



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 D
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0003942
Fieldwork ID:	MON-0038078

About the designated centre

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

The centre provides a community residential service to up to eleven service users with a mild to moderate intellectual disability. The service aim is through a person centred approach to improve the service users' quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community.

The centre comprises three community residential houses which are based in residential areas of Limerick. In order to support service users based on their needs and preferences, the houses are managed and supported by social care staff and health care assistants who in turn are supported by their social care leader, person in charge and the nurse management team located nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 April 2025	11:20hrs to 19:00hrs	Lisa Redmond	Lead
Wednesday 16 April 2025	08:15hrs to 14:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre, Community Residential Services Limerick Group D. This centre was registered to provide residential services to a total of 11 residents. This announced inspection was carried out to make a decision regarding the registered provider's application to renew the registration of this designated centre for a further three year cycle. This inspection was carried out over two days.

The designated centre comprised of three houses located in Limerick City. Two of the houses were located in the same housing estate, with the third house located approximately three kilometres away. The inspector met with nine of the 10 residents living in the designated centre.

Residents' homes were observed to be clean, warm and suitably decorated. Residents' personal affects including photographs and decorations were observed throughout their home.

The inspector met with three residents on their return home from work and day services. The inspector sat with residents in their kitchen as they chatted about their life in their home. During this time, residents were supported to have their dinner and a cup of tea. Residents spoke about activities they enjoyed including drumming, dance classes and drama. Residents also spoke about a recent theatre production that they had seen. One resident chatted about celebrations for a recent birthday, while another resident was making plans for a significant birthday in 2025. Each of the three residents communicated their happiness living in their home, telling the inspector they felt safe and well supported by staff members. Residents told the inspector that they liked living together and described themselves as friends. As residents chatted with the inspector, it was evident that they were comfortable in the presence of staff members and that they knew them well.

The inspector met with two residents living in a neighbouring home on the evening of the first inspection day. Residents were sitting together in the sitting room watching television when the inspector arrived at their home. One resident told the inspector that 'staff are amazing' and that they support them to do all the things they like to do including going out for dinner and trips to the cinema. This resident told the inspector that they were good friends with a resident living in the neighbouring house and that their friend regularly visited them in their home. They also told the inspector that staff supported them to meet up with their friend at the weekends. The resident they lived with showed the inspector their bedroom which had recently been decorated. When asked if they had picked out the items in their bedroom they told the inspector that staff had chosen them. This was discussed with the person in charge and it was evident that there was a clear rationale for this as part of the resident's transition into the centre. It was also noted that staff showed the resident the items on their return from shopping and that they could be

returned if the resident did not want or like them. The resident told the inspector that they liked how their bedroom had been decorated.

The inspector visited the third house where four residents lived on the morning of the second inspection day. Residents were observed getting ready to go to day services. One resident was getting their bag ready and staff were observed supporting them to get money from their wallet to bring to day service. Residents spoke about their plans to go to Easter mass and to a party afterwards. Residents appeared content as they waited for their day service transport.

One resident requested to sit and have a cup of tea with the inspector before they went to day service. This resident spoke about their plans to visit family over Easter and that they were looking forward to this. Staff members told the resident that a number of residents had plans to go to an Easter party and mass that day. This resident declined to go and they discussed plans to complete other activities. It was evident that the resident's choice was respected. This resident enjoyed walking and told the inspector that they went for walks in their local community independently which they liked to track on their fitness watch.

Overall, residents told the inspector that they were safe living in their home and that they liked living with their peers. However, one resident told the inspector that they felt 'tormented' by a peer resident and that this 'upset them'. Staff and management in the centre were present and they listened to the resident and supported the resident by providing verbal reassurance and redirection in line with their behaviour support plan. Staff spoken with noted that they would meet with the resident again later that day to discuss their feelings and that this would be managed in line with safeguarding procedures in the centre. This included a notification being submitted to the Chief Inspector of Social Services after the inspection had taken place which outlined that there were no grounds for concern following a review by the designated officer and further discussions with the resident.

Seven residents completed a survey about the supports they received in their home. The feedback in these surveys were complimentary of the staff supporting residents in their home and the supports provided to residents. One resident stated that they had 'a lovely house with a garden' while another resident said they 'liked everything about the house' in which they lived.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. 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.

Capacity and capability

The findings of this inspection indicated that management systems in place in the centre ensured that residents received a safe and good quality of care and support. Overall, this inspection found a good level of compliance with the regulations.

A clear governance and management structure had been put in place to ensure oversight and monitoring of the centre. All staff providing direct supports to residents reported to the person in charge. The person in charge reported to their line manager who was a clinical nurse manager. The inspector met with the person in charge during this inspection and found that they were familiar with the residents, and that they were very knowledgeable about their care and support needs. It was evident through discussions and documentation reviewed that they had ensured effective systems were in place for the oversight and monitoring of the centre. An on-call management system was in place outside of regular working hours including weekends and at night. This ensured that staff members had access to a member of the management team at all times, including when the person in charge was not on duty.

Documentation was submitted by the registered provider to progress the centre's application to renew their registration for a further three year cycle. This included the designated centre's statement of purpose and the residents' guide. These documents outlined the supports provided to residents in their home had been developed with the residents to include photographs of the residents enjoying their home and engaging in activities they enjoyed. This evidenced that they participated in and were consulted with, in regards to the operation of the designated centre.

Overall, there was evidence of a good level of compliance with the regulations in this designated 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.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that an application to renew the registration of Community Residential Service Limerick Group D had been completed in a timely manner. Documentation submitted as part of the application included an application form, floor plans outlining the layout of the centre, the designated centre's statement of purpose and the relevant fee.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. The person in charge had been working in this centre since 2016 and begun their role as person in charge of the centre in 2021. This person worked full-time.

The inspector reviewed prescribed information that was submitted to appoint this person to the role of person in charge. The inspector also met with the person in charge on the day of this inspection. It was evident that they held the necessary skills, qualifications and experience to carry out the role, and that they were familiar with the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

The staff team comprised of clinical nurse managers, social care workers and health care assistants. A staff nurse had recently been recruited to support the residents in this centre and they were due to begin their role after the inspection had taken place. Two health care assistant roles were vacant however interviews had been completed shortly before the inspection had taken place.

The inspector reviewed the actual and planned rota for the designated centre from 02 March 2025 and 29 March 2025. It was evident that relief and agency staff were being used to fulfil the centre's rota until the health care assistant roles had been recruited. It was also noted that additional staff were documented on the rota to facilitate a two week induction and shadowing prior to staff starting their role in the centre.

The person in charge had not ensured that they had obtained in respect of all staff the information and documents specified in Schedule 2. The inspector reviewed staff files for four of the 15 staff working in the designated centre and found that;

- Evidence of one staff member's identity had expired in 2022.
- A vetting disclosure for two staff members had not been completed in the previous five years as outlined by the registered provider's policy.
- There were inconsistencies in relation to the position held in the centre for two staff members.
- There was no documentary evidence of a qualification in social care for one staff member.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members were supported to access appropriate training as part of a continuous professional development programme. The inspector reviewed the training matrix for 16 staff members and found that all staff were provided with the following training;

- Management of behaviour that is challenging
- Safeguarding of vulnerable adults
- Manual Handling
- Infection prevention and control
- Medicines Management
- Human Rights

In addition two staff had completed training in practical risk management, with 10 staff also receiving training in person-centred planning.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality of care and support provided to residents had been completed in 2024. This review was comprehensive and included evidence of consultation with residents and their representatives. It also identified areas for quality improvement and regular monitoring by management in the centre. For example, one area identified the need to complete a review of staffing in the centre. The person in charge identified that staffing was reviewed as part of monthly meetings with their line manager to ensure that any staffing issues were addressed. As noted previously, the centre was actively recruiting at the time of the inspection to ensure the centre was adequately resourced to meet the needs of residents.

Staff meetings were held quarterly in the designated centre. The inspector reviewed records of the staff meetings completed in March 2025 and November 2024 and found that they included discussions about the care and support needs of residents, staff training, complaints, accidents and incidents occurring in the centre and auditing. This ensured that staff members were informed of relevant policy and procedures and how to provide a high quality of care to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted that this did not contain the all of the information outlined in Schedule 1 of the regulations. This was amended by the person in charge on the day of the inspection to ensure it contained all of the information specified under Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

An easy-to-read complaints procedure had been developed by the registered provider. This was observed in each of the centre's houses in a prominent location. However, it was identified that this did not contain details of the complaints officer or their contact details. This required review.

The easy-to-read complaints process outlined how residents could make a complaint, and the timelines for which they should be updated of the progress made to manage their complaint. Following a review of the provider's policy on the management of complaints it was identified that the information was consistent with the easy-to-read procedure.

There were no open complaints in the centre at the time of the inspection. The inspector reviewed three closed complaints documented in the centre's complaints log. It was noted that a resident had made a complaint in June 2024. As part of the resident's complaint, they had requested to move from the designated centre. A member of the management team met with the resident and it was agreed that the resident would think about where they would like to live, and that management would follow up with the resident in one week. Management in the centre met with the resident again in July 2024, one month after they had lodged their complaint. At this time the resident decided that they would continue to live in their current home. However, it was noted that the complaint had been documented as resolved the day after their first meeting with the resident despite there being further actions identified to resolve the complaint, and seek their views on where they would like to live. It was not evident that the resident had been informed of the outcome of their complaint at the time it was closed. This required review.

Judgment: Substantially compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. It was evidenced by the high level of compliance with the regulations overall, that a safe level of supports was provided to residents in their home.

Residents told the inspector that they participated in activities of their choosing in their local community. Residents discussed recent holidays, trips to the theatre and exercise classes that they attended in line with their likes and preferences. Residents were also offered to access activities and meet-ups as part of the organisation provided by the registered provider. It was also evident that when residents declined to engage in activities, this choice was respected by staff members.

Throughout the inspection, the inspector observed that residents appeared comfortable, content and happy living in their home. When a resident told the inspector about a situation that had allegedly occurred the night before the inspection had taken place, this was reviewed by the management in the centre and the designated officer to ensure the safety of all residents. It was evident that the residents were listened to when they expressed their feelings, and that they were provided with supports to promote their mental wellbeing in line with their assessed needs at this time. Individualised personal plans and positive behaviour support plans were in place that provided clear guidance to staff about how to support residents in a manner that promoted their safety and wellbeing.

Overall, it was observed that the level of service provided to residents ensured their safety and promoted their choices and wishes.

Regulation 10: Communication

The inspector reviewed the communication plans in place to support five residents to communicate their wants and needs. It was noted that one resident's plan linked closely to the supports plans in place to support their mental health and management of behaviour that challenges. This ensured that staff members had consistent information on how best to support this resident. Where another resident could express their needs and wants verbally, it was identified in their plan that they like support from staff members to make complex decisions.

During the inspection, a resident showed the inspector a 'digital life story' that they had developed on their tablet device as part of a new initiative by the registered provider. This resident was an ambassador for this initiative and showed the inspector videos and photographs they shared on this social media platform with friends who also used it. This included photographs of a trip to Paris in 2023 which had been a part of their personal planning goals. A second resident also shared their

'digital life story' with the inspector, showing them photographs of day trips and celebrations with friends. This facilitated residents' communication with their friends who also used this form of social media sharing.

Residents had access to telephone and appropriate media such as television, radio and Internet in their home.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector completed a review of the management of a resident's personal finances and possessions. It was noted that the account for which the resident's finances were managed was in the name of the resident to which the money belonged. The person in charge noted that a review of the resident's financial assessment was due to be completed however this had been postponed as they awaited a new provider policy on the management of residents' finances to be sanctioned. There was also evidence that staff members had oversight of the resident's bank statements to ensure their finances were appropriately safeguarded, in line with their assessed needs.

The person in charge had ensured that residents were supported to retain control of their personal possessions. The inspector reviewed an inventory of belongings for one resident where items of significant value were recorded including electronic equipment.

Judgment: Compliant

Regulation 13: General welfare and development

Residents living in Community Residential Service Limerick Group D were provided with facilities for occupation and recreation in line with their interests. One resident had an activity planner which outlined their weekly timetable including their job in an office twice weekly, their dance class and visits home to see family at the weekend.

One resident had been supported to go on a holiday to Disneyland as part of their personal planning goals. Staff members supported the resident to liaise with the travel agent and to decide on the location of the holiday. An easy-to-read document had been developed to outline the cost of the planned holiday to the resident. However, this document did not state that the resident would be paying for the trip for the staff supporting them, in line with the provider's policy. This will be discussed further under regulation 9 residents' rights.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk-around in each of the three houses in Community Residential Service Limerick Group D. Overall the residents' homes were observed to be clean, tidy and homely in nature. There was evidence of residents' photographs and personal belongings throughout their homes. Residents were provided with a suitable number of bathrooms to meet their needs. There was evidence of suitable arrangements in place for the safe disposal of waste and residents had facilities in place to launder their clothing.

Some works were required however to ensure the centre was kept in a good state of repair internally and externally, and to ensure suitable storage was provided. This was evidenced as follows;

- External painting was required in one of the centre's houses due to paint peeling at the back of the house and on the windowsills.
- The vinyl on the kitchen presses in one house were due to be replaced and this was logged on the centre's maintenance log. However, a date for this to be completed had not yet been identified.
- The sitting room in one of the houses contained boxes of incontinence wear, gloves, masks and decorations. A maintenance request for additional storage had been submitted in March 2025 and a quote for works to be completed was awaited.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect to each of the designated centre's houses. It was evident that residents had been involved in the development of the guides and as such, they included photographs of residents living in the centre. This guides included the information required under this regulation to include a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed risk assessments relating to the care and support provided to residents in their home. There was evidence of positive risk taking, and that residents were supported to maintain their independence in line with their support needs. A number of residents used public transport without staff support, and this was actively encouraged and supported by the staff team. This ensured a balance between the management of risk and the promotion of residents' independence.

In response to an incident where a resident who required staff support in the local community had left the centre without telling a staff member, a risk assessment had been developed. This risk assessment outlined the control measures in place to support the resident and there was a clear understanding that the resident had left the centre as they wanted to purchase an item from a nearby shop. During the inspection, staff members were observed proactively explaining to the resident that they would bring them to the shop after they had attended their day service that day. The staff member had written this on a piece of paper which they gave to the resident to remind them of this. The resident was observed to be happy about this as they waited to go to their day service.

A box located in the porch of one house contained hand sanitizers and surgical face masks in the event of an outbreak of an infectious illness. It was noted that these items had been expired in 2023 and 2024. This required review to include there were effective systems for responding to emergencies in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Emergency lighting, fire alarm panels and fire-resistant doors were observed to be present in each of the centres house. Emergency exits were observed to be clear to ensure that residents, staff and visitors could exit the buildings safely in the event of an emergency.

Residents' house meetings included discussions about how to safely evacuate the centre in the event of a fire. Residents discussed a recent fire drill they had participated in and reflected on how the evacuation went. It was noted following a review by the person in charge that there were no concerns as to residents evacuating the centre during these fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had access to a multi-disciplinary team including a general practitioner (G.P), speech and language therapist, psychiatry, chiropody and a behavioural specialist. There was evidence of input from these professionals as part of the review and assessment of the resident's care and support.

The inspector reviewed the personal files of five residents living in the designated centre on the day of the inspection. It was evident that residents had been supported to develop goals that they would like to achieve. These were subject to regular review to ensure that effective supports were put in place so that residents achieve their goal.

There was evidence of goal planning supporting residents to go on holidays, short breaks away and engage in activities they enjoyed. One resident liked to plan events and meet-ups with their friends living in the designated centre. When the resident decided they would like to organise a barbeque to take place in the summer months, staff supported them to plan this event. Although this event had yet to take place, residents were looking forward to enjoying this event and have some cocktails while enjoying the sunshine.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the behaviour support plans in place for four residents. These plans included clear guidance for staff members on the supports to be provided to residents in relation to behaviour that challenges. This included potential behavioural triggers, and proactive and reactive strategies. The information in these plans was consistent with guidance outlined in residents' communication plans and support plans relating to their mental health. In line with recommendations in their mental health support plan, a resident engaged in mediation, complimentary therapies and exercise to promote their mental wellbeing.

During the inspection, the inspector observed staff members supporting a resident in line with their mental health and communication support plans. It was evident when the resident used specific terminology which was outlined in these plans that staff members listened to the resident while also offering reassurance and redirection.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy had been developed by the registered provider. This policy was reviewed in May 2024, and included information and guidance for staff on the safeguarding of residents. A poster containing the photograph and contact details of the designated officer was also located on the notice board of one of the centres houses.

The inspector reviewed safeguarding plans that had been developed in response to allegations of suspected abuse. These plans outlined the arrangements in place to protect residents including multi-disciplinary input. It was also evident that these had been notified in line with statutory guidance for the protection of vulnerable adults.

An intimate care plan had been developed to include the level of support that the residents required to meet their hygiene needs. It was noted when a resident communicated a preference for specific staff to support them with their intimate care needs that the rota was developed in line with this. Where residents were independent in meeting their hygiene needs, this was also clearly documented in their plan.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, residents communicated that they were provided with choices regarding their daily life. One resident told the inspector that they have a weekly house meeting where they choose activities and the menu for the upcoming week. The inspector reviewed records of the house meetings in one of the centre's houses. It was noted that in addition to activities and menu planning, residents discussed topics such as advocacy, complaints, respect and staffing. This ensured that residents were consulted about the operations of the designated centre.

As previously mentioned, a resident went on a holiday to Disneyland with a peer and two staff members. This was one of the resident's goals and it was evident from speaking with the resident that they enjoyed the trip. As part of the planning for this trip, a document had been developed to outline the costs to the resident and what this included. It was noted that this did not include details of a verbal agreement that the resident would pay the costs of a staff member supporting them on the holiday. When spoken with, the resident was aware that they paid for a staff member however they did not provide details as to what this included. It was not evident that the resident had been given clear information about the costs associated with their holiday prior to their holiday taking place, particularly as their communication plan stated they required support to make complex decisions.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Residential Service Limerick Group D OSV-0003942

Inspection ID: MON-0038078

Date of inspection: 16/04/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The HR department has followed up on staff identification, garda vetting, contracts and qualifications for relevant staff members. Assurance received from the HR department on 19.06.2025 that all documentation is in place. Avista are committed to ensuring all social care workers in Group D are registered in line with The National HSE HR circular 006-025 as of the 30th of November 2025.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Details of the complaints officer and their contact details on display in the designated centre. Staff team are completing complaints training on 18.06.2025. Management teams are completing complaints training on 19.06.2025 to ensure all are aware of complaints policy and how to manage a complaint. Residents will be informed of outcome of any complaints that they make. Complaints management is a standing item on residents' meetings and in staff team meetings.	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: A garden shed has been ordered to allow for storage; extra stores have been returned to reduce unnecessary stock held in the residence. Quotes are being sourced for painting works to back wall and windowsills and for replacement of vinyl on kitchen presses.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All out of date PPE has been disposed of, and new stock is in place. A PPE checklist is in place which is completed weekly to ensure all PPE are kept in date and that stock is rotated. The PIC reviews this checklist each month. If additional resources are needed, same can also be sourced via On call system. .</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A new social story has been developed with the residents to include details of the agreement that the resident will pay the cost of staff members supporting them on holidays abroad. Each resident will be supported with this decision making in line with their specific communication needs as assessed by speech and language therapist. All efforts will be made including using social stories, easy to understand documentation and individual communication strategies.</p>	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	19/06/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	19/09/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	19/09/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	19/06/2025

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	19/06/2025
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	19/06/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and	Substantially Compliant	Yellow	19/06/2025

	consents, with supports where necessary, to decisions about his or her care and support.			
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