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:	St Anne's Residential Services Group E
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 April 2026
Centre ID:	OSV-0003948
Fieldwork ID:	MON-0049123

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 E is a designated centre operated by Avista CLG. The designated centre provides community residential care for a maximum of 10 adult residents, both male and female, with intellectual disability. The centre consist of two houses which are located within close proximity to one another in a town in Co. Tipperary. The first house is a two story detached house which provides a community residential care to up to five adults with a disability. The house comprised of a sitting room, kitchen, dining room, sun room, an office, four individual bedrooms which were all en-suite and a shared bathroom. There was also an apartment adjoined to the house which accommodated one resident and contained a kitchenette, sitting room and en-suite bedroom. The second house is a detached bungalow which provides a community residential care to up to five adults with a disability. The house comprised of a sitting room, kitchen/dining room, staff room, five individual bedrooms and a shared bathroom. The centre is staffed by a person in charge, staff nurses and care staff.

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
Thursday 30 April 2026	09:50hrs to 17:50hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the safeguarding arrangements in the centre. The inspection was completed by one inspector over the course of one day. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person centred care. Improvements were required under Regulation 17: Premises.

The designated centre was made up of two houses, one of which included a standalone apartment. Both properties were located in close proximity to each other and a large town in Co. Tipperary. The designated centre was registered to accommodate ten residents. At the time of the inspection, the centre was home to eight residents, with three residents residing in one house and five residents in the second house. The first house in the designated centre comprised of a large bungalow. There were five bedrooms, two of which were en-suite, a dining-kitchen area, a sitting room, two bathrooms and a staff office/sleepover room. There was also an outdoor seating area to the rear of the property. This area required works to be completed to make the area fully accessible to all residents. This will be discussed under Regulation 17: Premises.

The second house in the designated centre comprised of a two storey house and standalone apartment and was home to five residents. In the main house, there were four en-suite bedrooms, a living room, a kitchen, a dining room, a utility room and two bathrooms. An area outside had been recently adapted to provide an area specifically for two residents and their assessed needs. However, this required covering to make it fully accessible to residents in various weather conditions.The apartment was home to one resident and comprised of a bedroom, which was en-suite, a sitting room and a kitchenette. The resident had their own external entrance to their apartment.

The inspector visited the first house in the designated centre on the morning of the inspection. They were greeted by a staff member who was supporting one resident. The other two residents living in this house had left that morning to attend their respective day services. The resident did not wish to engage with the inspector and the inspector respected their wishes. The inspector completed a walk around of the house and this was facilitated by the house manager. While the house was warm and homely, works were required to update the house in certain areas, such as the main bathroom. This will be discussed under Regulation 17: Premises.

Two of the residents in this house attended a day service on a daily basis and the third resident was supported by staff from their home during the day, where they engaged in activities of their choice. Residents had a wide range of interests including watching and attending GAA matches, social farming and walks.

The inspector visited the second house during the afternoon of the inspection. The inspector was greeted by the house manager and a member of the provider's management team on arrival to the centre. Following their arrival to the house, the inspector spent time with one of the residents, who lived in their own apartment. The resident was relaxing, watching a movie from their favourite genre, with staff. The resident showed the inspector their apartment and some photos in their room that were important to them.

The other four residents were being supported by staff members from the provider's day service. They all returned to the centre in the evening. One resident was supported by staff to attend a medical appointment. An external therapist attended the house in the evening to provide residents with treatments, prior to their evening meal.

Over the course of the inspection, the inspector met with six of the residents who lived in the designated centre. Residents communicated in their own unique styles. For the most part, the inspector was unable to receive verbal feedback from them about their lives in the centre and the care and support they received. The inspector spoke with two residents and they appeared content with their lives in the centre.

During the inspection, the inspector observed the house managers and staff team supporting the residents in a person-centred, professional and caring manner. Residents clearly enjoyed spending time with staff and appeared relaxed and happy in their company. The house managers and staff spoken with were very knowledgeable of the residents' needs and the supports in place to meet those needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

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

The provider had ensured that there were management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. Each house within the designated centre had its own staff team, with a house manager in each house.

Regulation 16: Training and staff development

The provider and person in charge had effective systems in place to record and monitor staff training. Each house in the designated centre maintained a training matrix which tracked the training completed and due date for refresher training for each staff team. These matrices were overseen by the person in charge and respective house manager.

The inspector reviewed both training matrices and found that all staff had completed and were up to date with the training deemed mandatory for staff to support residents with their assessed needs. This training included safeguarding, manual handling and managing feeding, eating, drinking and swallowing. Where the date for refresher training was upcoming, the date staff were booked in to complete said training was included on the matrices.

Staff had also completed training in supporting the residents to exercise their rights including training in human rights and assisted decision making.

The inspector also reviewed the arrangements in place in one of the houses to ensure that day service staff who supported the residents during the day from their home had the required training and found this to be effective in safeguarding residents.

Supervision of members of the staff team was completed by the house manager in each house. In turn, the person in charge completed supervision with each house manager. The inspector reviewed the supervision records for two staff members and found their supervision to be up-to-date. The supervision record contained a set agenda and the topics discussed safeguarding, incidents and/or accidents and the needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there were management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. There was a full time person in charge appointed to the centre. The person in charge had responsibility for another centre under the remit of the provider. There were arrangements in place to facilitate this. For example, each house in this centre had a house manager who reported to the person in charge.

It was clear that the person in charge was a presence in the centre and staff spoken with felt supported in their roles by the person in charge. There was a clear commitment from the provider, person in charge and staff to continual quality

improvement. There were a number of audits taking place in the centre with an audit schedule in place for the year. These audits included hand hygiene and incident review audits every three months, medication audit conducted by an external professional every six months and the health and safety audit every year.

There was an annual provider review of the quality and safety of care and support in the centre. Residents and their representatives were consulted for their feedback on the service over the course of the year.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff team were very knowledgeable about the support needs of the residents.

While both houses in the designated centre had staffing vacancies, the resulting gaps were largely covered by both staff teams and other staff members of the provider's who were familiar with the residents. This minimised the impact of these vacancies on the residents but was an ongoing concern in the centre. For example, the house manager in one of the houses with the larger number of staffing vacancies raised this issue with the person in charge during their supervisions. Staff were advocating for residents around the use of unfamiliar staff working in the centre and this will be discussed further under Regulation 9: Residents Rights.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the people who accessed services in the designated centre. The people who used the service enjoyed a safe and quality service in this centre. However, improvements were required under Regulation 17: Premises.

The provider had ensured that the person in charge and staff were vigilant in knowing and reporting the signs of possible abuse. Staff spoken with were very knowledgeable about safeguarding measures in place in the centre.

Works were required in both houses within the designated centre to give residents full access to all parts of their homes. Renovations were also required to a bathroom and two en-suite bathrooms.

Regulation 10: Communication

The registered provider had ensured that each person was assisted and supported to communicate in accordance with their assessed needs and wishes.

Staff were observed to be very knowledgeable regarding how residents communicated when supporting them. Residents had a communication support plan in place, where there was an identified need. The inspector reviewed the communication support plan in place for three residents which were found to contain guidance for staff in supporting the resident with their communication needs.

These plans had all been reviewed by a speech and language therapist in the months prior and as a result of a recommendation following one review, the staff team in one house were schedule to complete Total Communication training in August 2026.

Judgment: Compliant

Regulation 17: Premises

Works were required in both houses in the designated centre to both make homes fully accessible to residents and also to ensure that all areas of the designated centre could be cleaned appropriately.

A relevant health and social care professional had completed a sensory informed support strategy for one of the residents in the first house in the designated centre in June 2025. One of the recommendations of this report was that grab rails be fitted to both sides of steps that lead to a raised 'astroturf' area in the garden. This was to give the resident an area outside which they could enjoy. The timeframe identified in the report for the completion of these works was documented to be 'as soon as possible'. While the area for the grab rails had been measured to allow the works to be completed, they had not been completed at the time of the inspection.

Additionally in this house, works were reviewed to be carried out in the main bathroom and in an en-suite bathroom. The main bathroom required works to be done to the floor and fixtures. This has been identified in the provider's own unannounced audit in May 2025. Having these works completed in the house would the inspector acknowledged would have a significant impact on one resident and would require a detailed support plan to be put in place. However, no date for the completion of the works had been identified as of yet.

In the second house, work was required to the outside area of the apartment to extend the existing level concrete platform outside the door to create a level area (comprised of a slip resistant finish material) where the resident could sit outside. This had been identified in an occupational therapist report from July 2024 but had not been completed at the time of the inspection. In additional, a dedicated outside area had been created for two residents to access from the main house, in line with

their assessed needs. This area did not have a canopy or covering and this limited the residents' access and enjoyment of this area.

In addition, the floor of one resident's en-suite required review as it was stained in parts and this was compromising the cleaning of the area.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal plans in place for two residents. These plans outlined the residents' assessed needs and the care plans in place to support residents with these identified needs. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year.

Person centred planning meetings took place for each resident every 12 months. The inspector reviewed the record of a meeting with one resident that had taken place recently. This meeting reviewed what was important to the resident in their everyday life and identified goals which they would like to achieve for the year ahead. This included engaging with a public service to access sensory aids and increasing the number of times they went horse riding each week, which was a hobby they enjoyed.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified the Chief Inspector of Social Services of all of the restrictive practices in place as required by the regulations. One of the houses in the designated centre was a very restrictive environment. This was in line with the risk assessment in place for an identified healthcare need for two residents. The provider had put measures in place to limit the impact of these restrictions on the other residents sharing their home. For example, measures were in place to ensure only residents with an identified need were limited from accessing parts of the house which contained a risk to them.

A meeting of the provider's multidisciplinary team restrictive practice review / rights restoration committee reviewed the restrictive practices in the centre in March 2026. This review examined the impact of the restriction on the resident and their day-to-day life and opportunities and how the resident was involved and/or informed

and/or consulted with about each restriction among other aspects of the restrictive practice.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. The inspector reviewed the positive behaviour support plan in place for two residents. Both of these plans had been reviewed in the last two months by a relevant health and social care professional. They contained proactive and reactive strategies to support the resident with their needs. One resident had had a significant life change in the last 12 months. The person in charge and staff team were getting ongoing input from members of the provider's multidisciplinary team to support the resident with this change in all aspects of their life.

The inspector observed various elements of one resident's support plan in place during the inspector. The resident had very detailed support plans in place for supporting them at different times throughout the day. All staff spoken to in the resident's home were very well informed on the supports in place for the resident and how best to support the resident with their needs. The inspector observed staff respecting the resident's wishes around the support they received.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect people who use the service and their health and wellbeing, as well as empowering people to protect themselves. There were no active safeguarding concerns at the time of this inspection.

There was a risk assessment in place for an historical safeguarding issue. An incident of this nature had not taken place in the centre in nearly ten years. The control measures in place had resulted in residents being kept safe. These measures were kept under constant review by the provider, with the date of the next review being in June 2026.

Safeguarding was a standing item on team meeting agendas and also discussed with staff at their supervisions. Staff had all completed training in safeguarding and staff spoken with were aware of the safeguarding processes in place in the centre.

The inspector reviewed the support plans in place for two residents to support them with their intimate care needs. This contained guidance for staff to protect the residents' dignity and privacy. In addition, there was an intimate care checklist where staff discussed with residents the level of support they required or wished for in each area and documented the consent to same.

Judgment: Compliant

Regulation 9: Residents' rights

Staff interacted with the residents in a positive and respectful manner throughout the inspection. Staff were seen to offer residents choice, in various aspects of their days. All staff had completed training in human rights and assisted decision making. From reviewing staff supervision records, it was evident that staff advocated for residents. For example, multiple staff had raised an issue with unfamiliar agency staff working in the centre. A review of the rosters for the three months prior to the inspection demonstrated that this had happened once and the local management team in the centre had responded to staff concerns so it did not occur again. Due to staffing shortages in the centre, staff were covering the additional hours required.

Residents had been supported to attain some personal goals which included attending events that were of interest to them such as the National Ploughing Championship and sporting events.

Residents were being supported in goals, in line with their preferences. Staff were working with residents to attain these goals but where residents changed their minds about engaging in an interest, this was respected by staff.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not 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 E OSV-0003948

Inspection ID: MON-0049123

Date of inspection: 30/04/2026

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 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Grab rails have been fitted to both sides of the steps leading to the raised astroturf garden area to improve resident safety and accessibility.

The stains on the floor in one resident's en-suite have been removed. The PIC reviewed the cleaning schedules and cleaning logs with staff, and cleaning standards were discussed at the team meeting held on 20/05/2026 to ensure ongoing oversight and maintenance of the premises.

Following discussion with the Director of Property Estates & Technical Services the bathrooms will advance through the procurement process and tendering for the works will be published in July 2026 to appoint a contractor with a completion date of works by November 2026.

The works required at the entrance to an apartment to extend the existing concrete platform outside the door to create a level area has been scoped and subject to the procurement process the works will be complete by September 2026

A canopy has being sourced to support access and enjoyment of the external area this will be supplied and fitted by August 2026

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Not Compliant	Orange	30/11/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Not Compliant	Orange	30/09/2026

	to ensure it is accessible to all.			