and it was maintained appropriately. The roster demonstrated that the person in charge was based on site and clearly recorded their management hours as well as shift hours.

A review of a sample of rosters for the months April to June 2026 indicated that there were sufficient staff on duty to meet the needs of residents on a daily basis. Where one staff member was on planned leave, the provider was actively recruiting for the position. Gaps on the roster were completed by core members of the staff team. Overall, the inspector found that the arrangements in place were ensuring continuity of care for residents, which was resulting in positive outcomes in terms of maintaining relationships and building trusting bonds.

From speaking with staff, the inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed or were scheduled to complete mandatory training some of which included, fire safety, safeguarding, safe medicine management, food safety, rights, positive behaviour supports and infection prevention and control training.

Staff were in receipt of one to one supervision meetings with the person in charge. These meetings support staff in their role when providing care and support to residents. The organisation's policy noted that each staff member should be provided at least four meetings per year. The person in charge had put a tracking sheet in place for supervision meetings completed in 2025 and 2026. On review of a sample of tracking sheets, the inspector saw that, to date, all staff had received two one-to-one supervision meetings with the person in charge. On review of the 2025 tracker, the inspector saw, that on average, each staff member had met with the person in charge at least nine times during the year.

On speaking with staff, they advised the inspector that they found the meetings beneficial to their practice and supportive in nature. They also advised that they could approach the person in charge at any time about any issue or query they might have.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. The inspector found that records were appropriately maintained. The sample of records reviewed on inspection reflected practices in place.

The person in charge had put in place a comprehensive filing system with a clearly coded system to provide ease of access to folders relating to the care and support provided to residents. This filing system supported the person in charge and staff members in efficiently carrying out their day to day duties when needing to access pertinent information related to the care of the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a satisfactory management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

In January 2026, the provider had completed an annual review of the service delivered during 2025 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that residents and their families were consulted about the review.

In addition to the annual review, a suite of audits were carried out in the centre including six-monthly unannounced visits. The most recent visits had taken place in November 2025 and again in May 2026. These visits were completed to review quality and safety of care and support provided to residents in the centre and to implement improvements where required. There was an action plan in place to ensure any issues identified during the visit were followed up and addressed in a timely manner.

There was good local auditing systems in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. For example, the person in charge completed monthly data reports that provided comprehensive oversight of all areas of service provision. Some of the areas included, the upkeep of residents personal plans, risk assessments, staff training, outstanding actions, Health Information and Quality Authority (HIQA) inspections, residents' finance, safeguarding, trends in incidents, notifications, red rated risks, human resources, the statement of purpose and fire safety measures including fire drills.

The person in charge carried out staff meeting on a monthly basis. On review of the minutes of the last two meetings in April and May 2026, the inspector saw that some of topics discussed included, residents' assessed needs as well as the supports needed to meet their needs, care plans to be updated, residents' 'About me' plans, staff training and development, policies and procedure, safeguarding, fire safety, medication management, complaints, risk assessment, food safety, time management and incidents and accidents. On speaking with staff members about their team meetings, they said they found them to be beneficial; a staff member informed the inspector that meetings were open and transparent and that staff members felt free to speak up and raise any issues or opinions at the meetings.

Where improvements were needed to some of the safe medication management local oversight systems, these have been addressed under regulation 29.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the chief inspector of social services, had been notified and within the required time frames as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings. For example, where there had been an incident in November 2025, that involved a resident falling, this had been reviewed at the staff team meeting. This was in a effort to share learning and mitigate the potential risk of a similar incident occurring again. In addition, the monthly data report auditing system ensured accidents and incidents were tracked and reviewed on a monthly basis both by the person in charge and the senior service manager.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented an effective complaint handling processes. For example, there was a complaints and compliments policy in place in the residents' sitting room brochure-stand, and it was observed to be up-to-date. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaint's policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern. From speaking with staff and a review of records, the inspector saw that the complaints procedures were regularly discussed with residents at their residents' household meetings to promote awareness and understanding of the procedures.

There were no open complaints on the day of the inspection however, on speaking with the person in charge and staff members, the inspector found that they were aware and knowledgeable of the organisation's complaints' policy and procedures, should a complaint arise.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents living in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection demonstrated that, for the most part, the provider had the capacity to operate the service in compliance with the regulations and in a manner that ensured the delivery of person-centred care.

The inspector found that each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, on the day the inspector found that some improvements were needed to the area of medication management and infection prevention and control. Improvements were needed to ensure that the measures in place were effective in keeping residents safe at all times.

The inspector found that the provider and the person in charge were striving to ensure that appropriate systems were in place for the ordering, receipt, prescribing, storing, disposal and administration of medicines. Staff were competent in the administration of medicines and were in receipt of training and ongoing education in relation to medicine management. From a sample of records, the inspector saw that medication administration records indicated that residents' daily medications were

administered as prescribed. There were also appropriate transfer records in place to clearly show when resident's medications left the centre, for example, during visits to their family home.

However, the register provided had failed to ensure that all residents' medications were stored in line with best practice. This meant that the provider could not be assured of the effectiveness of residents' medication as well as the safety of residents. In addition, some local oversight systems, relating to medical equipment, also required improvement to ensure the equipment was safe to use at all times.

For the most part, the inspector found that the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents. However, to ensure all areas of the centre could be cleaned effectively, improvements were needed to the upkeep and repair of two of the showering facilities.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that arrangements were in place to meet those needs.

Appropriate healthcare was made available to residents living in the centre having regard to their personal plan. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living. Residents' healthcare plans demonstrated that they had access to allied health professionals including access to their general practitioner (GP).

The inspector found that the physical environment of designated centre to be clean and tidy and for the most part, in good decorative and structural repair. The design and layout of the premises ensured that residents could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for residents living in the centre.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that addressed individual and centre related risks.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. Residents' personal evacuation plans was reviewed regularly to ensure their specific support needs were met.

The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans, and support from a designated safeguarding officer within the organisation.

Through speaking with management and staff, observations and a review of documentation the inspector saw how residents' rights were promoted. For example, residents were provided choice and control in their lives and were supported to be

active participants in making decisions about their lives and in the running of the centre.

Regulation 10: Communication

The person in charge was striving to ensure that residents were provided information in a way that they understood. The inspector observed examples of easy-to-read formats in residents' personal plans and an array of easy-to-read, picture and photographic formats of information displayed on residents' notice boards in the hallway, dining room and sitting room.

Residents' assessment of need included a communication assessment and from this a communication support plan was developed. The support care plan included the method of communication each resident used to express themselves. The information in the support plan provided guidance for staff on how to best communicate with residents in line with their needs, wishes and preference.

Residents were provided with a communication passport. The passport included information that best described each resident's communication profile and preferences. Communication passports, provided information on how each resident liked to be communicated with and how they communicated with others.

On viewing one resident's communication passport, the inspector saw that it guided staff how to communicate with the resident when they were speaking with them. For example, it guided staff not to interrupt or finish the resident's sentences. It advised staff to listen to the resident and provide time for the resident to express themselves and overall not to rush the resident when they are trying to explain something. Overall, the inspector found that the passports provided a lot of information to guide and support staff to understand each resident's communication support needs.

Judgment: Compliant

Regulation 17: Premises

Overall, the inspector observed the physical environment of the house to be clean and for the most part, in good decorative and structural repair. The design and layout of the designated centre ensured that each resident could enjoy living in an accessible, comfortable and homely environment.

Residents expressed themselves through their individualised personalised living spaces. The residents were consulted in the décor of their bedrooms which included

family photographs, soft furnishings, soft toys, teddy bears and memorabilia that was of interest to each resident.

The residents' living environment provided appropriate stimulation and opportunity for the residents to rest and relax. There was a large spacious dining room just off the kitchen. During the afternoon, the inspector observed a number of residents sitting together listening to music and colouring-in pictures. Residents presented as content and relaxed and appeared to be enjoying the activity. The inspector observed that there was ample space at the table for each resident to lay out their colouring books and large collection of felt-tipped markers and be comfortable during the activity.

There was a garden space out the back of the house. This area provided a seating area for residents to sit out in during good weather, should they wish to do so. It also provided a space for residents to engage in outdoor activities that they were interested in. For example, there were a number of bird-feeders and potted plants. The inspector was informed that these were maintained by a number of the residents with the support of their staff members.

The house included two shower and toilet facilities upstairs as well as another shower and toilet facility downstairs. All facilities were observed to be clean however, some upkeep was needed to the shower base and grab rail in both upstairs facilities. This has been addressed under regulation 27.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations.

Where there were identified risks in the centre, the provider and person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

The person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs. These were reviewed on a regular basis.

For example;

Where there were risks related to food safety, there were appropriate measures in place. Some of the measures included, food safety policy, staff trained in food safety, daily cleaning schedule, record temperature of cooked foods, fridge and freezer and food probe in place.

Where there were risks related to slip, trip and falls, some of the measure in place included; Cleaning rota in place, keeping all areas from clutter, spillages cleared immediately, excess water mopped immediately, wet floor signs in place, monthly health and safety checklist completed (which included hazard identification) and individual risk and fall assessments completed for residents.

Where there was a risk of water contaminated by bacteria, there were appropriate measures in place. Some of the measures included; staff read infection prevention and control policy, staff adhere to flushing protocols, outdoor tap run weekly, infection prevention and control audit check for flushing and flushing records reviewed monthly.

The centre's monthly data report, included a section where red rated risk were to be included. At the time of the inspection, there were no red rated risks in this centre.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that, for the most part, the infection prevention and control measures in place were effective in keeping residents safe and mitigated the risk of the spread of infection in the centre. However, some improvements were needed to ensure all measures were effective at all times.

There was an up-to-date comprehensive policy relating to infection prevention and control in the designated centre and it was made available to all staff.

Staff had completed specific training in relation to the prevention and control of infection. On speaking with staff they were aware of the different infection prevention and control measures in place. In addition, staff who spoke with the inspector were aware of the protocols as well as the colour coded systems in place for cleaning the premises.

On walking around the centre, the inspector observed the house to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules.

The person in charge had a checking system in place to ensure that staff completed weekly flushing checks in line with policy and procedures. The checks ensured that water outlets, that were not used on a regular basis, were safe from any potential contaminants.

The designated centre's outbreak plan, that guided staff on how to keep residents safe should a health related infection present in the house, was reviewed in February 2026. The details of the plan was discussed with the staff team during a recent staff meeting in June. The plan was also discussed with residents at their

weekly household meeting. This was to ensure that everyone was aware and knowledgeable about the plan, should an outbreak occur.

During the observational walk around of the designated centre, the inspector found that the following improvements were needed;

The food labelling system in the fridge was not been adhered to which posed a potential risk to the health and safety of residents. For example, open food packages such as cheese, coleslaw and cooked pasta contained no label to demonstrate when they had been opened.

There was a medical equipment cleaning checklist folder in the medicine cabinet to ensure all equipment was cleaned on a weekly basis. However, the inspector observed gaps on a number of the checklists. For example, the blood pressure monitor was last recorded as cleaned in August 2025. The thermometer was last recorded as cleaned in February 2024. The blood glucose monitor cleaning checklist showed that there were gaps between 10th of May to the 9th of June 2026. The gaps on the cleaning checklist meant that the provider could not be assured that all medical equipment was hygienically clean and safe to use at all times.

The shower and toilet facilities were observed as clean. However, due to the poor upkeep of two showers bases, they could not be cleaned effectively. In addition, the inspector observed that the grab rails in both shower facilities presented with rust and rust stains.

On walking around the house, the inspector saw that there was a lot of chipped paint on walls and door frames and in particular, in areas of the kitchen and dining room. The person in charge had raised this with the provider through various auditing systems since May 2025. On the day of the inspection there was no plan or time line to complete the paint works in the house. Overall, the timeliness of the provider to address the issue was not satisfactory and posed a safety risk to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the inspector found that the registered provider had ensured that there was effective fire safety management systems in the centre that ensured the safety of residents in the event of a fire. The provider had ensured the centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment.

Staff completed daily, monthly and quarterly fire checks. The emergency lights, fire alarms, blankets and extinguishers were serviced by an external company within the required time frame. The fire alarm in the centre had been serviced on a quarterly basis with the most recent service in April 2026. The fire extinguishers had also

been serviced in February 2026. On the day of the inspection, while there was some evidence to demonstrate fire extinguishers and alarms had been serviced, the certificates were not readily available for the inspector to review.

On day of the inspection, the person in charge called the provider's fire officer regarding the service certificates. The person in charge was advised that a new centralised shared system, to access certificates, was coming in to place. This was to allow immediate access to the certificates, should they be needed for review. The day after the inspection, the person in charge emailed a copy of the certificates, which demonstrated that they had been serviced in a timely manner and that they were in line with service labels on the equipment.

Staff had completed fire safety training and were knowledgeable in how to support residents evacuate the premises, in the event of a fire

The person in charge had prepared fire evacuation plans and individualised personal evacuation plan for each of the residents. These were in place for staff to follow in the event of an evacuation. The plans provided clear guidance to staff to ensure a timely evacuation in the case of fire. In addition, there was a fire risk assessment in place with appropriate measures to mitigate the risk of a fire which were reviewed on a regular basis.

The inspector observed that fire exits were easily accessible, kept clear, and well sign posted and all routes leading from the exits were observed to be clear.

Daytime and night time fire drills, to test the effectiveness of the fire evacuation plans, were been carried out in line with the provider's policy.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge were striving to ensure that medicines used in the designated centre were used for their therapeutic benefits and to support and improve each resident's health and well-being. However, on the day, there was a number of deficits observed in the centre's medicine management systems which posed a potential health and safety risk to residents.

There were arrangements in place for the ordering, receipt, prescribing, storing, disposal and administration of medicines. However, the inspector found that the provider had failed to ensure that all residents' medications were in date and safe to administer at all times.

The inspector observed that each resident's daily blister-pack medication was stored in a locked cupboard on separate shelves. This ensured that each resident's medication was individualised and kept separate from others. In addition, a separate

individualised shelf was also provided for each resident's PRN medication (medication taken as required).

However on observing a sample of residents' open PRN medications such as skin creams, ear drops and cough medication, the inspector saw that they had not been provided with a label to show the date the medication had been opened. In addition, where medication expired within a certain timeframe after opening, this date had not been adequately recorded. This meant that the provider could not be assured that the medication was in date or that it was effective or safe to administer.

While the centre's weekly medication stock audit sheet had noted opening dates of the PRN medication and expiry dates, it had not considered the 'once opened' expiry date. As a result, four PRN medications were found to be out of date and required immediate discarding. For example, the inspector observe a cough medication that was opened in January 2026 and due to be discarded one month after opening, was still in use. On the day, the person in charge contacted the residents' pharmacy and organised for a replacement of each of the affected medicines.

Similar deficits had been found on recent inspections in other designated centre's run by the provider. This meant that the provider was not ensuring that there was shared learning and reflective practice in this area of practice and overall, posed a potential health and safety risk to residents.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of three residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs.

There were support plans for various aspects of each resident's life, including, physical and intimate care supports, general health, health and wellbeing, behaviour supports, mental health and rights, but to mention a few. These plans supported staff provide appropriate care and support to residents living in in the centre. The effectiveness of these plans and level of engagement by the residents were reviewed quarterly by each resident's key worker and the person in charge.

Residents' personal plans were reviewed on an annual basis and sooner if required. Residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. For example, staff, key-workers, the multidisciplinary team and where appropriate, residents' family members were consulted, alongside each resident, when developing and updating residents' 'All about Me' plans for the year.

Residents were supported to choose goals that were meaningful to them. Key-workers met with residents on a regular basis to support residents with their goals and recorded any progress made of the goals. Where goals were achieved these were celebrated to acknowledge residents' achievements. The inspector observed residents' plans to contain photographs of residents engaging in activities related to the goals.

The person in charge informed the inspector that resident preferred information within their personal plan to be read to them. The inspector observed residents' plans to also contain a number of easy-to-read and picture-format information which provided an additional way for staff to communicate the information to residents.

Judgment: Compliant

Regulation 6: Health care

The inspector found that appropriate healthcare was made available to all residents having regard to their personal plan. Plans were regularly reviewed in line with the residents' assessed needs and required supports.

Residents were provided with a health and wellbeing support plan which considered their physical and mental health. The plans guided staff in their practice when supporting each resident with their health.

The designated centre provided a range of specialised supports to residents. Access to these supports was through the organisation's multidisciplinary clinical support team (MDT). On review of residents' support plans the inspector saw that regular clinical support was provided in the centre and access to specialist clinicians and consultants as was provided as required. Where appropriate, residents were supported to attend national health screening clinics.

Residents supported to live healthy lives. The person in charge advised the inspector that all residents enjoyed a daily walk in the local park as part of their health exercise programme. On observing food in the fridge, cupboards and residents weekly menu planners, the inspector saw that residents were provided a choice of varied and nutritional food and drink options. One resident talked to the inspector about healthy eating habits but also advised about enjoying take-away meals and treats on some of the days.

Residents were provided information regarding their health and in a format that they understood. For example, some residents were provided with easy-to-read information regarding their feeding eating and drinking (FEDS) plans. In addition, residents were provided with easy-to-read plans relating to diabetes and the menopause.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area.

The inspector reviewed one resident's plan related to providing residents with supports to manage their behaviours. The plan was found to be detailed and was developed by an appropriately qualified person and had been reviewed within the past year. The plan contained proactive and reactive strategies to guide staff to support the resident in managing their behaviour.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

There were a number restrictive practices implemented in the centre. The inspector saw where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

Documents showed that restrictive practices were reviewed and approved by the organisation's positive approach management group (PAMG). The rationale for restrictions in place were clear and overall, the inspector found that restrictive practices in use were deemed to be the least restrictive possible for the least duration possible.

On review of a sample of residents' personal plans, the inspector found that residents were supported to understand and give consent for restrictive practices in use.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by practices that promoted their safety. There was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern.

There was good oversight over safeguarding measures in place. For example, the person in charge had recently completed a safeguarding self-auditing tool to assess

adherence to national safeguarding policy and if any actions were required. The outcome of the tool demonstrated that appropriate safeguarding systems were in place.

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff spoken with were familiar with reporting systems in place, should a safeguarding concern arise.

There had been no safeguarding incidents reported in the centre since June 2025. However, where there had been safeguarding incidents previous to this, the person in charge had followed up, reviewed, screened, and reported the incident in accordance with national policy and regulatory requirements.

To ensure staff were kept familiar on how to follow up on potential safeguarding incidents, the person in charge had placed a safeguarding reporting flowchart on the staff notice board as well as the centre's safeguarding folder. The flowchart provided clear steps on how to deal with incidents of abuse and neglect as soon as they occurred.

Safeguarding was a standing topic on monthly staff team meetings. Sections of the provider's safeguarding policy was discussed at each meeting to ensure all staff understood the policy in full. In addition, matters relating to keeping safe and self-protection were also discussed with residents' at their weekly household meetings.

The person in charge carried out checks of the residents' finances to ensure each resident's money was maintained appropriately. There were a number of local audits that provided good oversight over the residents' finances.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge were striving to ensure that the centre was operated in a manner that respected residents' disabilities and promoted their rights.

Residents were provided with choice and were part of the decision making about their home that related to their weekly menu plan, activities household tasks and the layout and decor of their bedroom. Each week residents were supported to attend resident house meetings where their voice was listened to, their opinions

were taken on board, choices were made and information that was important, shared with them.

Residents were provided with information to support their knowledge and understanding of their rights. Residents were provided with a rights support plan. The plans considered each resident's basic rights, their right to an advocate, right to justice and fair treatment, right to freedom from abuse and neglect and right to be support to self-advocate and self-determination.

Residents' independence was promoted through different activities that promoted their independent living skills. Residents were supported engage in their community in meaningful ways through a variety of activities. In addition, residents were support to be involved in household tasks which promoted their independent living skills and provided a sense of autonomy within their own home.

Residents were provided information in a format that they understood and that was in line with their assessed needs and was of preference to them. For example, residents were provided information regarding their personal plan, goals, rights, safety, finance, meals and activities through conversations at their weekly meeting and with their key worker as well as easy-to-read and picture formats.

Residents' right to privacy, in relation to their personal information was respected. Documentation such as residents' personal plans and the information within them, were kept securely in the staff office.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for La Verna OSV-0002363

Inspection ID: MON-0045556

Date of inspection: 10/06/2026

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Painting of house is scheduled to take place by 30/09/2026 • Issues raised during inspection were discussed at staff meeting on 29/06/2026. All staff are aware and are now labelling foods when they are opened. PIC will review regularly, to ensure consistency. • Cleaning Rota in place for medical equipment. Equipment is used regularly and cleaned after each use; staff are aware of recording this in medical equipment folder. This was also discussed at staff meeting on 29/06/2026. PIC will review regularly, to ensure consistency. • Grab rails will be replaced after consultation with OT department. to be completed by 30/09/2026. • Technical Services Department have been notified of issues with 2 shower bases – Plan to have issues addressed by 30/09/2026.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All PRN medications were reviewed and any medications that were not used in 6 months have been taken off all residents MAS • All PRN medications have now been labelled with opening dates and dates of disposal.	

- Existing PRN medication not labelled with dates of open and disposal at time of report have been disposed of on day of inspection and new medication was sourced
- A list of all PRN medication has been placed on medication press door.
- Communication from our Quality, Safety & Risk department will be sent to all designated centres highlighting the issues of correct labelling and disposal of PRN medications, in particular liquid, creams and lotion-based medication, in line with organisational policy. This will be sent by 31/08/2026

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 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	30/09/2026
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Not Compliant	Orange	01/07/2026

	of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.	Not Compliant	Orange	01/07/2026