



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services - Group D
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	31 July 2025
Centre ID:	OSV-0003947
Fieldwork ID:	MON-0047481

About the designated centre

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

St. Anne's Residential Services - Group D consists of two adjoining two-storey semi-detached houses located in a housing estate on the outskirts of a town. The designated centre provides a residential service for a maximum of six residents with intellectual disabilities, both male and female, over the age of 18. Each resident has their own en-suite bedroom and other facilities in the centre include kitchens, utility rooms, sitting rooms, dining rooms and bathroom facilities. Staff support is provided by a Home Manager and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 31 July 2025	09:00hrs to 15:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were supported to make decisions about their care and support.

Overall, the inspector found that the residents were well cared for, safe and were encouraged to engaged in activities in line with their interests and abilities. Safeguarding practices were in line with the requirements of the regulations and ensured that care was provided in a safe and suitable manner. Some minor improvements were required in premises condition, staff training, and timeliness of provider actions in relation to audit findings. This is discussed in the relevant section of the report.

The inspection was completed across a one day period by one inspector. On arrival at the centre the inspector was welcomed in by the residents. One resident went to get the attention of staff to let them know the inspector had arrived. The staff member showed the inspector in and facilitated the majority of the inspection.

The centre has capacity to accommodate six residents. Four residents were residing in the property with an ongoing transition occurring for a fifth resident. On the day of inspection the inspector met with three residents. One resident was visiting family and was not present and the resident who was transitioning in only spent short periods of time in the centre and were not due to attend on the day of inspection. There were two staff present to support the residents at this time.

When the inspector arrived all residents were up and ready of the day. All of the residents attended day service, however, they were on holidays from this on the day of inspection. The residents had plans to go shopping for the day and were seen to leave with a member of staff at different times across the day.

The inspector saw the residents move around their home freely. They engaged in day-to-day chores independently, such as cleaning the kitchen, and were seen to get their own breakfast, drinks and snacks. Staff were always available to support the residents. For example, the inspector observed staff offer help to residents to open their post. Residents were seen to watch television or engage in preferred table-top games. Overall, there was a relaxed atmosphere in the home with residents appearing very comfortable and approaching staff if they required help and support.

All residents engaged in activities of their choosing. As stated previously day service was available to all residents. One resident had recently chosen to semi-retire from this service and this had been facilitated by the provider. Residents also had paid employment in their local community. The inspector reviewed photographs of residents engaging in different types of activities across the last few months. This

included day trips out, meals in restaurants and cafes, bowling, supporting and attending sporting events, birthday celebrations and concerts.

Residents were happy to briefly speak with the inspector. When asked they stated they were happy in their home. They told the inspector about their plans for the day and some of the other activities they had engaged in. Residents were comfortable in each others company and were seen to engage with each other in a respectful manner.

The residents lived to two semi-detached adjoining homes. There was an interconnecting conservatory to the back of the houses which allowed the residents enter each other's home. Each home was identical in layout. One home accommodated three residents and the other home accommodated one resident. All residents had their own bedroom, some had ensuite facilities. There was as sitting room, a kitchen come dining room, and bathrooms. Both homes had one room allocated as a staff office and/or sleepover room. Outside was a well kept garden area that had lots of flowers. There was also a polytunnell in place and residents had grown different vegetables in this throughout the year.

As part of the inspection process the inspector walked around all aspects of the home. For the most part the centre was well kept, homely and well presented. Some minor wear and tear was evident in some parts of the home . Residents had personal items displayed in their bedrooms and throughout the home. For example, the inspector saw photographs, sporting items, activities and games in different parts of the home.

Residents meetings were held every week where issues to do with safety and how to stay safe in the centre formed part of the standing agenda at residents meetings. For example, residents were reminded of the importance of road safety.

Additionally, safeguarding and rights were also discussed at monthly advocacy residents' meetings. The role and importance of advocacy was discussed with the residents and they were reminded of the importance of treating each other with dignity and respect.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in the centre which included reporting safeguarding concerns when they arose in the

centre. Some minor improvement was required in ensuring actions from audits were completed in a timely manner and that all staff had the required training.

There was a consistent staff team employed and the numbers and skills mix of staff were appropriate to meet the needs of residents. Staff had been provided with appropriate training, in respect of safeguarding. The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre. A staff member facilitated the majority of the inspection due to the person in charge and team leader being on leave on this day.

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection.

The skill-mix comprised the person in charge, team leader, and care assistants. There were no staff vacancies at the time of the inspection.

The inspector reviewed the planned and actual rosters for a recent four week period. The rosters were well maintained. It was found that for planned and unplanned leave the provider was utilising regular relief staff to ensure continuity of staffing. Planned rosters were in place until September 2025.

The staff that spoke with the inspector were very knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. The inspector reviewed team meeting notes from July and June 2025 and found that safeguarding was discussed in each meeting.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix in place which detailed the training completed by staff within the centre. On the matrix there were 10 staff represented including the training records for two of the relief staff. The training for one relief staff was not present on the day of inspection, however it was confirmed that they had completed all relevant training on a later date.

The inspector saw that all staff had completed initial training sessions in Safeguarding Vulnerable Adults, Positive Behaviour Support, Medication Management, Epilepsy, Infection Prevention and Control (IPC) trainings and Fire Safety. However, a number of staff required refresher training in all the above

areas. For example, three staff required refresher training in hand hygiene, two staff required refresher training in Medication Management and three staff required refresher training in Fire Safety. The majority of staff were booked onto upcoming trainings but some staff still were awaiting dates.

The inspector saw the supervision schedule that was in place for 2025. All staff were scheduled to complete one-to-one supervision with the person in charge or team leader on two occasions in 2025 and also a performance development review. This was in line with the provider's policy. Staff spoken with confirmed they were receiving supervision in line with the schedule.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the registered provider had ensured that the centre was adequately resourced, governed, and monitored to ensure the delivery of safe and consistent care and support to residents. As previously stated some minor improvement was required on the timeliness of taking action on identified issues within the centre.

There was a clearly defined management structure with lines of authority. The person in charge was full-time and had remit over three designated centres in total. They were supported by a team leader in managing the centre. The person in charge reported to the Clinical Nurse Manager 3 (CNM3) who were the person participating in management of the centre. The service manager also had direct oversight of the centre on a regular basis.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2023/2024 along with a six monthly unannounced visit to the centre carried out in October 2024 and April 2025. These audits were to ensure the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents. All of these provider-led audits reviewed the safeguarding measures in place in the centre.

On completion of the audits, actions were being identified along with a plan to address them. In addition there was a suite of local audits in place that also was identifying areas of improvement. On review of the Health and Safety Audit that was completed on 11th of November 2024, it identified a fire risk and an action was generated on the basis of this. On the day of inspection this risk remained in place and had not been addressed. The timeliness of addressing this action required review to ensure this risk was adequately mitigated.

Judgment: Substantially compliant

Quality and safety

Overall, it was found that a person-centered approach to care and support was in place in the centre. Residents lived in a comfortable home where their wishes and preferences were sought and respected. Residents were kept safe at all times with good practices in place around safeguarding, including enhanced procedures around safeguarding residents' finances. Minor improvements were required in relation to aspects of premises condition to ensure residents' living space was kept up-to-date.

At the time of inspection there were no open safeguarding concerns. It was found that previous safeguarding concerns had been identified, reported to the relevant authorities and investigated accordingly. Overall the culture around safeguarding within the centre was very much aligned with best practice and currently national guidelines. This ensured the safety of residents at all times.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. Staff were very aware of each resident's communication ability and were able to support the residents to communicate with the inspector.

Easy read information on safeguarding, advocacy, the complaints process, health related matters and finances were available to the residents which helped support them to communicate their feedback on the quality and safety of care provided in the service.

On review of two residents' personal plans the inspector saw that the residents had a communication plan with an associated communication passport in place. Both these documents were up-to-date. The plans detailed how the residents liked to communicate, including how they communicated their emotions, what they liked and didn't like. It also had individualised prompts for staff or other people to engage in conversations with a resident. For example, in one plan the prompt was to ask the resident information around their paid employment. These documents were comprehensive and gave more than sufficient detail to guide staff practice.

Residents also had access to telephones and other such media as internet, televisions, radios and personal computers.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Some minor maintenance work was required to ensure it was kept in a good state of repair, so as to ensure a comfortable and safe living environment for the residents.

Each resident had their own bedroom which were decorated to their individual style and preference. Their rooms provided a safe and private space for them to relax in and spend some time by themselves, when they so wished.

There was also adequate communal space available to the residents in the centre, which was important for their overall well-being. Residents had access to sitting rooms and kitchen come dining rooms to relax in. On the day of inspection residents were observed to use these spaces. At the back of the home there was a shed in place for a resident to store their collectable items. The resident would choose to spend some time in this space to organise their items or relax in if they so wished.

On the walk around the inspector noted the following areas that required review from the provider

- some wardrobes had chipped paint/peeling laminate and old cellotape present
- a boiler had been removed from a utility room and there was exposed cement
- in an ensuite bathroom the flooring was coming away from the wall creating a gap
- more attention to detail in terms of cleaning the interconnecting conservatory as there was a build up of dirt around the internal door frame.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. Although one fire risk required addressing this has been accounted for under Regulation 23.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file, so as to support their overall safety and well being. The inspector reviewed individual risk assessments in relation to management of resident finances, travelling independently, falls risks, health related risks and risks relating to choking. All risks had been reviewed in the last few months. The staff were able to discuss with the inspector what control measures were in place and why. For example, for independent travel one resident had to carry a mobile phone, the staff member discussed in detail how this worked for this resident. This was in line with the measures in place on the corresponding risk assessment.

In addition a centre specific risk register was in place which accounted for general risks within the centre such as slips trips and falls, lone working and accidental injury. All current risks were rated low risk and were up-to-date.

The inspector reviewed the incident accident log form 2024 and 2025. There was a system in place to trend the number and type of incidents each quarter. Overall, incidents were very low within the centre. For example from January to June 2025 there was two incidents. All incidents were reported, reviewed and any learning identified was discussed with the staff team.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that residents' individual needs had been assessed, which informed the development of comprehensive written care plans to guide staff on the care and support interventions they required. All care plans were linked to health and social care professional recommendations, risk assessments and positive behaviour support plans as required to ensure all information was streamlined and readily available to guide staff practice.

The inspector viewed the assessments and care plans for two residents, and found that they were up- to-date and reflective of residents specific needs. For example, one resident that had a fall in 2024 was provided with comprehensive multi-disciplinary (MDT) support in relation to their needs following this. All parts of the care plan had been updated to reflect this input from the MDT team and the supports were successful in ensuring the resident was able to continue living in their home.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall in the centre, residents required minimal support in the area of positive behaviour support. There were minimal restrictions in place in the designated centre. The restrictions in place were directly linked to relevant health needs with a clear rationale. There was regular review of the practice to ensure it was a least restrictive approach to care and support.

There was one behaviour support plan in place. This had been updated in April 2025 by the Clinical Nurse Specialist. There was clear strategies in place to guide staff. In addition, the plan aligned to the safeguarding policies and plans in the centre to ensure that potential safeguarding concerns were considered when managing

specific behaviours of concern. There had been no record incidents in relation to the defined behaviours in the relevant plan indicating that the proactive strategies were effective in preventing the behaviour occurring

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to safeguard residents, which were underpinned by a written policy. The policy was available in the centre for staff to refer to, and it had also been prepared in an easy-to-read format to make it more accessible to residents. Staff had also completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedure for responding to and reporting safeguarding concerns.

Although there were no open safeguarding plans on the day of inspection there were care plans in place to guide staff on how to keep residents safe at all times.

There were robust systems in place to safeguard residents finances. This included regular audits at checks at both local and provider level. This included regular cross reference of expenditure with bank statements and monies present in residents' wallets. The inspector reviewed four residents' finance folders and plans and found they were checked and accounted for in line with the relevant policy

Judgment: Compliant

Regulation 9: Residents' rights

The centre had adopted good practices in ensuring residents' rights were central to all aspects of care and support. Staff spoke with residents in a kind, respectful and dignified manner. All documentation was written in a person-centered format and residents had signed aspects of their care plans. For example, the inspector saw that residents signed consent forms in relation to aspects of care and support.

Observations on the day of inspection indicated that the residents' were well supported and cared for. Staff were observed to seek consent before providing care and support.

There was good evidence that residents' wishes and preferences were considered. For example, one resident had opted to semi-retire from day service and this was accommodated three days a week. In line with their needs they also requested to have a slightly slower pace of life and were choosing to spend time in their home doing some activities. This again was facilitated, however the staff team had

achieved a good balance in ensuring the resident got relaxation time but also got to spend time out and about in the community. The inspector saw that the person had chosen specific activities they wanted to do such as attending sporting events, car boot sales, and military museums. The staff team were facilitating the resident to engage in these events.

There were weekly resident meeting and monthly advocacy meetings held with the residents within the centre. This ensured that residents were involved in day-to-day decision making such as menu planning and activity planning. Safeguarding was also discussed at these meetings. For example, in an advocacy meeting in June 2025 it was recorded that safeguarding was discussed at this meeting.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Anne's Residential Services - Group D OSV-0003947

Inspection ID: MON-0047481

Date of inspection: 31/07/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since the inspection the Person in Charge and the Social Care worker have linked with the training department to ensure that staff awaiting dates for training are booked in for the next available dates. Dates: Medication management 02.09.2025, Fire - 03.09.2025 and 07.10.2025, HACCP - 16.09.2025, 17.11.2025 and staff have completed Hand Hygiene module on HSEland. All training needs are discussed with staff and management during communication meetings and training reviews.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Since the inspection the service manager approved the costing and installation of a fire safety approved door closer as identified in the Health and Safety audit and requested the works to be completed as soon as possible once the contractors are appointed.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Since the inspection, the Person in Charge has submitted Refurbishment Request Forms to the Service and Maintenance Management departments for painting and repair of wardrobes, to box of and build in shelving in the areas where the boilers were removed and to repair the flooring in the ensuite that is coming away from the wall. Service manager has approved works and are scheduled to be carried out by contractors as per maintenance team. The person in charge has reviewed the cleaning schedule and included the cleaning of internal door frames Team meeting on 28/08/25 highlighted the change in the cleaning schedule and discussed matters arising from inspection.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/08/2025
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	30/09/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	30/09/2025

	safe, appropriate to residents' needs, consistent and effectively monitored.			
--	--	--	--	--