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:	Community Residential Service Limerick Group C
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	09 June 2026
Centre ID:	OSV-0003941
Fieldwork ID:	MON-0042256

About the designated centre

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

This designated centre comprised two houses within one kilometre of each other. A full-time, residential service is provided in both houses. The houses are located in suburban, residential areas on the outskirts of Limerick city. One house is a bungalow, the other a two-storey house. The centre is registered to accommodate eight residents, four in each house. There is a self-contained area for one resident in one of the houses. Both houses are within walking distance of a range of amenities, including public transport routes. A social care model of support is provided in the centre by a team of social care staff and care assistants led by the person in charge. There is one sleepover staff in each house by night. Senior management and nursing support is available from the provider's main campus which is located nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 June 2026	09:30hrs to 18:15hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the associated regulations, and to inform the upcoming registration renewal decision. Overall, the findings of this inspection were positive. The designated centre had last been inspected in July 2025. This inspection found some areas that required review under Regulation 5: Individual assessments and personal plan and Regulation 6: Health care. The provider demonstrated that they had measures and supports in place to ensure the centre was provided with good governance and oversight which ensures residents quality of life and care were of a good standard.

The designated centre comprised of two houses located on the suburbs of a city. One house is a bungalow, the other a two-storey house. The centre is registered to accommodate eight residents, four in each house. There is a self-contained annex apartment for one resident in one of the houses. Each house had a kitchen, living area, outdoor garden space, transport available for residents to access the community and each resident had their own bedrooms.

The inspection was facilitated by the person in charge. On arrival to the designated centre the inspector was greeted by the person in charge and shortly after this met the three residents. The service manager and a clinical nurse manager arrived shortly after this to the centre. The inspector met and spoke with the residents and discuss the plans they had in place for the day. The inspector also had the opportunity during this time to speak with the staff supporting the residents and management of the centre. The atmosphere in the house was calm and relaxed, and residents appeared happy and comfortable in each others company.

Residents spoke to the inspector about their lives, and family members who were important to them, along with sharing stories and memories. Residents also discussed their friends and activities they like to do in their home such as karaoke evenings and weekly music therapy. Residents living here said they were happy living in their home and really liked the people they lived with. One resident informed the inspector that they like to be a good friend to the other people they live with and this was important to them. Later in the afternoon, the inspector met the resident that resided in the annex apartment. The resident had attended their day service during the day and discussed their plans for the evening with the inspector. They told the inspector they like the staff that support them and appeared very happy in their home.

As part of the inspection process the inspector completed a walk around of both premises. Overall both houses were seen to be homely and well furnished. The person in charge informed the inspector of planned interior painting works for one of the houses. The designated centre had storage facilities and residents also had access to laundry facilities. Kitchen areas were seen to be clean and tidy with good

storage and plenty of choice for residents with regard to their meals. Both houses had a back garden and patio area with seating. Residents who wished were supported to complete gardening activities.

Later in the afternoon the inspector visited the second house that comprises of the designated centre. The inspector spent a shorter amount of time in this house. Four residents lived here. The inspector had the opportunity to spend some time with three of the residents living here. The residents living here informed the inspector that they were very happy in their home, they loved their community and enjoyed their independence. Residents discussed holidays and trips they had recently been on or had planned in the summer months. Residents had a pet cat and spoke to the inspector bout how they care for their cat. The inspector met one staff who was on duty in this house, they were observed to be supporting the residents living here in a person-centred and caring manner. Residents complimented the staff and the support they receive in their home.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. These were given to the inspector on the day of inspection. The inspector received eight forms. All forms were filled out by the residents themselves or with the the support of a staff member. The feedback in general was positive and indicated a high level of satisfaction with the service provided. This included the staff, activities and food in their home. One form did indicate that due to staff changes a resident did not have a key worker, the resident had informed the management of the centre regarding their concern. The inspector reviewed this and the resident had been supported to make a compliant and this was seen to be resolved on the day of the inspection with the complainant satisfied with the outcome.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management effects the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection to monitor the designated centre's level of compliance with the regulations and to inform the upcoming registration renewal decision.

There was a clearly defined management structure in place, and lines of accountability were clear. The provider had various oversight strategies which were found to be effective in relation to monitoring practices and in quality improvement in various areas of care and support. For example, the person in charge kept an action tracker updated which identified actions from various audits such as, annual

reviews and six- monthly unannounced audits. This tracker was updated if actions were completed and identified a time line for actions to be completed.

The inspector reviewed a sample of rosters. They indicated that there were sufficient staff on duty to meet the needs of the residents. The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

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.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge remit is for one designated centre.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual staffing roster was maintained as required by the regulations. The inspector reviewed a sample of rosters from April to June 2025. There was a consistent staff team in place at the time of the inspection, with one vacancy in one of the houses which the provider was actively recruiting to fill this position. Staff spoken to on the day were knowledgeable in the residents care and support needs.

The inspector spoke and met with three staff members and the person in charge. They also had the opportunity to meet with the service manager and a clinical nurse manager. The inspector found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of

residents. For example, they could describe the support required for residents to complete activities of their choice and things that were important to the residents such as attending day service or advocating.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training in a number areas to ensure the safety and to meet the assessed needs of the residents in the centre. The inspector reviewed the training matrix which identified all staff had received training in areas such as fire training, safeguarding and manual handling, along with other areas such as human rights training and restrictive practices.

The provider had procedures in place in terms of supervision of staff. A supervision schedule was in place for the year. All staff had completed supervision as per the providers own policy.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the updated statement of purpose was in line with what was in place in the centre during the inspection. Staff had defined roles and responsibilities, and the lines of accountability and authority were clear.

Regular team meetings were taking place in each house that comprised of the designated centre. The inspector reviewed four of these meetings for 2026. An agenda was in place and reviewed items such as complaints, incidents, safeguarding and residents' updates. This insured the staff team were kept informed of all updates to resident's care and support needs, along with an opportunity for shared learning.

From the rosters reviewed the person in charge was present in the centre regularly and there was an on-call service available to support residents and staff out-of-hours. The service manager discussed with the inspector the additional supports that had recently been put in place in the on-call system and reported these improvements were having a positive impact in supporting staff. The person in charge reported to and received support from the person participating in management of the centre.

The last annual review for 2025 was reviewed by the inspector and it was found to include engagement with families and residents though questionnaires, the review was resident focused and identified where actions were required. Actions identified were seen to completed on the day of the inspection this included that weekly meeting occurring to ensure residents had the opportunity to review meals and activity plans on a frequent basis.

The provider had completed six-monthly unannounced audits as required by the regulations, this had last been completed in December 2025. The person in charge had responsibility for ensuring a number of local audits were being completed in the centre, these included, handover audit, mealtime audit and personal plan audits. Samples of the audits were reviewed by the inspector and they were seen to be completed with detail and included actions where issues were identified.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. The inspector reviewed the statement of purpose which had recently been reviewed in May 2026. This included the required information and adequately described the service. Some review was required to ensure the correct organisational structure was in place. This was completed on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation was reviewed during the inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any minor injury within the centre on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a designated complaints officer nominated. There were no open complaints on the day of the inspection. There was evidence that complaints received were reviewed in a timely manner. The inspector reviewed six complaints which had been made in 2026. These complaints were all closed and the outcome and resolution recorded for each. The person in charge maintained a complaints log which monitored and tracked all complaints in the designated centre. The inspector also reviewed one compliment which had been made in 2026, this complimented the support received by a resident.

Judgment: Compliant

Quality and safety

From the inspector's observations, meeting with residents, staff and management and from review of the documentation, it was clear that good efforts were being made by the management team and staff members to ensure that residents were receiving good quality and safe services. Residents were afforded good opportunities to engage in their community and complete activities of their choosing.

The residents living in this centre appeared happy, content and relaxed in their home and with the staff that support them. Residents were supported in line with their assessed needs and were also supported to develop and achieve their goals and aspirations. Some review was required to ensure all goals were fully recorded

on a regular basis for a resident. This will be discussed under Regulation 5: Individual assessments and personal plan.

Residents had ongoing support with their assessed health care needs. Residents had access to their general practitioner (GP) as required and were supported to attend any other consultant appointments as per their assessed needs. Some review was required to ensure that residents personal plans clearly reflected the support and input they now had in place from speech and language therapy. This will be discussed under Regulation 6: Health care.

Regulation 11: Visits

The inspector reviewed the information in the statement of purpose and residents' guide around visiting arrangements. They also spoke with the person in charge and some of the residents. Based on what they read and were told, the residents were supported to maintain relationships with their family members and friends. They were supported to have visits to their home and spend time with their family and friends on a regular basis. Residents were also supported to visit family and friends outside of their home.

Judgment: Compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Residents had access to day services and some residents attended a retirement group which they enjoyed. The inspector was informed that in one of the houses some residents may request a later start to their day and staff facilitated this. This was important to residents. Residents were supported to go for drives, shopping, visit beaches and restaurants, and some residents took part in sporting events weekly. Residents were supported to visit and contact family and friends when they wished.

The designated centre had a homely atmosphere. Independence was important to the residents living in this designated centre, the inspector seen that this was respected and supported by the staff team. Some residents discussed with the inspector that they regularly met with friends and family, and they would contact the staff if they needed support, such as to be collected. Some residents also discussed public transport they take to access their day service and other activities in the community. Transport was avilble in both of the houses for residents to access.

Judgment: Compliant

Regulation 17: Premises

Based on observations during this inspection, the premises provided for residents to live in was seen to be clean and well-furnished. Residents in both houses each had their own bedroom, along with access to communal areas, such as living rooms, dining areas and kitchens. There was an enclosed garden/outdoor seating area to the rear of each of the houses. Both premises also had a laundry facilities, along with adequate storage facilities.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider demonstrated during this inspection that they are committed to ensuring that all residents receive safe and nutritious food and fluids that promote their health, well-being, choice, and quality of life. Residents were supported to exercise choice and control regarding their food, nutrition and hydration in accordance with their assessed needs, wishes, preferences and rights.

The inspector reviewed two feeding, eating and drinking support plans which were in place. These plans contained clear guidance for staff to support residents with their assessed feeding, eating, and drinking needs. The staff and management recognized that eating and drinking are an important social and personal experiences for the residents.

The centre had ensured the safe storage of all food items in the designated centre. Food storage areas were seen to be clean and well maintained. Staff had ensured to keep a record of the fridge/freezer temperature. A menu planner was also available and both staff, management and the residents informed the inspector they choose what meals they would like to have and some residents enjoyed helping to prepare their own meals.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information regarding the

facilities and services provided, along with the terms and conditions relating to residents residency.

Judgment: Compliant

Regulation 28: Fire precautions

There was evidence of fire equipment being maintained and serviced regularly by a competent person as required by the regulations. There were evacuation plans in place in the centre.

Residents had personal emergency evacuation plans in place. These had been recently reviewed and were clear in identifying the supports residents would require to evacuate safety, such as emergency medication.

Fire drills had been completed regularly in the centre to ensure all residents could evacuate safety from the centre. The inspector reviewed the fire drills completed in 2025 and 2026, stimulated night time evacuation had taken place to reflect the minimum staffing that would be in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The designated centre had procedures regarding the ordering, receipt, prescribing, storage and disposal of medicines. These were found to be effective. Medication in both houses was stored securely, and a clear log of medicines was maintained.

The inspector reviewed a sample of administration dates of medicines for three residents, and these were found to be clearly documented. The medicines stored in the centre were all in date and labelled correctly.

Medicine management procedures and policies were in place and found to be keeping residents' safe. The designated centre had completed regular medication audits, and a pharmacy audit had also taken place. Any actions identified in these audits were seen to be completed. This included ensuring that medications were all labelled with an opened date. Residents in this centre were prescribed medicines in line with their specific assessed needs.

Staff were provided with medication training in order to support residents with their medications. Resident had been assessed with regard to the support they required for the administration of their medications and some resident's independence was supported and promoted through this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment was completed for each resident, this informed the resident's personal plans. The plans in place were informative and contained good profile of the residents. The inspector viewed three of the residents' files.

Residents received regular multi-disciplinary meetings. Where a support need was identified, care and support plans were developed. In general, these were seen to be kept under ongoing review and updated as required. This is discussed further under Regulation 6: Health care.

Residents' personal planning meetings were being held annually, this included a review of the previous year and planning for the year ahead. As part of resident's personal planning meetings, goalsare set for residents. The inspector reviewed a sample of these goals, and they were found to be personalised to each resident and what they would like to achieve. Two residents had clear records in place pertaining to their goals and actions they were being supported with to achieve them. However, some review was required, as one residents records reviewed did not clearly document all of the resident's goals. For example, one goal had been recorded in July 2025, however no follow up actions had been completed to ensure the resident was being supported with this goal.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector reviewed the health care supports in place for three residents, having regard to that in the resident's personal plans.

From the three personal plans reviewed the inspector found that the residents were being supported with their identified health care needs. Residents had support plans in place for each assessed health care need, and this provided clear guidance to staff on support required for residents. Residents were supported with medical appointments as required and staff had ensured residents who required ongoing monitoring for health conditions were supported with this. For example, one resident required regular bloods on a six-month basis and this was taking place. Another resident also required bone density scans every two years and these were also being completed.

Two of the residents health care plans reviewed had feeding, eating and drinking support plans in place. These had recently been completed in May and June 2026.

Some review was required to ensure the residents assessments and hospital passports identified that residents were being supported by a speech and language therapist as on the day of inspection it was indicated that they did not have this input in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were many ways the centre was supporting the residents with their rights. Residents' rights were respected. These are some examples the inspector was informed of and reviewed on this inspection:

• Residents meetings and advocacy meetings were taking place on a regular basis. These meetings discussed items such as complaints, safeguarding, rights and quality improvement updates. Weekly meetings with residents reviewed activity and meal plans in place for the week ahead. These meetings also informed residents of audits that had taken place in their home, any actions arising from these audits and how these were going to be addressed.

• The language used in resident's personal plans was person-centred and respectful of resident's preferences. The inspector reviewed a sample of daily notes recorded for three residents and these ensured that residents were supported as per their individual assessed needs.

• Each resident had an individual rights assessment form completed. The inspector reviewed a sample of these. These highlighted the residents' rights in different areas and how they are supported to have their rights upheld and if there are any restrictions or barriers in place. This ensured that supports were in place, the residents will and preference is considered and consultation was taking place with the residents.

• Easy-to-read documents and pictures were available to support the residents. This promoted a sense of participation for the residents in meetings that took place.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Residential Service Limerick Group C OSV-0003941

Inspection ID: MON-0042256

Date of inspection: 09/06/2026

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PCP document was updated for this resident and the new goal clearly identified, discussed at staff meeting with all the staff team and the PCP enabler is giving support in development and documenting/tracking of goals. The resident was consulted with regarding the status of their goals and was involved with setting of new goals.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The personal health care plans and hospital passports for residents were all reviewed and updated to ensure all MDT input, plans and recommendations were included. Discussed with staff team and with the residents.	

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 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	26/06/2026
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	26/06/2026